



COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

PROVISIONAL SITE VISIT DATES REQUEST AND LODGING RECOMMENDATION FORM

After review and acceptance of your PSSR, an on-site review will be conducted. Please fill in the information below and return to the Executive Office no later than 14 days.

CoARC Program ID#: _____
 Institution name: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Convenient Airport(s): _____
 Distance from Airport(s) to Campus (one-way, in miles): _____

Name of Primary Contact for Program: _____
 Position: _____
 Email: _____
 Work Phone: _____
 In case of emergency or abrupt change in travel plans, please call: _____

The Provisional On-Site Review must occur within 6 months following the Referee’s approval of the PSSR. Provide dates below for either **Monday/Tuesday** or **Thursday/Friday** visits. (Please make sure not to select dates that fall on a major holiday)

Site Visit dates (MM/DD/YYYY) - 1st choice: ____/____/____
 Site Visit dates (MM/DD/YYYY)- 2nd choice: ____/____/____
 Site Visit dates (MM/DD/YYYY)- 3rd choice: ____/____/____
 Site Visit dates (MM/DD/YYYY)- 4th choice: ____/____/____

Also, provide three recommendations for a suitable hotel. Recommended hotels should be economical, clean and safe, and reasonably close to the program site. There should be a restaurant either in the hotel or within walking distance, if possible. **Note: The Team Captain will make hotel reservations with assistance from the Program Director when necessary.**

Hotel Name, Address, Phone #, and website URL	Distance from Program (one-way in miles)	AAA rating	Room Cost/night	Has Restaurant? (Y or N)	Shuttle Service (Y or N)	Does the College receive a special rate? (Y or N)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

If there are any questions, please contact Bonnie Marrs at the Executive Office at (817) 283-2835.