

SASA – ARC/STSA

2011 Annual Report - SA Instructions

There are two (2) different sets of dates for data requested on this report:

- **August 1, 2010-July 31, 2011** – “Current Program Information”- [Row 7] through and including “Curriculum” [Row 207], except dates for academic breaks [row 59] under “Administrative Program Information” [Row 58] – see dates specified for academic breaks - and all required and optional verification forms [Rows 475-481]
- **August 1, 2009-July 31, 2010** – “Retention” data [Row 211] through “Outcomes Assessment exam (OAE)” data [Row 473]

Color-coding of Spreadsheet Cells:

1. All cells on the spreadsheet that require data entry are non-shaded (white). Only non-shaded cells, except the non-shaded header cells [Rows 1-3] are “unlocked” for access and data entry.
2. The non-shaded header cells on the spreadsheet [Rows 1-3] are “locked” and cannot be accessed.

| | | |
|---|--|--|
| Accreditation Review Council on Education in Surgical Technology and Surgical Assisting | | |
| 2011 Annual Report - Surgical Assisting | | |
| Denver University | | |

3. The light grey, medium gray, and black cells on the spreadsheet are “locked” and cannot be accessed.
4. The light blue-shaded cells on the spreadsheet are “locked” and cannot be accessed. These cells include formulae to automatically load data based on data input from previously completed cells.

| | | |
|----|---|----|
| 47 | Enrollment Information | |
| 48 | Maximum Number of Students per Cohort | 10 |
| 49 | Maximum Number of Cohorts per Year (max = 12) | 4 |
| 50 | Maximum Enrollment Capacity | 40 |
| 51 | Current New Students Enrolled (8/1/2010-7/31/2011) | 35 |
| 52 | Current Students Enrolled From Previous Academic Year | 5 |

Form Navigation:

1. Once the cursor is placed in one of the data entry (white) cells, use the “tab” key to proceed to the next applicable data entry cell. The “tab” key is usually the easiest and most successful way to move to the next applicable data entry (white) cell.
2. Please note that the “down arrow” button and “enter” keys do **NOT** always take to you the next applicable data field!!

General Rules for Data Entry Cells:

1. Telephone numbers (ten digits) should be entered using the 000-000-0000 format.
2. Data for “state” should use the United States Postal Service, 2-character state abbreviation designation (available online at www.usps.com/ncsc/lookups/usps_abbreviations.html).
3. Data cells that require entry of currency should be entered in dollar amounts (no cents) and as whole numbers ONLY (Example: enter 22200 for \$22,000). Please do not enter currency-related characters [dollar symbol (\$), decimal points, commas, etc.] in these data fields. Currency-related characters will automatically be added to the numbers upon exiting the applicable data cell.
3. “YES” and “NO” responses should be indicated by placing an upper case “X” in the applicable data cell.
4. “Free-text” narrative data fields (plans of action and explanation fields) have a maximum character capacity of **630** characters – including punctuation and spacing.
5. Enter data for date-related cells using a 0/0/00 format, a 00/00/0000 format, or a Month 00, 0000 format. All data will automatically be converted to a Month 00, 0000 format by the spreadsheet.
6. The form allows programs to enter outcomes for a maximum of twelve (12) completion dates. Programs having more than 12 completion dates within the reporting year should report outcomes on a monthly basis.
7. Outcomes data cells (retention and outcomes assessment exam) for which there are no completion dates should be left “blank” – no data should be entered in these data cells.

Completing the Report:

Please begin completing the report, starting with the Row 8 data cell, and progress through the report data cells in order.

PLEASE NOTE: Some of the images from the “Sample 2011 Annual Report – SA” included in the instructions below have been “cropped” to permit the image displayed to be clearly legible. Please refer to the 2011AR-Sample (PDF) provided for complete examples of the “free-text” narrative data fields in the 2011 Annual Report – SA.

Contemporary Program Information:

1. Current Program Information:

- a. Rows 8-21 – Please enter the School Name (school name), and contact information for the surgical assisting program.

| | | |
|----|--|-------------------------|
| 4 | | |
| 5 | CONTEMPORARY PROGRAM INFORMATION - 8/1/2010-7/31/2011 | |
| 6 | | |
| 7 | Current Program Information | |
| 8 | School Name | Denver University |
| 9 | Campus Address | 6 West Dry Creek Circle |
| 10 | Mailing Address (if different from Campus Address) | N/A |
| 11 | City | Littleton |
| 12 | State Abbreviation | CO |
| 13 | Zip Code | 80120 |
| 14 | Primary Program Phone | 303-694-9262 |
| 15 | Primary Program Phone Extension | 123 |
| 16 | Alternate Program Phone | 303-694-9200 |
| 17 | Alternate Program Phone Extension | 123 |
| 18 | Program Director Email | tim.sharp@du.edu |
| 19 | Verify Program Director Email | tim.sharp@du.edu |
| 20 | Program Fax | 303-741-3655 |
| 21 | Program Website | www.du.edu |

