

YEAR FIVE 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 Year Five 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 "Year 5 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 five (5) consecutive years of annual reporting since the ten-year accreditation award:

OUTCOME MEASURES	YEAR				
	-	-	-	-	-
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.

3. 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 employer feedback, provide an example of the change.

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

4. 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)

a. If a program change has occurred since the last accreditation cycle in response to additional review measures, 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.

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

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

NA, no Action Plan was required.

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