**Sponsoring Institution Fact Sheet (All Programs)**

**Program Information**

|  |  |
| --- | --- |
| Program Name |  |
| Program Level | Cert | Associate | Bachelor | Master | Ph.D. | Post Doc |
|  |  |  |  |  |  |
| Program URL |  |

**Type of Program – choose only one**

**Accredited**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MLS | MLT | HT | HTL | CG | DMS | PathA | DCLS | PBT | MLA | MLM | PHM |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Institution**

|  |  |
| --- | --- |
| Institution Name |  |
| Address |  |
| Cite, State, Zip Code |  |
| Telephone/Fax |  |
| E Mail |  |

**Institution Accreditation Information**

|  |  |  |
| --- | --- | --- |
| Accredited by | Hospitals/Healthcare Facilities | Academic Associations (please identify) |
| Check all that apply | TJC | CLIA | COLA | CAP |  |
|  |  |  |  |

**Administrative officer of the organizational unit in which the program is located**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |

**Program Director**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Credentials |  |

**Medical Director (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Credentials |  |

**Education Coordinator (if applicable)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Credentials |  |

**Affiliates**

Add lines as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Check one** | **City/State** | **Accredited by** |
| **Clinical** | **Academic** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**NOTE: If the sponsoring institution is a hospital, a Clinical Facility Fact Sheet must also be completed.**