

## ARC/STSA ON-SITE EVALUATOR QUESTIONNAIRE

All data entry areas are expandable – simply enter text and the box will expand accordingly.  
To add additional rows to a table, place the cursor in the bottom, right box and use the "tab" key to add rows.

Name	
Credentials (CST, MS, etc.)	
Date	

**Home Contact Information:**

Address	
City/Town	
State and Zip Code	
Telephone	
Cell Phone	
Fax	
E-mail	

**Work Contact Information:**

Title or Position	
Institution	
Address	
City/Town	
State and Zip Code	
Phone	
Fax	
E-mail	

I prefer to be contacted :  by phone at home       by phone at work  
 by e-mail at home       by e-mail at work       by e-mail at work and home

I prefer mail to be sent to my:  home       work

Have you attended a site visitor workshop?  NO       YES      If so, when? \_\_\_\_\_

Are you currently at a CAAHEP- accredited program?  NO       YES

Have you been a site visitor within the last 3 years for any other accrediting agency?  NO       YES

If yes, with which accrediting agency?

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And when?

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Approximately how often are you able to serve as an On-Site Evaluator?

annually       semi-annually       monthly       other

If other, please specify:

What airport will you be flying out of?

Airline Information:

Airline	Frequent Flyer Number	Seat preference

Hotel Information:

Hotel	Frequent Stay Number	Room preference

Additional Travel Information: (AARP membership, AAA membership)

Organization	Membership Number

Comments/Additional Information:

Please return this form to:  
ARC/STSA  
6 West Dry Creek Circle, Suite 110  
Littleton, CO 80120