



## 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:** \$ \_\_\_\_\_.<sup>00</sup>

**\*Accreditation Packet Fee:**

**\$75** if received in the ARC/STSA offices **before** July 1, 2010.

**\$150** if received in the ARC/STSA offices **on or after** July 1, 2010.

**†† 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**.

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