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 onsite team members and copy accreditation@apta.org once these individuals 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):	here it and the set in the set of
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 INFORMAT	ION
Dining options for the onsite review team:	
Lunch options	
Dinner options	

*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.