2. Institutional Accreditor(s):

- a. Rows 24-26 – Please enter the full name of the institutional accreditor(s) on the corresponding row:
 - Row 24 – for Regional Institutional Accreditors
 - Row 25 – for National institutional Accreditors
 - Row 26 – for Other Institutional Accreditors

Programs should indicate at least one (1) institutional accreditor. Please refer to the list of acceptable Institutional Accreditors on page 3 of the *Standards Interpretive Guide (SA-SIG)*, available online at www.arcstsa.org/pdfs/SIG-SA.pdf. Please note that CAAHEP is not an Institutional Accreditor – CAAHEP is a programmatic accreditor.

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| 23 | Institutional Accreditor (indicate at least ONE (1) accreditor in <u>one</u> of the corresponding accreditor fields below): | |
| 24 | Regional Institutional Accreditor | N/A |
| 25 | National Institutional Accreditor | Council on Education (COE) |
| 26 | Other Institutional Accreditor | N/A |

3. **Program Enhancements:** Please indicate “YES” or “NO” to each of the following by placing an “X” in the corresponding cell:

- a. **Row 29 – Distance Education** – Please indicate whether the program has ARC/STSA-approval to offer the program via distance education. Please note: distance education approval does not include the use of hybrid courses or electronic course management systems to supplement courses.
 - **Rows 33-37** – If “YES” to Distance Education, please indicate all applicable Distance Education vehicle(s)/method(s) for program delivery.

| | | | |
|----|--|-------------|---|
| 28 | Program Enhancements | | |
| 29 | Distance Education | | |
| 30 | | YES | |
| 31 | | NO | X |
| 32 | If YES, Distance Education Vehicle: | | |
| 33 | | Web-based | |
| 34 | | Video-based | |
| 35 | | Combination | |
| 36 | | Other | |
| 37 | If OTHER, describe the Distance Education Vehicle: | | |

- b. **Row 38 – Satellite Campuses** – Please indicate whether the program has one or more ARC/STSA-approved satellite campuses that offer the surgical assisting program.
 - **Row 41** - If “YES” to Satellite Campus(es), please list the name and city/state for each ARC/STSA-approved satellite campus.
- c. **Row 42 – Consortium Information** – Please indicate whether the program has been approved as a consortium by the ARC/STSA.
 - **Row 45** – If “YES” to Consortium Information, please list the name and city/state for each ARC/STSA-approved consortium member.

| | | | |
|----|---|-----|---|
| 38 | Satellite Campuses | | |
| 39 | | YES | |
| 40 | | NO | X |
| 41 | If YES, list the name and city/state for <u>each</u> ARC/STSA-approved satellite campus: | | |
| 42 | Consortium Information | | |
| 43 | | YES | |
| 44 | | NO | X |
| 45 | If YES, list the name and city/state for <u>each</u> ARC/STSA-approved consortium member: | | |

4. Enrollment Information:

- a. Row 48 – Please enter the maximum number of students enrolled per cohort for which ARC/STSA approval of sufficient resources has been received.
- b. Row 49 – Please enter the maximum number of cohorts (classes) enrolled per year for which ARC/STSA approval of sufficient resources has been received. **Please Note:** Programs having more than 12 completion dates within the reporting year should report outcomes on a monthly basis.
- c. Row 51 – Please enter the number of new students enrolled or anticipated to enroll in the program during the period of **8/1/2010-7/31/2011**.
- d. Row 52 – Please enter the number of students enrolling from previous cohorts (re-entries due to leaves of absence, repeat course, etc) into cohorts who are anticipated to complete during the period of **8/1/2010-7/31/2011**.
- e. Row 54 – Please enter the length(s) of the program’s course of studies (in months).
- f. Row 55 – Please enter the degree awarded upon program completion (diploma/certificate or academic degree. If an academic degree is awarded, please specify the degree awarded – AS, AOS, AAS, BS, MS, etc.)
- g. Row 56 – If the program awards more than one degree option for program completion, please enter the second degree that can be awarded upon program completion.

