

## REQUEST FOR ON-SITE EVALUATION TEAM VISIT

Identify the purpose of the on-site evaluation team visit requested (Check all that apply):

- Initial Accreditation Visit
- Reaccreditation Visit
- Readiness Visit (RV)
- Preliminary Visit
- Program Review Visit
- Change of Ownership Visit
- Show Cause Visit
- Follow-Up Visit
- Other (Please Specify)\_\_\_\_\_

### **INITIAL ACCREDITATION AND REACCREDITATION VISITS ONLY:**

Upon completion of the Analytic Self-Evaluation Report (ASER) or the branch equivalent BASER, the institution must submit this request form along with the ASER/BASER and on-site evaluation fee to the ACCET office. The submission of these materials and fees are prerequisites to scheduling the on-site evaluation visit, and the due dates are outlined in the notification cover letter.

You will be contacted directly by the Commission Representative assigned to your institution to establish the date(s) of the visit(s). Additionally, composition of the team and related logistics will be discussed between the Commission Representative and a designated representative of the institution. Normally, this scheduling will be completed within two to four weeks prior to the date of the visit. In addition, please note that ACCET routinely invites representatives of state licensing agencies to observe on-site evaluations for institutions/organizations licensed in that state.

An electronic check for the evaluation fees must be submitted with this form. Please refer to ACCET Document 10 - Fee Schedule.

### **SPECIAL VISITS ONLY:**

If the institution has been directed to undergo a special, administrative, or follow-up visit, the institution must submit this form along with the appropriate on-site examination fees to the ACCET office. Refer to ACCET Document 10 – Fee Schedule. The submission of these materials and fees are prerequisites to scheduling the on-site evaluation visit, and the due dates are outlined in the notification cover letter. An electronic check for the evaluation fees must be submitted with this form.

You will be contacted directly by the Commission Representative assigned to your institution to establish the date(s) of the visit(s). Additionally, the composition of the team and related logistics will be reviewed in discussions between the Commission Representative and a designated representative of the institution. Normally, this scheduling will be completed within two to four weeks prior to the date of the visit.

**ALL VISITS:**

**Main Campus Information**

Name of Institution: \_\_\_\_\_

ACCET ID # \_\_\_\_\_

d/b/a: \_\_\_\_\_

Physical Address: (not P.O. Box): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail of Contact Person: \_\_\_\_\_

Classification of the Institution [Check appropriate box(es)]: Vocational  Avocational   
Title IV

**Schedule Considerations:** For the two-month period in which the ACCET visit will occur, please provide the following information:

1. Any dates that the visit may not be conducted due to schedule conflicts at the institution (e.g. scheduled breaks and/or exam schedules). \_\_\_\_\_
2. The daily training schedule and projected enrollment for each program, provided as an attachment.

**INITIAL ACCREDITATION AND REACCREDITATION ONLY**

Please list below all additional sites currently accredited by ACCET.

Number of Branches? \_\_\_\_\_ Auxiliary Classrooms? \_\_\_\_\_ Classroom Extensions? \_\_\_\_\_

Note: If more than one main campus is designated for your institution and is due for an on-site evaluation visit in the same accreditation cycle, please identify below the main campus and its affiliated branches, auxiliary classrooms, and classroom extensions.

**SPECIAL VISITS ONLY:**

If the special visit(s) is to be conducted at a branch campus and/or auxiliary classroom and not the main campus noted above, please list below the site(s):

**ALL VISITS:**

**Branch (Bch)/Auxiliary Classroom (Aux)/Classroom Extension (Ext)**

Name (d/b/a): \_\_\_\_\_ Bch  Aux  Ext  (check one)

Physical Address: (not P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**Scheduling Considerations** (Provide scheduling information for each site, as requested above):

\_\_\_\_\_

**Branch (Bch)/Auxiliary Classroom (Aux)/Classroom Extension (Ext)**

Name (d/b/a): \_\_\_\_\_ Bch  Aux  Ext  (check one)

Physical Address: (not P.O. Box) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

**Scheduling Considerations** (Provide scheduling information for each site, as requested above):

\_\_\_\_\_

**Signature/Chief Executive Officer of Institution** \_\_\_\_\_

**Date:** \_\_\_\_\_