



ACCREDITATION PACKET ORDER FORM ††

Date: _____

Name: _____ Credential(s) _____

Position Title: _____

Sponsoring Institution: _____

Program Name: _____

Address: _____

City, State & Zip: _____

Primary Phone: _____ Primary Fax No.: _____

Email Address: _____

Institution Website Address (URL): _____

No. of Packets Requested: _____ x Accreditation Packet Fee* = **Total Amount Enclosed:** \$ _____.⁰⁰

***Accreditation Packet Fee: \$300**

†† Order Form:

This Order Form is **not** an application for accreditation.

Sorry, ARC/STSA cannot bill your institution and does not accept credit cards.

All fees must be paid in advance and accompany this Order Form. Please make check or money order payable to the **ARC/STSA**. The Accreditation Packet will contain the latest edition of the national Core Curriculum as required by the CAAHEP Standards & Guidelines.

Please submit Order Form with Accreditation Packet Fee* to:

ARC/STSA
Accreditation Packet Order
6 West Dry Creek Circle, Suite #110
Littleton, CO 80120-8031