

ICCB AEL Provider Directory Update Form

Program Name:

Chief Executive Director

Name:

Title:

Address:

City, State, Zip:

Telephone:

FAX:

E-Mail:

Chief Fiscal Officer

Name:

Title:

Address:

City, State, Zip:

Telephone:

FAX:

E-Mail:

Project Administrator

Name:

Title:

Address:

City, State, Zip:

Telephone:

FAX:

E-Mail:

Project Coordinator

Name:

Title:

Address:

City, State, Zip:

Telephone:

FAX:

E-Mail:

To update your contact information on the ICCB Provider Directory, the following steps should be taken:

1. Submit a letter on Program Letterhead, signed by the President/CEO, to inform the ICCB for each update to the Provider Directory that is needed.
2. Use the provided template to identify the name, title and contact information for the 4 specified positions listed on the directory. Please note that these will be the **only** individuals included on the ICCB email lists.
3. Mail the original signed letter and updated Directory entry to:
ICCB
Associate Director for Adult Education
Program Compliance
401 E. Capitol Ave.
Springfield, IL 62701