**International Fire Service Accreditation Congress**

**IFSAC Degree Assembly**

**Application for Accreditation**

Use this form to apply for the accreditation of your fire related degree program(s).

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| --- | --- | --- | --- | --- | --- |
| **INSTITUTION OR ORGANIZATIONAL NAME** | | | | | |
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|  | | | | | |
| **MAILING ADDRESS** | | | | | |
|  | | | | | |
| Mailing Address | | | | | |
|  | | |  | | |
| Town/City | | | State or Province | | |
|  | | |  | | |
| Postal Code | | | Country | | |
| **SHIPPING ADDRESS**  **(If different than mailing address)** | | | | | |
|  | | | | | |
| Street Address | | | | | |
|  | |  | | | |
| Town/City | | State or Province | | | |
|  | |  | | | |
| Postal Code | | Country | | | |
| **CONTACT INFORMATION** | | | | | |
|  |  | | | |  |
| Contact Person’s Name | Title | | | Telephone Number | |
|  |  | | | | |
| FAX Number | Email Address | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSTITUTIONAL DETAILS** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Department Name | | | | | | | | | | | | | | | | | | | | | | |
| Academic Program(s) to be Accredited (*Refer to the Degree Assembly Bylaws and Criteria*): | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | | | | | | | | | | | |  | |
| 1. I certify that at least one individual has graduated from each of the programs listed above. 2. I am aware that there shall be provisions for readers and site visitors to access distance learning courses. Access should commence 45 days prior to the site visit and continue throughout the site visit. If this cannot be accomplished due to state law or college policy, I must notify IFSAC administration at the time of the application. In such cases IFSAC reserves, the right to require at least one additional day to be added to the site visit to for the team review said courses with faculty and/or the program chair during the site visit. 3. I understand there shall be a method established for the site visitors to interact with and interview students enrolled in online courses. The methodology shall be determined by the site team. 4. I understand the site visitors shall have access to materials such as course syllabi, quizzes, exams, assignments, and student evaluations in all courses. (Traditional face-to-face, distance learning, and/or any other form of course delivery.) | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |
| Date | | | Signature | | | | | | | | | | | | | | | | | | | |
| **Accrediting Body** | | | | | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | | | | | | | | | | | | | | | | | |
| Regional | | | State | | | National | | | | | | Other: | | | | | | | | | | |
| **PREFERRED PERIODS FOR SITE VISITATION**  **Please allow (3) continuous days for the first degree evaluation and one additional day for each additional degree** | | | | | | | | | | | | | | | | | | | | | | |
| Preferred date of visit: | | | | |  | | | | | | | | | | | | | | | | | |
| Second choice: | | | | |  | | | | | | | | | | | | | | | | | |
| Third choice: | | | | |  | | | | | | | | | | | | | | | | | |
| **SITE VISITATION**  **All of the following questions must be answered before the site team selection process commences. Please do not “guess” at the responses to any of these questions, as incorrect information could delay your site visit** | | | | | | | | | | | | | | | | | | | | | | |
| *IMPORTANT: It is required that reasonable travel costs of the site visitors be included as part of the reimbursed expenses, including, but not limited to (a) airfare or personal vehicle mileage, (b) rental car, if on-site transportation not provided, (c) parking at home airports, (d) mileage to/from the home airports, (e) baggage fees, and (f) meals while in transit.* | | | | | | | | | | | | | | | | | | | | | | |
| **(1) What is the closest commercial airport?** | | | | | | | | | | | | | | | |  | | | | | | |
| **(2) Who will handle flight reservations?** | | | | | | | | | | | | | | | | Host college | | Individual traveler | | | |  |
| *Note: If your college handles the flights, we realize you need to keep costs down, but at the same time site visitors always prefer flights with the least travel time and reasonable layover times.* | | | | | | | | | | | | | | | | | | | | | | |
| **(3) If a site visitor prefers to drive his/her personal vehicle how will he/she be reimbursed?** | | | | | | | | | | | | | | | | | | | | | | |
|  | Actual mileage | | | | | | | | | | | | | The lower cost of mileage versus flights | | | | | | | | |
| **(4) How are meals and all incidentals during the site visit reimbursed?** | | | | | | | | | | | | | | | | | | | | | | |
|  | Flat rate per diem | | | | | | | | | | | | | Actual receipted meals and expenses | | | | | | | | |
| **(5) The host institution is responsible for all local lodging expenses during the site visit. Will this be** | | | | | | | | | | | | | | | | | | | | | |  |
|  | Direct bill paid by the college | | | | | | | | | | | | | | Reimbursed traveler expense | | | | | | |  |
| **Note: In cases where site visitors have very early morning flights following the site visit and it will take an hour or longer to reach the airport, a hotel near the airport can be used. In such cases, would this hotel be:** | | | | | | | | | | | | | | | | | | | | | | |
|  | Direct bill paid by the college | | | | | | | | | | | | | | Reimbursed traveler expense | | | | | | | |
| **(6) During the site visit, what will be the method of local transportation?** | | | | | | | | | | | | | | | | | | | | | | |
|  | Host college vehicle | | | | | | | | | Rental car (“full size”) | | | | | | | | | Taxi/Uber/Lift | | | |
| **If rental car, who will make the rental car arrangements?** | | | | | | | | | | | | | | | | | College | | | Site Team Leader | | |
| **(7) How will the site team get from the airport to the hotel, and back to the airport?** | | | | | | | | | | | | | | | | | | | | | | |
|  | Host college vehicle | | | | | | | | | Rental car (“full size”) | | | | | | | | | Taxi/Uber/Lyft | | | |
| **(8) IFSAC highly recommends trip insurance. Does your college permit this as an expense?** | | | | | | | | | | | | | | | | | | | | | | |
|  | Yes  No | | | | | | | |
| ***Note:***   1. *If flight insurance is not purchased and a site visitor is delayed or unable to travel the host college is still responsible for the cost of the flights. (Examples might include inclement weather, family illness, or other unanticipated event.)* **Read and Acknowledged** 2. *If flight insurance is not purchased, and the site visitor encounters flight delays resulting in an unplanned overnight stay enroute to or returning from the host college, the host college will be responsible for that and all related travel and meal expenses.* **Read and Acknowledged** | | | | | | | | | | | | | | | | | | | | | | |
| **(9) Will any of the following tax forms be issued or required** | | | | | | | | | | | | | | | | | | | | | | |
|  | ***W-9*** Yes  No | | | | | | | ***1099*** Yes  No | | | | | | | | | ***Other:*** | | | | |  |
| **(10) Any other information that the site team should be made aware of with regard to travel and/or reimbursement policy? *For example, many institutions will not reimburse for alcohol included in a meal.*** | | | | | | | | | | | | | | | | | | | | | | |
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| **Program Manager** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | | | | | | | |
| Name (print) | | | | | | | | | | | | | Signature | | | | | | | | | |
| **Authorizing Signature** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | | | | | | | |
| Name (print) | | | | | | | | | | | | | Signature | | | | | | | | | |
| Position or job title: | | | |  | | | | | | | | | | | | | | | | | | |
| Date application submitted: | | | | | | |  | | | | | | | | | | | | | | | |

**Please return completed application and $1000 (US) application fee to:**

International Fire Service Accreditation Congress

Oklahoma State University

1723 W Tyler Ave

Stillwater, OK 74078-8075

Email: [cmars@ifsac.org](mailto:cmars@ifsac.org)