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| 47 | Enrollment Information | |
| 48 | Maximum Number of Students per Cohort | 10 |
| 49 | Maximum Number of Cohorts per Year (max = 12) | 4 |
| 50 | Maximum Enrollment Capacity | 40 |
| 51 | Current New Students Enrolled (8/1/2010-7/31/2011) | 35 |
| 52 | Current Students Enrolled From Previous Academic Year | 5 |
| 54 | Program Lengths (in months) | 18 months |
| 55 | Degree Awarded | certificate |
| 56 | Other Degree Awarded | N/A |

5. Administrative Program Information:

- a. Row 59 – Please enter all academic breaks and time off for the period of **5/1/2011-4/30/2012**. Please enter dates using the 00/00/0000 format and include a semi-colon between individual or clusters of break dates.

| | | |
|----|---|---|
| 58 | Administrative Program Information | |
| 59 | List all academic breaks and time off for the period of 5/1/2011-4/30/2012 | 5/30/2011; 7/4/2011; 9/6/2011; 11/23-24/2011; 12/17/2011-1/15/2012; 3/9-20/2012 |

- b. Row 61 – Please enter the annual (total) tuition and fees for in-state students for the period of **8/1/2010-7/31/2011**. Please enter only numeric data for a whole number (example: enter “2000” for \$2000.00).

- c. Row 62 – Please enter the annual (total) tuition and fees for out-of-state students for the period of **8/1/2010-7/31/2011**.
- d. Row 63 – Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please describe the change in Row 66.

| | | |
|----|--|-------------------------------------|
| 61 | Total Annual Program Tuition and Fees 8/1/2010-7/31/2011 (In-State) | \$ 2,500.00 |
| 62 | Total Annual Program Tuition and Fees 8/1/2010-7/31/2011 (Out of State) | \$ 2,950.00 |
| 63 | Any tuition changes during the period of 8/1/2010-7/31/2011? | |
| 64 | YES | <input type="checkbox"/> |
| 65 | NO | <input checked="" type="checkbox"/> |
| 66 | If YES, describe the change: | |

6. Assessment and Admissions Information:

- a. Row 69 – Changes in Student Evaluation Frequency - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please describe the change in Row 72.
- b. Row 73 – Changes in Student Evaluation Methods - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please describe the change in Row 76.
- c. Row 77 – Changes in Student Evaluation Review Process - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please describe the change in Row 80.
- d. Row 81 – Changes in Admissions Policy or Process - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please describe the change in Row 84.

| | | | |
|----|---|-----|-------------------------------------|
| 68 | Assessment and Admissions Information | | |
| 69 | Any changes in the frequency of student evaluation during the period of 8/1/2010-7/31/2011? | | |
| 70 | | YES | <input type="checkbox"/> |
| 71 | | NO | <input checked="" type="checkbox"/> |
| 72 | If YES, describe the change: | | |
| 73 | Any changes in the method(s) and/or tool(s) used for student evaluation during the period of 8/1/2010-7/31/2011? | | |
| 74 | | YES | <input checked="" type="checkbox"/> |
| 75 | | NO | <input type="checkbox"/> |
| 76 | If YES, describe the change: Student clinical evaluations have been revised to include more detail implemented on August 1, 2010. A copy fo the new tool is submitted v | | |
| 77 | Any changes in the methods used to share evaluations with students during the period of 8/1/2010-7/31/2011? | | |
| 78 | | YES | <input checked="" type="checkbox"/> |
| 79 | | NO | <input type="checkbox"/> |
| 80 | If YES, describe the change: Student clinical evaluations are sent to students via the electronic cc evaluation are discussed using the ECMS "chat room". They are signe areas. The completed evaluation are returned using the ECMS and sa | | |
| 81 | Any changes in the admissions policy or process during the period of 8/1/2010-7/31/2011? | | |
| 82 | | YES | <input type="checkbox"/> |
| 83 | | NO | <input checked="" type="checkbox"/> |
| 84 | If YES, describe the change: | | |

7. Program Budget Information:

- a. Row 87 – Please enter the amount allocated for program supplies and equipment for the period of **8/1/2010-7/31/2011**. Please enter only numeric data for a whole number (example: enter “2000” for \$2000.00).
- b. Row 88 – Please enter the amount allocated for program capital expenditures for the period of **8/1/2010-7/31/2011**. Please enter only numeric data for a whole number (example: enter “2000” for \$2000.00).
- c. Row 89 – Please enter the amount allocated for program professional development for the period of **8/1/2010-7/31/2011**. Please enter only numeric data for a whole number (enter “2000” for \$2000.00).
- d. Row 90 – Please indicate a comprehensive, detailed analysis of the program’s budget for the period of **8/1/2010-7/31/2011**.

