

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)