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..

|  |  |
| --- | --- |
| **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.