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|----|--|---|
| 86 | Program Budget Information - 8/1/2010-7/31/2011 | |
| 87 | Supplies and Equipment Budget: | \$ 4,000.00 |
| 88 | Capital Expenditure Budget: | \$ 5,000.00 |
| 89 | Professional Development Budget: | \$ 1,200.00 |
| 90 | Program Budget Evaluation: | The program's budget is adequate to meet the program's needs. Labc Capital budget can be rolled over for up to 5 years, permitting the ac professional development funding for attending conferences off-cam cost. |

8. Communities of Interest Information:

- a. Row 93 – Please describe how community needs are assessed and monitored, including meeting frequency, frequency of attendance by the eight (8) required communities of interest representatives and all assessments performed by the Program Advisory Committee (PAC) meetings for the period of **8/1/2010-7/31/2011**.
- b. Please submit a copy of the ARC/STSA Program Advisory Committee Form – SA
- c. Row 97 – Please indicate the date(s) of the Program Advisory Committee (PAC) meetings for the period of **8/1/2010-7/31/2011**. Please enter the numeric data using the 00/00/0000 format.
- d. Row 98 – Change in Community Needs - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please submit a copy of the PAC minutes indicating review and assessment of the community of needs change.

| | | |
|-----|---|---|
| 92 | Communities of Interest Information | |
| 93 | Describe how community needs are assessed and monitored: | The Program Advisory Committee meets twice per year in Spring and previous year's graduates are assessed. During the Spring meeting, p admissions numbers for the subsequent academic year. The committe interest and a representative from each of the area surgical assisting |
| 94 | Program Advisory Committee (PAC) Information | >>>>>Please complete and submit a copy of the updat |
| 96 | PAC Meetings - 8/1/2010-7/31/2011 | |
| 97 | Dates of PAC Meetings | October 15, 2010 April 18, 2011 |
| 98 | Have Community Needs Changed? | |
| 99 | YES | |
| 100 | NO | X |
| 101 | >>>>>If YES, please submit a copy of PAC minutes indicating review and assessment of communit | |

9. Program Personnel Summary:

- a. Rows 106-119 – Please enter the name and contact information for the president/CEO (or comparable appointment) for the institution sponsoring the surgical assisting program.
- b. Row 120 – New Appointment Clarification - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell.

| | | | | | |
|-----|----------------------------------|----------------------------|--|--|--|
| 103 | Program Personnel Summary | | | | |
| 104 | Program Personnel | | | | |
| 105 | President/CEO | | | | |
| 106 | | Salutation | Dr. | | |
| 107 | | First Name | Samuel | | |
| 108 | | Last Name | Houston | | |
| 109 | | Credentials | PhD | | |
| 110 | | Title | President | | |
| 111 | | Email | samuel.houston@du.edu | | |
| 112 | | Verify Email | samuel.houston@du.edu | | |
| 113 | | Address | 6 West Dry Creek Circle, Amblin Hall - 200 | | |
| 114 | | City | Littleton | | |
| 115 | | State Abbreviation | CO | | |
| 116 | | Zip Code | 80120 | | |
| 117 | | Phone | 303-693-2000 | | |
| 118 | | Extension | 200 | | |
| 119 | | Fax | 303-742-2541 | | |
| 120 | | Is this a new appointment? | | | |
| 121 | | YES | <input type="checkbox"/> | | |
| 122 | | NO | <input checked="" type="checkbox"/> | | |

- a. Rows 125-138 – Please enter the name and contact information for the allied health dean (or comparable appointment) for the institution sponsoring the surgical assisting program.
- b. Row 139 – New Appointment Clarification - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell.

| | | | | | |
|-----|------|----------------------------|--|--|--|
| 124 | Dean | | | | |
| 125 | | Salutation | Dr. | | |
| 126 | | First Name | Rita | | |
| 127 | | Last Name | Goodrich | | |
| 128 | | Credentials | EdD | | |
| 129 | | Title | Academic Dean | | |
| 130 | | Email | rita.goodrich@du.edu | | |
| 131 | | Verify Email | rita.goodrich@du.edu | | |
| 132 | | Address | 6 West Dry Creek Circle, Amblin Hall - 303 | | |
| 133 | | City | Littleton | | |
| 134 | | State Abbreviation | CO | | |
| 135 | | Zip Code | 80120 | | |
| 136 | | Phone | 303-693-2240 | | |
| 137 | | Extension | N/A | | |
| 138 | | Fax | 303-742-2369 | | |
| 139 | | Is this a new appointment? | | | |
| 140 | | YES | <input type="checkbox"/> | | |
| 141 | | NO | <input checked="" type="checkbox"/> | | |

- c. Rows 144-157 – Please enter the name and contact information for the program director for the surgical assisting program.
- d. Row 158 – New Appointment Clarification - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell.

