

ACCREDITATION COMMISSION

Statement of Intent to Seek Accreditation

Name of School: _____

Principal/President: _____

Mailing Address: _____

Telephone: _____ Fax: _____ Email: _____

Yes No

____ ____ 1. We have received and reviewed the APTA Standards and the Guide to the Accreditation Process, and we understand these documents.

____ ____ 2. We understand our school's obligation to provide accommodations for the Visiting Accreditation Team and to pay required fees as specified by the APTA Bylaws.

____ ____ 3. The school is ready to conduct a self-study as described in the Guide to the Accreditation Process.

4. Please indicate the name of your self-study coordinator.

5. Please give three preferred dates for the Accreditation Team visit (see Page ____ of Guide to the Accreditation Process for recommended time sequence; allow a minimum of 4 days for the visit).

First choice: _____

Second choice: _____

Third choice: _____

Note: Finalization of visitation dates will be in consultation with the APTA Executive Director.

_____ 6. Do all of these dates allow sufficient time for the self-study to be completed and the report sent to the Commission at least 60 days prior to the visit?

We confirm that our school requests consideration for accreditation by APTA and is prepared to undertake the self-study process including the team visit.

President/Principal

Officer of Board of Directors

Date (DD/MM/YY)

Date (DD/MM/YY)

School Seal (if available)