



## COMMISSION ON ACCREDITATION FOR RESPIRATORY CARE

### PROVISIONAL SITE VISIT DATES REQUEST AND LODGING RECOMMENDATION FORM

Please fill in the information below and return to the Executive Office no later than 14 days.

CoARC Program ID#: \_\_\_\_\_ Institution name: \_\_\_\_\_

Street Address (location of the program): \_\_\_\_\_

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, yes, the site visit will be 3 days total.

**The Provisional 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. If labs are held off campus, the site visit will require an additional day (**Wednesday**). (Please make sure not to select dates that fall on a major holiday.) **Note:** the List of Evidence must be uploaded 6 weeks prior to the site visit.

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, 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. Disregard if the table below if your program is scheduled for a Virtual Site Visit.

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)
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

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