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|-----|----------------------------|--------------------|--|
| 143 | Program Director | | |
| 144 | | Salutation | Mr. |
| 145 | | First Name | Timothy |
| 146 | | Last Name | Sharp |
| 147 | | Credentials | CST/CSFA, MEd |
| 148 | | Title | Program Director |
| 149 | | Email | tim.sharp@du.edu |
| 150 | | Verify Email | tim.sharp@du.edu |
| 151 | | Address | 6 West Dry Creek Circle, Health Science Center - 342 |
| 152 | | City | Littleton |
| 153 | | State Abbreviation | CO |
| 154 | | Zip Code | 80120 |
| 155 | | Phone | 303-694-9262 |
| 156 | | Extension | 123 |
| 157 | | Fax | 303-741-3655 |
| 158 | Is this a new appointment? | | |
| 159 | | YES | <input type="checkbox"/> |
| 160 | | NO | <input checked="" type="checkbox"/> |

- e. Rows 163-176 – Please enter the name and contact information for the medical director for the surgical assisting program.
- f. Row 177 – New Appointment Clarification - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell.

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|-----|----------------------------|--------------------|--|
| 162 | Medical Director | | |
| 163 | | Salutation | Dr. |
| 164 | | First Name | Adrian |
| 165 | | Last Name | Johnson |
| 166 | | Credentials | MD |
| 167 | | Title | Medical Director |
| 168 | | Email | adrian.johnson@du.edu |
| 169 | | Verify Email | adrian.johnson@du.edu |
| 170 | | Address | 6 West Dry Creek Circle, Health Science Center - 345 |
| 171 | | City | Littleton |
| 172 | | State Abbreviation | CO |
| 173 | | Zip Code | 80120 |
| 174 | | Phone | 303-694-9262 |
| 175 | | Extension | 125 |
| 176 | | Fax | 303-741-3655 |
| 177 | Is this a new appointment? | | |
| 178 | | YES | <input type="checkbox"/> |
| 179 | | NO | <input checked="" type="checkbox"/> |

- g. Row 182 – Didactic and Laboratory Instructors Information - Please list the name and credential(s) for all program didactic and laboratory instructors for the program during the period of **8/1/2010-7/31/2011**.
- h. Row 183 – Please submit a copy of the ARC/STSA Program Personnel Report Form – SA
- i. Row 185 – Please submit a copy of the ARC/STSA Program Faculty Curriculum Vitae Form for **all** core surgical assisting faculty.
- j. Row 185 – Please submit a copy of the ARC/STSA Faculty Schedule of Responsibilities Form for **all** core surgical assisting faculty.
- k. Row 185 – Please submit a copy of a current résumé for **all** core surgical assisting faculty.

- l. Row 185 – Please submit a proof of a current CFA or CSA credential for **all** core surgical assisting faculty.
- m. Row 188 – Please submit a copy of the ARC/STSA Clinical Preceptor Report Form – SA
- n. Row 190 – Please submit a copy of the ARC/STSA Clinical Preceptor Delegate Report Form – SA

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| 181 | Didactic and Laboratory Instructors | |
| 182 | List the name and credential(s) for all program <u>didactic</u> and <u>laboratory</u> instructors for the program during the period of 8/1/2010-7/31/2011 : | Suzanne Jones, CSA, MEd |
| 183 | >>>> Please complete and submit a copy of the updated ARC/STSA Progra | |
| 185 | >>>> Please complete and submit a copy of the ARC/STSA Program Faculty Curriculum Vitae Form SA, a current résumé, <u>and</u> proof of a CSFA * [*formerly CFA] or CSA credential for all dida | |
| 187 | Clinical Preceptors | |
| 188 | >>>> Please complete and submit a copy of the updated ARC/STSA Clinical | |
| 189 | Clinical Preceptor Delegates | |
| 190 | >>>> Please complete and submit a copy of the updated ARC/STSA Clinical Prec | |

10. Clinical Affiliate Sites:

- a. Row 192 – Please submit a copy of the ARC/STSA Clinical Affiliation Site Reporting Form – SA

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|-----|---|--|
| 191 | Clinical Affiliate Sites | |
| 192 | >>>> Please complete and submit a copy of the updated ARC/STSA Clinical Affi | |

11. Curriculum:

- a. Row 195 – Curriculum Changes - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “YES”, please describe the change in Row 198.
- b. Row 199 – If “YES” [Row 196] to the question in Row 195, please submit the following:
 - Copies of currently approved syllabus/syllabi that has/have changed
 - Copies of proposed (new) syllabus/syllabi
 - A narrative and comparison specifying the changes between the approved and proposed syllabi
 - A copy of the updated, completed ARC/STSA Curriculum Comparison Form - SA, for the proposed curriculum
- c. Row 205 - If “YES” [Row 196] to the Curriculum Change question [Row 195], please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell.

