Purpose

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.

After reviewing the Interim Report, please complete the attached review.

*Note: Reviewers should include all recommendations and feedback in the “Reviewer Feedback and Recommendations” section at the end of the report.*

**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:

Program Director Phone:

Program Director Email:

**Required Items**

The program has provided data from the last three active years of outcome measures since the ten-year accreditation award. Data from at least one certification agency (e.g., ASCP-BOC, AMT) exam must be available.

[ ]  Table includes the last three active years of outcome measures data.

[ ]  Table does not include the last three active years of outcome measures data.

**Outcome Measures:** Descriptions of 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 were provided.

[ ]  Description of analysis and use of all outcome measures in assessment and improvement is clear.

[ ]  Description of analysis and use of outcome measures in assessment and improvement is not clear or does not address all outcome measures. See reviewer feedback and recommendations below.

**Outcome Measures:** If a change was made in response to the assessment of outcome measures, a description of the change and the impact of the change has been provided.

[ ]  N/A (No changes submitted/documented.)

[ ]  Descriptions are relevant, clear, and address the change(s) and impact.

[ ]  Descriptions are relevant, clear, and address the change(s), but changes are too recent for the

impact to have been assessed. See reviewer feedback and recommendations below.

[ ]  Descriptions are not relevant, not clear, or do not address the change(s) and/or impact. See reviewer feedback and recommendations below.

**Graduate Feedback:** Descriptions of how graduatefeedback that is collected at least three months post-graduation (e.g., surveys, advisory committee, clinical visits, etc.) has been analyzed and used in program assessment and quality improvement were provided.

[ ]  Description of analysis and use of graduate feedback in assessment and improvement is clear.

[ ]  Description of analysis and use of graduate feedback in assessment and improvement is not clear. See reviewer feedback and recommendations below.

**Graduate Feedback:** If a change has been made in response to assessment of graduate feedback, a description of the change and the impact of the change has been provided.

[ ]  N/A (No changes submitted/documented.)

[ ]  Descriptions are relevant, clear, and address the change(s) and impact.

[ ]  Descriptions are relevant, clear, and address the change(s), but changes are too recent for the

impact to have been assessed. See reviewer feedback and recommendations below.

[ ]  Descriptions are not relevant, not clear, or do not address the change(s) and/or impact. See reviewer feedback and recommendations below.

**Employer Feedback:** Descriptions of how employer feedback (e.g., surveys, advisory committee, clinical visits, etc.) have been analyzed and used in program assessment and quality improvement were provided.

[ ]  Description of analysis and use of employer feedback in assessment and improvement is clear.

[ ]  Description of analysis and use of employer feedback in assessment and improvement is not

clear. See reviewer feedback and recommendations below.

**Employer Feedback:** If a change has been made in response to assessment of employer feedback, a description of the change and the impact of the change has been provided.

[ ]  N/A (No changes submitted/documented.)

[ ]  Descriptions are relevant, clear, and address the change(s) and impact.

[ ]  Descriptions are relevant, clear, and address the change(s), but changes are too recent for the

impact to have been assessed. See reviewer feedback and recommendations below.

[ ]  Descriptions are not relevant, not clear, or do not address the change(s) and/or impact. See reviewer feedback and recommendations below.

**Additional Review Measures:** Descriptions of how additional review measures have been analyzed and used in program assessment and quality improvement were provided.

[ ]  N/A (No additional review measures described.)

[ ]  Description of analysis and use of additional review measures in assessment and improvement is clear.

[ ]  Description of analysis and use of additional review measures in assessment and improvement is not clear. See reviewer feedback and recommendations below.

**Additional Review Measures:** If a change has been made in response to the assessment of additional review measures, a description of the change and the impact of the change has been provided.

[ ]  N/A (No changes submitted/documented.)

[ ]  Descriptions are relevant, clear, and address the change(s) and impact.

[ ]  Descriptions are relevant, clear, and address the change(s), but changes are too recent for the

impact to have been assessed. See reviewer feedback and recommendations below.

[ ]  Descriptions are not relevant, not clear, or do not address the change(s) and/or impact. See reviewer feedback and recommendations below.

**The Interim Report is:**

[ ]  Clear and provides narrative and/or documentation addressing the measures/feedback as well as impact of changes.

[ ]  Clear and provides narrative and/or documentation addressing the measures/feedback, but data collection is in progress to assess the impact of changes. See reviewer feedback and recommendations below.

[ ]  Not clear or does not adequately address all the measures/feedback. See reviewer feedback and recommendations below.

**Reviewer Feedback and Recommendations**

**Affirmation Page**

**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:

Name, Medical Director (if applicable):

**First Reviewer**

Name:      Date:

The first reader affirms and agrees with the Interim Report Review’s findings. [ ]  YES [ ]  NO

**Second Reviewer**

Name:      Date:

The second reader affirms and agrees with the Interim Report Review’s findings. [ ]  YES [ ]  NO