



## Interim Report

(to be completed by the program director)

### Program Information

Program Sponsor: \_\_\_\_\_

Program Type:

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

Program Location (City, State, Zip): \_\_\_\_\_

Program Director Name/Credentials: \_\_\_\_\_

Program Director Phone: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

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.

*Additional documentation may be submitted with the Interim Report to support narrative statements, although it is not required. The maximum number of pages submitted as documentation with the Interim Report should **not exceed 10 pages**.*

**Complete the following chart with data from the last three active years of outcome measures since the ten-year accreditation award. If the program was inactive since the ten-year accreditation award, please note that in the chart and describe in the box below.**

Outcome Measures	-	-	-
ASCP BOC Certification Rates	%	%	%
AMT Certification Rates	%	%	%
Other Certification Rates	%	%	%
Combined Certification Rates	%	%	%
Graduation Rates	%	%	%
Attrition Rates	%	%	%
Placement Rates	%	%	%



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**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 assessment of program reported outcome measures, provide an example of the change.

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

**Graduate Feedback:** Describe how graduate feedback that is collected at least three months post-graduation (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 assessment of graduate feedback, provide an example of the change.



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

**Employer Feedback:** Describe how employer 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 assessment of employer feedback, provide an example of the change.

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

**Additional Review Measures (if applicable):** Identify and include how other measures, including qualitative measures, are evaluated in this process (for example, review of student evaluations, end of course evaluations, other program or faculty evaluations, curriculum reviews).



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

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

If during the last three active years, one or more Annual Survey 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 Annual Survey Action Plan was required.

- a. Describe the benchmark(s) that was not met and the Action Plan created.

- b. Describe the impact of the Action Plan(s) since implementation.

### Preparer

**Important note:** Please type your name below. Do not use E-Sign or "Save a certified copy".

Name: \_\_\_\_\_

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