| | | | |
|-----|---|-----|-------------------------------------|
| 194 | Curriculum | | |
| 195 | Has the curriculum changed? | | |
| 196 | | YES | <input type="checkbox"/> |
| 197 | | NO | <input checked="" type="checkbox"/> |
| 198 | If YES, curriculum change explanation: | | |
| 199 | >>>>For curriculum changes, please complete and submit the following: | | |
| 200 | 1) Currently approved syllabus/syllabi that is changed | | |
| 201 | 2) Proposed syllabus/syllabi | | |
| 202 | 3) A narrative and comparison specifying the changes between the approved & the proposed | | |
| 203 | 4) An updated, completed ARC/STSA Curriculum Comparison Form - SA for the proposed curr | | |
| 205 | If YES, does the new curriculum meet or exceed the <i>Core Curriculum for Surgical Assisting</i> , current edition? | | |
| 206 | | YES | <input type="checkbox"/> |
| 207 | | NO | <input type="checkbox"/> |
| 208 | | | |

Program Outcomes Information:

1. Retention:

- Row 212 – Please indicate the date of the first cohort to complete the program during the period of **8/1/2009-7/31/2010**. Please enter the numeric data using the 00/00/0000 format.
- Row 213 – Please indicate the number of new students originally enrolled into the first cohort for the completion date specified [Row 212], according to the anticipated completion date specified in the student’s original education plan.
- Row 214 – Please indicate the number of re-entry/transfer-in students who joined the first cohort for the completion date specified [Row 212] due to leave of absence, failed course(s), or other change(s) in their original anticipated graduation date.
- Row 216 – Please indicate the total number of students completing the course of studies on the completion date specified [Row 212].

| | | | |
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| 208 | | | |
| 209 | PROGRAM OUTCOMES INFORMATION - 8/1/2009-7/31/2010 | | |
| 210 | | | |
| 211 | Retention - (8/1/2009-7/31/2010) | | |
| 212 | Completion Date #1: | October 13, 2009 | |
| 213 | Original # of Students Admitted | 8 | |
| 214 | Re-entry/Transfer-in Students Added to Cohort | 2 | |
| 215 | Total Students Enrolled | 10 | |
| 216 | Total Students Graduated | 8 | |
| 217 | Total Students Graduated % | 80% | |

- e. Rows 219, 220, 221, & 223 – If applicable, please indicate data for the second cohort to complete the program during the period of **8/1/2009-7/31/2010** (see a-d above and the image from the “Sample 2011 Annual Report – SA” above).
- f. Rows 226-294 – If applicable, please indicate data for the third through twelfth cohorts to complete the program during the period of **8/1/2009-7/31/2010** (see a-d above and the image from the “Sample 2011 Annual Report – SA” above).
- g. Row 304 – Retention Analysis - Based on the summative data in Rows 297-301, please indicate a comprehensive, detailed analysis of program retention for the period of **8/1/2009-7/31/2010**.
- h. Row 305 – Retention Trends Summary - Please indicate whether the program meets or does not meet the ARC/STSA threshold for retention for the period of **8/1/2009-7/31/2010** by placing an “X” in the corresponding cell in Row 306.
- i. Row 307 – Most Recent Year Retention Assessment - Please indicate “YES” or “NO” to the question by placing an “X” in the corresponding cell. If “NO”, please indicate a comprehensive, detailed, measurable plan of action and timeline for implementation that specifies how retention will be raised to and maintained at a level that meets or exceed the ARC/STSA threshold in Row 310.

| | | | | |
|-----|--|--|--|------------------------|
| 303 | Retention Analysis (8/1/2009-7/31/2010) | | | |
| 304 | Please provide a detailed analysis of program retention data for the period of 8/1/2009-7/31/2010. | | The retention rate for 8/1/2009-7/31/2010 was 75% overall and me 6/28/2010) were only at 60% retention. Data from exit interviews o completion include loss of financial support (4 student's spouses v Advanced Anatomy or Advanced Microbiology). The program will m | |
| 305 | Retention Trends Summary | | MEETS THRESHOLD | DID NOT MEET THRESHOLD |
| 306 | 2011 | | X | |
| 307 | Does the program meet the ARC/STSA threshold for retention (70%) for the most recent year (8/1/2009-7/31/2010)? | | | |
| 308 | YES | | X | |
| 309 | NO | | | |
| 310 | If NO, please indicate a plan of action and timeline for implementation that specifies how retention will be raised to and maintained at a level that meets or exceeds the ARC/STSA threshold. | | | |

