# 2017 NAACLS Annual Survey

**Welcome to the 2017 Annual Program Survey for NAACLS Accredited and Approved programs!**

1. Sponsor Name: *

[contact("organization")]

2. Is the prefilled contact information for the program (below) accurate and up-to-date?  If Yes, select "Yes" and do not edit the prefilled information.  If No, select "No" and correct the prefilled information in the areas below.  *

○  Yes

○  No

Program Address Line 1 *

[contact("street")]

Program Address 2

[contact("suite")]

City *

[contact("city")]

State/ Province *

[contact("region")]

Zip Code

[contact("postal")]

Country

[contact("country")]

3. Is the prefilled information for the Program Director (below) accurate and up-to-date?  If Yes, select "Yes" and do not edit the prefilled information.  If No, select "No" and correct the prefilled information in the areas below. *

○  Yes

○  No

Program Director Salutation

[contact("role")]

Program Director First Name *

[contact("first name")]

Program Director Last Name *

[contact("last name")]

Program Director Credentials

[contact("job title")]

Email Address *

[contact("email")]

Phone # *

[contact("work phone")]

**(untitled)**

4. If there has been a change of the sponsor's CEO/President in the last year, please list the following contact information about the **new** CEO/President below (skip this question if nothing has changed):

First Name | [                    ]

Last Name | [                    ]

Credentials | [                    ]

Address Line 1 | [                    ]

Address Line 2 | [                    ]

City | [                    ]

State | [                    ]

Zip | [                    ]

Email Address | [                    ]

Phone Number | [                    ]

Who is this person replacing? | [                    ]

5. If there has been a change of the sponsor's Dean or Comparable Administrator in the last year, please list the following contact information about the *new* Dean or Comparable Administrator below (skip this question if nothing has changed):

First Name

Last Name

Credentials

Address Line 1

Address Line 2

City

State

Zip

Email Address

Phone Number

Who is this person replacing?

**(untitled)**

6. Please confirm the sponsorship type for this program (See NAACLS Standard I for definitions):

*

Sponsoring Institution
Consortium Sponsor
Multi-Location Sponsor

7. Please describe your institution: *

4-year College or University
2-year College or University
Hospital or Medical Center
Non Degree Granting Proprietary School
Independent Laboratory
Military Facility
Academic Health Center/Medical School
Blood Center
Other non-degree granting proprietary institution

8. Which agency accredits the institution that sponsors your program? (Select all that apply) *

☐ Accreditation Commission for Acupuncture and Oriental Medicine

☐ Accrediting Bureau of Health Education Schools

☐ Accrediting Commission of Career Schools and Colleges

☐ Accrediting Council for Continuing Education and Training

☐ Accrediting Council for Independent Colleges and Schools

☐ American Association of Community Colleges (AACC)

☐ American Association of State Colleges and Universities (AASCU)

☐ American Council on Education (ACE)

- [ ] Association of American Universities (AAU)

- [ ] Association of Public and Land-grant Universities (APLU)

- [ ] Association of Specialized and Professional Accreditors (ASPA)

- [ ] Middle States Commission on Higher Education

- [ ] Middle States Commission on Secondary Schools

- [ ] National Accrediting Commission of Career Arts and Sciences

- [ ] National Association of Independent Colleges and Universities (NAICU)

- [ ] New England Association of Schools and Colleges (NEASC-CIHE)

- [ ] New England Association of Schools and Colleges, Commission on Technical and Career Institutions

- [ ] New York State Board of Regents, and the Commissioner of Education

- [ ] North Central Association Commission on Accreditation and School Improvement, Board of Trustees

- [ ] North Central Association of Colleges and Schools (NCA-HLC)

- [ ] Northwest Commission on Colleges and Universities

- [ ] Oklahoma Board of Career and Technology Education

- [ ] Pennsylvania State Board of Vocational Education, Bureau of Career and Technical Education

- [ ] Puerto Rico State Agency for the Approval of Public Postsecondary Vocational, Technical Institutions and Programs

- [ ] Southern Association of Colleges and Schools (SACS)

- [ ] Southern Association of Colleges and Schools, Commission on Colleges

- [ ] Transnational Association of Christian Colleges and Schools, Accreditation Commission

- [ ] WASC Senior College and University Commission

- [ ] Western Association of Schools and Colleges (ACCJC-WASC)

- [ ] Western Association of Schools and Colleges, Accrediting Commission for Community and Junior Colleges

☐ Western Association of Schools and Colleges, Accrediting Commission for Schools

☐ Western Association of Schools and Colleges, Accrediting Commission for Senior Colleges and Universities

☐ Other - Write In (Required)

[                    ]                                              *

9. Is the institution recognized by the state/province in which it is located? *

Yes
No

**(untitled)**

10. Please confirm the program's website URL that we have on file.  If you have to edit it, please do so, and then answer "Yes" to the next question. *

[contact("website")]

11. In Question 10, did you have to edit the website URL for your program? *

○ Yes

○ No

12. If someone other than the program director is completing this survey, please list contact information below.  If the program director is completing this survey, then skip this question.

