COMMISSION ON ACCREDITATION IN PHYSICAL THERAPY EDUCATION

Accreditation Department

American Physical Therapy Association

3030 Potomac Avenue, Suite 100
Alexandria, VA 22305-3085

**On-site Visit Travel Information Form**

Email to team once these individual have been assigned..

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| --- |
| **INSTITUTION NAME** |
|  |
| ON-SITE VISIT INFORMATION |
| Name of building where visit will be held: |  |
| Parking or other applicable information: |  |
| **TRAVEL INFORMATION** |
| PREFERRED AIRPORT |
| Name of airport: |  |
| Distance from institution: |  |
| OTHER AIRPORTS: |
| Name of airport: |  |
| Distance from institution: |  |
| ON-SITE TRANSPORTATION OPTIONS (From airport) |
| Types of transportation available (taxi, shuttle, Uber/Lyft, etc): |  |
| Approximate costs (of taxi or shuttle, NOT flights or rental car): |  |
| **HOTEL INFORMATION**: Provide at least one option for team members to consider\* |
| HOTEL #1 |
| Name of hotel:  |  |
| Address: |  |
| Phone number:  |  |
| Room rate: |  |
| HOTEL #2 |
| Name of hotel:  |  |
| Address: |  |
| Phone number:  |  |
| Room rate: |  |
| HOTEL #3 |
| Name of hotel:  |  |
| Address: |  |
| Phone number:  |  |
| Room rate: |  |
| **ADDITIONAL INFORMATION** |
|  |

\*Recommendation for the accommodations should be for hotel(s) as close as possible to both campus and dining options, eg, within walking distance or short cab ride away.