2. Outcomes Assessment Exam (OAE):

- a. Row 314 – CFA Participation Data- Please indicate the number of students completing the course of studies on the cohort completion date indicated in Row 312 who took the CFA exam.
- b. Row 315 – CSA Participation Data - Please indicate the number of students completing the course of studies on the cohort completion dated indicated in Row 312 who took the CSA exam.
- c. Row 319 – CFA Pass Rate Data- Please indicate the number of students completing the course of studies on the cohort completion dated indicated in Row 312 who passed the CFA exam on the first attempt.
- d. Row 320 – CSA Pass Rate Date - Please indicate the number of students completing the course of studies on the cohort completion dated indicated in Row 312 who passed the CSA exam on the first attempt.

| | | | |
|-----|--|--------------------------|------------------|
| 311 | Outcomes Assessment Exam (OAE) - (8/1/2009-7/31/2010) | | |
| 312 | Completion Date #1: | | October 13, 2009 |
| 313 | | # of Student Graduated | 8 |
| 314 | | # Who Took CFA Exam | 4 |
| 315 | | # Who Took CSA Exam | 4 |
| 316 | | Total Students Testing | 8 |
| 317 | | Total Students Testing % | 100% |
| 319 | | # Who Passed CFA Exam | 2 |
| 320 | | # Who Passed CSA Exam | 2 |
| 321 | | Total Students Passing | 4 |
| 322 | | Total Students Passing % | 50% |

- e. Rows 326, 327, 331, & 332 – If applicable, please indicate CFA and CSA exam data for the second cohort of students graduating from the program on the cohort completion date indicated (see a-d and the image from the “Sample 2011 Annual Report – SA” above).
- f. Rows 338-452 – If applicable, please indicate CFA and CSA exam data for the third through twelfth cohorts of students graduating from the program on the cohort completion date indicated (see a-d and the image from the “Sample 2011 Annual Report – SA” above).
- g. Rows 457-466 will automatically calculate.

| | | | |
|-----|-------------------------|---|------|
| 456 | OAE Data Summary | | |
| 457 | | # of Student Graduated | 30 |
| 458 | | # Who Took CFA Exam | 15 |
| 459 | | # Who Took CSA Exam | 15 |
| 460 | | Total Students Testing (Participation Rate) | 30 |
| 461 | | Total Students Testing (Participation Rate) % | 100% |
| 463 | | # Who Passed CFA Exam | 7 |
| 464 | | # Who Passed CSA Exam | 7 |
| 465 | | Total Students Passing (Pass Rate) | 14 |
| 466 | | Total Students Passing (Pass Rate) % | 47% |

NOTE: THERE ARE NO OAE THRESHOLDS FOR THE PERIOD OF 8/1/2009-7/31/2010

- h. Row 469 – Outcomes Assessment Exam Participation Rate Analysis - Based on the summative data in Rows 457-461, please indicate a comprehensive, detailed analysis of outcomes assessment exam participation rate data for the period of **8/1/2009-7/31/2010**.
- i. Row 471 – Outcomes Assessment Exam Pass Rate Analysis - Based on the summative data in Rows 463-466, please indicate a comprehensive, detailed analysis of outcomes assessment exam pass rate data for the period of **8/1/2009-7/31/2010**.

| | | |
|-----|---|--|
| 468 | OAE Analysis (8/1/2009-7/31/2010) | |
| 469 | Please provide a detailed analysis of program outcomes assessment exam <u>participation rate</u> data for the period of 8/1/2009-7/31/2010. | 100% of the students completed either the CFA or CSA exam. |
| 471 | Please provide a detailed analysis of program outcomes assessment exam <u>pass rate</u> data for the period of 8/1/2009-7/31/2010. | 47% of the students successfully passed either the CFA or CSA certifi successful on one exam over the other. Analysis of the exam content Microbiology resulted in achieving a non-passing score. These cont retaining sufficient information from these content areas to success |
| 473 | OAE Trends Summary | There are no OAE thresholds for 8/1/2009-7/31/2010 - nc |

Required and Optional Verification Forms:

