



Form 6

NOTIFICATION OF CHANGE(S) TO ACCREDITED IMMIGRATION PRACTITIONER PROGRAM

Name of Education Provider:

Main Address:

Contact Information:

Effective date of change:

Indicate applicable area of change:

- Program Director/Coordinator
Provide updated contact information.

- Curriculum/Program
Describe the changes (e.g., course, competencies, etc.) and attach supporting documentation as needed.

- Instructor(s)
Complete and submit Form 5.

- Operational
Indicate if the change relates to ceasing operations or a change in ownership. Indicate the name of the new owner if there will be a change in ownership.

Signature _____
Position/Title

Date Submitted:

Submit this form to info@icccrc-crcic.ca