#### COAPRT_Black

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

#### Notice of Intent to Pursue accreditation

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

The recreation, park resources and leisure services program described herewith and meeting the stated eligibility criteria below makes Notice of Intent to Pursue Accreditation.

Accreditation is open to programs that meet the following criteria:

1. The academic unit and curriculum concerned with parks, recreation, tourism, or a related profession has been in operation for at least three years and is clearly identifiable to the public.
2. The institution is currently accredited by the appropriate regional accrediting association recognized by the Council for Higher Education Accreditation (CHEA) or by the current national accrediting body.
3. A minimum of two full time faculty members and a minimum of one additional full time equivalent faculty position (FTE), which may be comprised of multiple individuals, shall be assigned to and instruct in the Program.
4. A minimum of two full-time faculty members shall hold a degree of masters or higher, and a degree of bachelors or above in parks, recreation, tourism, or the appropriate related profession. All individuals instructing in the programs shall have competence and credentials in the subject matter for which they are responsible.
5. Each Program seeking accreditation shall employ at least one individual as a faculty member who has completed formal COAPRT training no less than five years prior to submission of the self-study.

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| **Program information** | | | | **Date Form Completed:** | | | | | | | | | | | |  | |
| **Institution 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:** |  | | | |

**Accreditation of Options (if applicable)**

**Options for which accreditation is requested:**

A – Leisure Services Management  B – Natural Resources Recreation Management

C – Leisure/Recreation Program Delivery  D – Therapeutic Recreation  None

Emphases or identified career thrusts, beyond the approved options checked in this section. These will not be eligible for accreditation but will be reviewed as part of the overall assessment of the program.

Give titles as they are publicized:

**Submittal Dates**

**Application for Accreditation** - If approval is granted by the Council to proceed with the accreditation process, the application for accreditation, application fee, and self-study report will be due within two (2) years of submission of this form. Notification is usually given within two (2) weeks of submission of this form.

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

Accreditation Visit Date Range:

**Intent to Pursue Accredited Fee**

Please submit the $500 Intent to Pursue Accreditation Fee along with this form.

**Authorization**

Send completed form to: National Recreation & 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* |