1. Please verify submission of the following required forms by placing an “X” in the corresponding cell:
 - a. Row 476 – ARC/STSA Program Advisory Committee Form – SA
 - b. Row 477 – ARC/STSA Program Personnel Report Form – SA
 - c. Row 478 – ARC/STSA Clinical Preceptor Reporting Form – SA
 - d. Row 479 – ARC/STSA Clinical Preceptor Delegate Reporting Form – SA
 - e. Row 480 – ARC/STSA Clinical Affiliation Site Reporting Form – SA
 - f. Row 481 – Forms for each didactic/lab instructor, including:
 - ARC/STSA Program Faculty Curriculum Vitae Form
 - ARC/STSA Faculty Schedule of Responsibilities Form
 - A current résumé
 - Proof of current CFA or CSA credential. Proof consists of submission of **one** of the following:
 - ✓ A copy of the NBSTSA certification card (CFA) or NSAA certification card (CSA)
 - ✓ A copy of the NBSTSA certification certificate (CFA) or NSAA certification certificate (CSA)
 - ✓ A copy of the verification page from the NBSTSA website (www.nbstsa.org).
 - ✓ A copy of the verification page from the NSAA website (www.nsa.net).

| 475 | | | Required Updated Forms - Verification |
|-----|---|--|--|
| 476 | X | | ARC/STSA Program Advisory Committee Form - SA |
| 477 | X | | ARC/STSA Program Personnel Report Form - SA |
| 478 | X | | ARC/STSA Clinical Preceptor Reporting Form - SA |
| 479 | X | | ARC/STSA Clinical Preceptor Delegate Reporting Form - SA |
| 480 | X | | ARC/STSA Clinical Affiliation Site Reporting Form - SA |
| 481 | X | | 4 Instructor Forms for <u>each</u> didactic/lab instructor |

2. Please verify submission of the following optional forms by placing an “X” in the corresponding cell:
 - a. Row 476 –Program Advisory Committee (PAC) Minutes – Communities of Need Change – submit if “YES” is indicated in Row 99.

- b. Row 478 – Copies of currently approved syllabus/syllabi that has changed – submit if “YES” is indicated in Row 196.
- c. Row 479 – Copies of proposed syllabus/syllabi – submit if “YES” is indicated in Row 196.
- d. Row 480 – A narrative and comparison specifying the changes between the approved and proposed syllabi – submit if “YES” is indicated in Row 196.
- e. Row 481 - A copy of the updated, completed ARC/STSA Curriculum Comparison Form - SA, for the proposed curriculum – submit if “YES” is indicated in Row 196.

| Optional Forms (if indicated) - Verification | | | | | |
|--|---|--|--|--|--|
| | PAC Minutes - Communities of need change | | | | |
| Curriculum Change Documents: | | | | | |
| | Currently approved syllabus/syllabi that is changed | | | | |
| | Proposed syllabus/syllabi | | | | |
| | A narrative and comparison specifying the changes between the approved & the proposed change | | | | |
| | A completed ARC/STSA Curriculum Comparison Form - SA for the proposed curriculum | | | | |

Report Verification:

1. Please review the report carefully before submission to assure that all applicable fields include accurate program data.
2. Row 483 – Please indicate the name of the person completing the report, which constitutes that individual’s electronic signature. Please note that by indicating the name of the person completing the report, the institution is verifying that the data submitted in the report accurately reflects the program offered.
3. Row 484 – Please indicate the date of report completion. Please note the due dates for submission of one (1) electronic/digital copy and one (1) and hardcopy (paper copy) of this report indicated below.

| | | |
|-----|--------------------------------------|------------------------------|
| 483 | Name of Person Completing the Report | Timothy Sharp, CST/CSFA. MEd |
| 484 | Date of Report Completion/Submission | April 15, 2010 |

Report Submission:

Following completion of the 2011 Annual Report - SA and addenda (attachments, required forms, optional forms, etc.), the comprehensive report should be saved as a single, "seamless" digital file, in PDF format for submission.

The program should submit the following documentation:

- One (1) electronic/digital copy of the comprehensive 2011 Annual Report - SA. This document must be received by the ARC/STSA either via e-mail attachment (sent read and return receipt requested) to kathy.heath@arcstsa.org or via electronic/digital media (CD-ROM, DVD, external drive) by mail carrier (USPS, FedEx, USP, etc.) on or before **11:59PM** on **May 2, 2011**.
- One (1) hardcopy of the 2011 Annual Report - SA. This document must be received by the ARC/STSA on or before **4:30PM** (close of business) on **May 4, 2011**.

The comprehensive report should be addressed to:

Keith R. Orloff, CST, FAST
Executive Director
ARC/STSA
6 West Dry Creek Circle, Suite 110
Littleton, CO 80120

PLEASE NOTE: Documentation not received on or before the due dates specified above are subject to a **\$100 late fee**. This fee cannot be waived.

The ARC/STSA Staff is available via phone (303-694-9262) or e-mail info@arcstsa.org to assist you with questions regarding completion of the 2011 Annual Report - SA.