#### COAPRT_Black

#### Council on Accredition of Parks, Recreation, Tourism, and Related Professions

#### Application for Accreditation

#### *(Initial and Continuing Accreditation)*

The recreation, park resources and leisure services program described herewith makes Application for Accreditation. The procedural guidelines for the accreditation process have been reviewed, and the submission of this application and the stated accreditation fee constitute an agreement to fulfill the requirements of the accreditation process.

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| **Program information** | | | | **Date Application Completed:** | | | | | | | | | | | |  | |
| **Institution Name:** |  | | | | | | | | | | | | | | | | |
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| **School Name:** |  | | | | | | | | | | | | | | | | |
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| **Department Name:** |  | | | | | | | | | | | | | | | | |
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| **Program Name:** |  | | | | | | | | | | | | | | | | |
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| **Address:** |  | | | | | | | | | | | | | | | | |
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| **City:** |  | | | | | | | **State:** | | |  | | | **Zip**: |  | | |
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| **General Phone:** |  | | | |  | **General Fax:** | | | | | |  | | | | | |
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| **General Email:** |  | | | |  | **Website:** | | | |  | | | | | | | |
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| **Program Head:** |  | | | |  | **Title**: | | | |  | | | | | | | |
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| **Academic Rank:** |  | | | | | | | | | | | | | | | | |
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| **Program Head Phone:** |  |  | **Program Head Email**: | | | | | |  | | | | | | | | |

**Accreditation History (if applicable)**

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| **Date of initial COAPRT Accreditation:** |  | | | |
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| **Date of most recent COAPRT accreditation:** |  | | | |

**Program Changes (if applicable)**

Please provide an update of major changes that have occurred since the previous accreditation on an attached page.

**Submittal Dates**

**Self-Study Report** - Indicate when the report will be completed. The report must be completed at least eight (8) weeks prior to the scheduled visit.

Self-Study Report Completion Date:

**Accreditation Visit** - Indicate a two-week time period during which the program is able to complete the on-site accreditation visit. The self-study report must be completed at least eight (8) weeks prior to the scheduled visit.

Accreditation Visit Date Range:

**Extensions**

**For Initial Applicants** - Initial applicants have two years from the date of this application to submit their Self-Study Report. The initial applicant can request a one-year extension if they have a bonafide reason for being unable to meet the two-year deadline. Requests must be submitted to the Accreditation Manager at [COAPRT@nrpa.org](mailto:COAPRT@nrpa.org). If the extension request is approved, the initial applicant must submit their Self-Study Report by the new deadline. If the Self-Study Report is not submitted by the new deadline, the initial applicant must resubmit the Initial Application Form and Application Fee for review and approval by the Council.

**For Continuing Accreditation** - A Program/Specialization is granted continuing accreditation on standard cycles, starting from the date of the initial accreditation. Extensions to the standard review cycle are not available; however, Programs always have the option of requesting an exception to policy. All such requests must be accompanied by fees to be determined by Council.

**Application Fee**

You will be invoiced separately for the application fee in January of the year in which your hearing is scheduled to take place.

**Authorization**

Send completed form to: National Recreation and Park Association

Attn: COAPRT

22377 Belmont Ridge Road

Ashburn, VA 20148-4501

Phone: 703-858-0784

Fax: 703-858-0794

Email: [COAPRT@nrpa.org](mailto:COAPRT@nrpa.org)

**Signatures**

*All answers and statements in this application are true to the best of my knowledge and belief:*

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| *Name and title of Program Head* | | | |
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| *Signature of Program Head* |  |  | *Date* |
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| *Name and title of Administrator of the Department, Division, School, or College* | | | |
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|  |  | |  |
| *Signature of Administrator of the Department, Division, School, or College* |  |  | *Date* |
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| *Name and title of Chief Executive Officer of the Institution or Designee* | | | |
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| *Chief Executive Officer of the Institution or Designee* |  |  | *Date* |
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| *Signature and Seal of Notary Public* |  |  | *Date* |