INTERIM REPORT To be completed by Program Director

Name of Sponsor:				
Type of Sponsor:	Sponsor Consortium Multi-location			
Program Type (che	ck one below):			
	CG DMS HT HTL MLA MLM MLM MLS MLT Path A PHM PBT			
Location (City, State):			
Name of Program	Director:			
Program Director E	Email:			
Program Director Phone Number:()				
Length and Date of Last Award:				

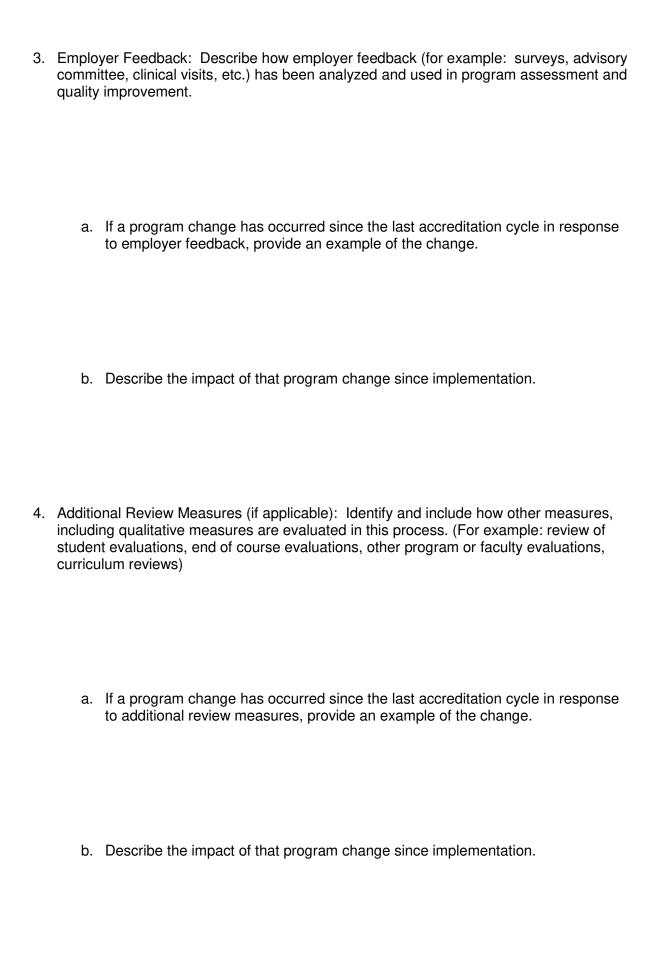
The Interim Report serves to confirm the program is reviewed to ensure alignment with current standards, with attention to Standard II Assessment and Continuous Quality Improvement.

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.	(Certifi	me Measures: Describe how all program reported outcome measures cation Rates, Graduation Rates/Attrition Rates, and Placement Rates) have been ed 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.	commi	ate Feedback: Describe how graduate feedback (for example: surveys, advisory ittee, clinical visits, etc.) has been analyzed and used in program assessment and 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.



If during the 5-year period one or more act meeting NAACLS benchmarks, describe the provided to NAACLS.	tion plan(s) have been required due to not the impact of the action plan(s) that was/were
■ NA, no Action Plan was required.	
a. Describe the benchmark(s) that wa	as not met, and the action plan created.
b. Describe the impact of that prograr	m change since implementation.
Name of Preparer:	Date <i>:</i>