

**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 (Month/Date/Year)

\_\_\_\_\_  
Date (Month/Date/Year)

*School Seal (if available)*