First Name

Last Name

Title

Email Address

Phone Number

13. What is the status of this program? *

Active
Inactive
Closed

14. If the program is closed, when did it close?

**15. PLEASE ANSWER THE FOLLOWING AS IT APPLIES TO <u>FULL TIME</u> STUDENTS AT YOUR ACCREDITED/APPROVED PROGRAM (Write "X" in all spaces that do not apply to your program):**
*

| | How many months to complete program? | Tuition - Resident, per year | Tuition - Non-Resident, per year | Class Capacity per start date |
|---|---|---|---|---|
| Certificate/Diploma requiring less than one year | | | | |
| One-Year Undergraduate certificate/diploma | | | | |
| Two-Year Undergraduate certificate/diploma | | | | |
| Associate degree | | | | |
| Baccalaureate degree | | | | |
| Post-Baccalaureate degree | | | | |
| Master's degree | | | | |
| Doctoral degree | | | | |

16. In which month(s) does your program begin?  Check all that apply. *

- ☐ Open enrollment
- ☐ January
- ☐ February
- ☐ March
- ☐ April
- ☐ May
- ☐ June
- ☐ July
- ☐ August
- ☐ September
- ☐ October
- ☐ November
- ☐ December

17. What percentage of required general education courses can be completed online? *

18. What percentage of the professional phase of the program can be completed online? *

19. Please describe the online delivery of the program as you would to a prospective student.

20. Please describe on campus time required for courses available online.

21. What was the total number of students in the following categories for 7/1/2016 - 6/30/2017?

*Similar questions will be asked for different time periods later in this survey.*

|  | Enrolled * | Attrition (left voluntarily or involuntarily) * | Graduated * |
|---|---|---|---|
| Students in the following categories for 7/1/2016 - 6/30/2017: |  |  |  |

**(untitled)**

22.

**For Accredited Programs**: ASCP BOC Certification Pass Rates:
**For Approved Programs:** ASCP BOC, AMT, NCCT, or NHA Certification Pass Rates:

*You will have the opportunity to provide data for other types of certification on the next page.* *

| | For students who graduated between 7/1/13 - 6/30/14 | For students who graduated between 7/1/14 - 6/30/15 | For students who graduated between 7/1/15 - 6/30/16 |
|---|---|---|---|
| A) Total # of Graduates | | | |
| B) # who sat for the exam within first year of graduation | | | |
| C) # who passed the exam within the first year of graduation | | | |
| Yearly Certification Pass Rate Percentage: (C/B) x 100 | | | |

23. Three Year Average Certification Pass Rate Percentage: (total number of students across Row C divided by the total number of students across Row B) x 100

*Do not take total of yearly pass rate percentages and divide by three when determining the three year average.* *

**(untitled)**

24. Does this program document, analyze, and use in program assessment a review of the results of any other certification exam taken by graduates (do not include ASCP BOC for accredited programs or ASCP BOC, AMT, and NCCT for approved programs)?

- If "No", then select "No" and skip the next two questions on this page.
- If "Yes", then select "Yes", type which exam is primarily used, and fill out answers for next two questions on this page.

*

○ No

○ Yes

*

25. Other Certification Pass Rates:

|  | For students who graduated between 7/1/13 - 6/30/14 | For students who graduated between 7/1/14 - 6/30/15 | For students who graduated between 7/1/15 - 6/30/16 |
|---|---|---|---|
| A) Total # of Graduates | | | |
| D) # who sat for specified other exam within first year of graduation | | | |
| E) # who passed specified other exam within the first year of graduation | | | |
| Yearly other Certification Pass Rate Percentage: (E/D) x 100 | | | |

26. Three Year Average other Certification Pass Rate Percentage: (total number of students across Row E divided by the total number of students across Row D) x 100

*Do not take total of yearly pass rate percentages and divide by three when determining the three year average.*

[ ]

**(untitled)**

27. NAACLS BENCHMARK FOR GRADUATION RATES:  Three years consecutive results of graduation rates demonstrating an average of at least 70%** of students who have begun the final half of the program go on to successfully graduate from the program as calculated by the most recent three year period.

