



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: _____

Do you have any Off-Campus Laboratory Sites? Yes ☐ or No ☐

An **off-campus laboratory site (OCLS)** is any location physically apart from the base program campus where the required laboratory instruction takes place. This does not include a satellite campus as defined in CoARC Policy 2.05. If so, the length of the site visit will be three days.

Provide dates below for either **Monday/Tuesday or Thursday/Friday visits**. If labs are held off campus, the site visit will require an additional day (**Wednesday**). The dates selected should be from **4 - 5** months from the date of receipt of this form, unless discussed with Bonnie Marrs. (**The dates must not fall on a major holiday.**) **Note:** Key Personnel and all matriculating students are required to be present for at least a portion of the visit (Refer to Site Visit Agenda). The List of Evidence must be **uploaded 6 weeks** prior to the site visit.

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: _____/_____/_____

Provide three recommendations for a suitable hotel. 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.

Feel free to provide additional hotel/travel information on a Word document if needed.