

Candidate Consultation Visit Request Form

For NACCAS Use Only:

Fee Paid: _____

NACCAS Institution Ref. # _____

1. Official Name of Institution approved by NACCAS _____
2. Street Address of Institution: _____
City _____ State _____ Zip _____

I hereby request a Candidate Consultation Visit:

With this request form I am including the following required information:

1. Consultation Visit Fee: \$3,676.00
2. Copy of Workshop attendance certificate proving attendance as required per Appendix #3, which details NACCAS' Workshop requirements for Candidate Schools. The school owner who attended the NACCAS Workshop must be present for the candidate consultation visit.
3. Copy of the preliminary Institutional Self-Study. Indicate format ISS is being submitted by choosing one (1) of the following:
_____ Hard Copy _____ CD-ROM _____ Electronic Upload
4. Contact information for the owner/designee who will act as liaison during the accreditation process:
Name: _____
Title: _____
Phone #: _____
Email address: _____

Once this form and the required information above have been received they will be reviewed by the representative for your state and processed for submission to the Travel Office. A Travel Office staff member will be in touch with the above listed designated person to coordinate the visit and set the visit date. *If you have questions about this process, please contact your state representative assigned to your state specified on the NACCAS website.*

Request for Saturday Visit (Optional)

The travel division schedules institution visits three (3) months in advance. NACCAS offers institutions an option to be visited on a Saturday in order to potentially be visited sooner. Saturday visits depend on team member availability.

The institution hereby requests that NACCAS schedule a voluntary Saturday visit. The undersigned Institution expressly acknowledges that election of a Saturday Visit is entirely voluntary, and NACCAS does not guarantee that it will be able to honor such request. However, the additional fee paid will be refunded if the Institution is visited during our normal schedule. *The **additional** fee for a Saturday visit is \$1,225.00 and it must be submitted with this form along with the other required information and fee listed above.*

NACCAS will inform the Institution if its request for a Saturday Visit has been accepted and when the visit could be scheduled, if applicable.

- _____ Yes, please schedule my Institution for a Saturday visit, I am including the required additional fee.
_____ No, I am not interested in a Saturday visit.

Institution Owner Signature

Date