



**COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE**

**SITE VISIT DATES REQUEST AND LODGING RECOMMENDATION FORM**

Please fill in the information below and return this form to the Executive Office within 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: \_\_\_\_\_

Please provide in the section below preferred dates for the site visit. These dates should be for either **Monday/Tuesday** or **Thursday/Friday** visits, and the dates selected should be from **3 - 5** months from the date of receipt of this form. For example, if you received this form on July 15, then the dates available would be from **October 15** through **December 15**. (Please make sure not to select dates that fall on a major holiday)  
 Key Personnel and all matriculating students are required to be present for at least a portion of the visit (Refer to Site Visit Agenda).

Site Visit dates (MM/DD/YYYY) - 1<sup>st</sup> choice: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Site Visit dates (MM/DD/YYYY)- 2<sup>nd</sup> choice: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Site Visit dates (MM/DD/YYYY)- 3<sup>rd</sup> choice: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Site Visit dates (MM/DD/YYYY)- 4<sup>th</sup> choice: \_\_\_\_/\_\_\_\_/\_\_\_\_

Also, please 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)	Airport 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.