

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?

--

And when?

--

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