

INTERIM REPORT

To be completed by Program Director

Name of Sponsor: _____

Type of Sponsor: Sponsor Consortium Multi-location

Program Type (*check one below*):

CG DMS HT HTL MLA MLM
 MLS MLT Path A PHM PBT

Location (*City, State*): _____

Name of Program Director: _____

Program Director Email: _____

Program Director Phone Number: () _____

Length and Date of Last Award: _____

The Interim Report serves to confirm the program is reviewed to ensure alignment with current standards, with attention to Standard II Assessment and Continuous Quality Improvement.

An unsatisfactory "Interim Report" would result in a required Progress Report within six to twelve months, possible probationary accreditation, and possible elimination of a ten year accreditation award after the next review.

Complete the following chart with data from the last three (3) consecutive years of outcome measures data since the ten-year accreditation award:

OUTCOME MEASURES			
ASCP-BOC Certification Rates	%	%	%
AMT Certification Rates	%	%	%
Other Certification Rates	%	%	%
Combined Certification Rates	%	%	%
Graduation Rates	%	%	%
Attrition Rates	%	%	%
Placement Rates	%	%	%

1. Outcome Measures: Describe how all program reported outcome measures (Certification Rates, Graduation Rates/Attrition Rates, and Placement Rates) have been analyzed and used in program assessment and quality improvement.

a. If a program change has occurred since the last accreditation cycle in response to program assessment, provide an example of the change.

b. Describe the impact of that program change since implementation.

2. Graduate Feedback: Describe how graduate feedback (for example: surveys, advisory committee, clinical visits, etc.) has been analyzed and used in program assessment and quality improvement.

a. If a program change has occurred since the last accreditation cycle in response to graduate feedback, provide an example of the change.

b. Describe the impact of that program change since implementation.

5. If during the 5-year period one or more action plan(s) have been required due to not meeting NAACLS benchmarks, describe the impact of the action plan(s) that was/were provided to NAACLS.

NA, no Action Plan was required.

a. Describe the benchmark(s) that was not met, and the action plan created.

b. Describe the impact of that program change since implementation.

Name of Preparer: _____ **Date:** _____