**Please explain how you determine what the "final half" of the program is. ***

[ ]

## 28. Graduation/Attrition Rates: *

| | For students slated to graduate between 7/1/14 - 6/30/15 | For students slated to graduate between 7/1/15 - 6/30/16 | For students slated to graduate between 7/1/16 - 6/30/17 |
|---|---|---|---|
| A) # who began the "final half" of the program | | | |
| B) # who began the "final half" of the program but subsequently left (voluntarily or involuntarily) | | | |
| C) # who began the "final half" of the program but are still currently enrolled | | | |
| D) # who began the "final half" of the program during the given time period and have since graduated | | | |
| Yearly Attrition Rate Percentage: (B/A) x100 | | | |
| Yearly Graduation Rate Percentage: [D/(A-C)] x 100 | | | |

## 29. Three Year Average Graduation Rate Percentage: = [total number of students across Row D] / [(total number of students across Row A) - (total number of students across Row C)], then multiply by 100:

*Do not take total of yearly graduation rate percentages and divide by three when determining the three year average.* *

**(untitled)**

## 30. Placement Rates: *

| | For students who graduated between 7/1/13 - 6/30/14 | For students who graduated between 7/1/14 - 6/30/15 | For students who graduated between 7/1/15 - 6/30/16 |
|---|---|---|---|
| A) Total # of graduates | | | |
| B) # who found employment (in the field or in a closely related field) and/or continued their education within one year of graduation | | | |
| C) # who did neither of the above | | | |
| D) # for which you do NOT have any information | | | |
| Yearly Average Placement Rate Percentage: [B/(B+C)] x 100 | | | |

## 31. Three Year Average Placement Rate Percentage: = [total number of students across Row B] / [(total number of students across Row B) + (total number of students across Row C)], then multiply by 100:

*Do not take total of yearly placement rate percentages and divide by three when determining the three year average.* *

**(untitled)**

32. Please provide evidence of where the following outcomes measures are made available to prospective and enrolled students on the program's website (*Write an "X" if a website is not used):* **\***

| | |
|---|---|
| Website URL for Program's Graduate Certification Pass Rates | |
| Website URL for Program's Graduation and Attrition Rates | |
| Website URL for Program's Graduate Placement Rates | |

33. If websites were not answered for the previous question in any area, then describe how the following outcomes measures are made available to prospective and enrolled students (i.e. Program Brochure, Institution Catalog, etc.):

- Program's Graduate Certification Pass Rates
- Program's Graduation and Attrition Rates
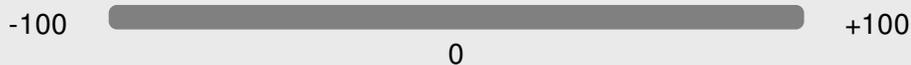- Program's Graduate Placement Rates

**Evidence of public availability of outcomes measures must also be submitted on the next question.**

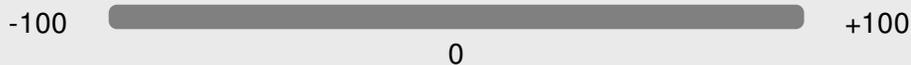34. Attach the document(s), or other evidence, used to make outcomes measures available to the public.
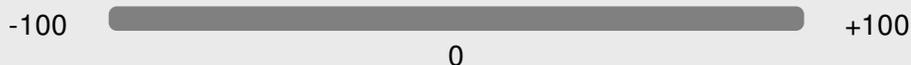
Browse...

**(untitled)**

35. Please estimate the percentage change in class size since the release of last year's annual survey (Sept 2016): *

-100 [=========================] +100
0

36. Please estimate the percentage change in budget since the release of last year's annual survey (Sept 2016): *

-100 [=========================] +100
0

37. Please estimate the percentage change in clinical placements since the release of last year's annual survey (Sept 2016): *

-100 [=========================] +100
0

38. Please estimate the percentage change in faculty resources (i.e. full-time and part-time faculty, training and experiences for faculty, other resources for faculty that contribute to achieving program goals) since the release of last year's annual survey (Sept 2016): *

-100 [=========================] +100
0