

**On-Site Assessment Request**

**EMERGENCY MANAGEMENT PROGRAM DIRECTOR**

Name: Click here to enter text.

Title: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**EMERGENCY MANAGEMENT PROGRAM ACCREDITATION MANAGER**

Name: Click here to enter text.

Title: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**ON-SITE ASSESSMENT DATES**

EMAP cannot promise first choice, or any choice listed, will be available, but will work with the Program to find mutually agreeable dates. Please choose three potential weeks for the On-Site Assessment:

First Choice: Click here to enter text.

Second Choice: Click here to enter text.

Third Choice: Click here to enter text.

EMAP reserves the right to postpone and/or reschedule the On-Site Assessment if the Program has not paid the associated On-Site Assessment Fees thirty (30) days prior to the scheduled date. Failure to pay the On-Site Assessment will halt the Accreditation Process and may also result in additional charges to reestablish the On-Site Assessment.

**ON-SITE ASSESSMENT LOCATION**

Physical address of the location where the Assessment Team will work: Click here to enter text.

What is necessary to pass through security? Click here to enter text.

Please confirm that each of the following items will be available for the Assessment Team:

A room where assessors will be able to work privately, which is available for the entire week;

1 printer for assessors to use;

1 phone for assessors to use;

A white board with markers or other large display; and

A separate room where assessors may privately conduct interviews.

**AIR TRAVEL**

Closest airport(s): Click here to enter text.

Recommended airline(s) (if any): Click here to enter text.

**GROUND TRANSPORTATION**

Please describe your recommendation for ground transportation from airport to hotel and during week. (Better to rent car(s) or take public transportation) and why. Click here to enter text.

**HOTELS**

Please recommend 3 hotels, in the vicinity or your program offices, which may have rooms available at or below the federal per diem rate:

Hotel name: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Website: Click here to enter text.

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Address: Click here to enter text.

Phone: Click here to enter text.

Website: Click here to enter text.

Hotel name: Click here to enter text.

Address: Click here to enter text.

Phone: Click here to enter text.

Website: Click here to enter text.

**LUNCH**

Please recommend 4 restaurants, close to your program offices, where the Assessment Team could break for lunch:

Restaurant name: Click here to enter text.

Address: Click here to enter text.

Website: Click here to enter text.

Restaurant name: Click here to enter text.

Address: Click here to enter text.

Website: Click here to enter text.

Restaurant name: Click here to enter text.

Address: Click here to enter text.

Website: Click here to enter text.

Restaurant name: Click here to enter text.

Address: Click here to enter text.

Website: Click here to enter text.

**SIGNATURE**

Signature of Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return the completed form to the EMAP Staff Liaison.