**GENERAL INFORMATION FORM** SSR/OSV (November 2024)

**(This a required 2-page form, even if there are no changes since submission of the SSR.)**

One (1) electronic (**Word**) copy of this form is to be provided to the Primary On-site Reviewer at the start of the visit.

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| **INSTITUTION** | | | | | | | | |
| **Institution name** | | |  | | | | | |
| **Name of Chief Executive Officer** | | |  | | | | | |
| **Administrative title** | | |  | | | | | |
| **Unit or school in which the program resides** | | |  | | | | | |
| **Name of administrative official of the unit or school in which the program resides** | | |  | | | | | |
| **Administrative title** | | |  | | | | | |
| **PROGRAM DIRECTOR** | | | | | | | | |
| **Name of Academic Administrator** | | |  | | | | | |
| **Administrative title** | | |  | | | | | |
| **PROGRAM** | | | | | | | | |
| **Title of program** | | |  | | | | | |
| **Degree awarded** | | |  | | | | | |
| **CURRICULUM DESIGN CHARACTERISTICS** | | | | | | | | |
| **Identify type of term:**  **eg, Semesters, Quarters** |  | | | **# of terms in academic year** |  | **Total # of terms to complete degree** | |  |
| **Length of professional/technical coursework in weeks (including exam week; count exam week as one week)** | | | | |  | | | |
| **CLINICAL EDUCATION** | | | | | | | | |
| **Total hours of clinical education** | |  | **# of weeks of full-time clinical education** | | | |  | |

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| **FACULTY** | | | | | | | | | | | | | |
| **Number of core faculty positions** | | **PT full-time core** | | | |  | | **Non-PT full-time core** | |  | | | |
| **PT part-time core** | | | |  | | **Non-PT part-time core** | |  | | | |
| **Number of vacancies in currently approved (or) funded core faculty positions** | | **Full-time** | | | |  | |  | | | | | |
| **Part-time FTEs** | | | |  | |
| **FTE for associated faculty (in 50% or > of course)** | | | | | |  | |
| **List the names and credentials of core and associated/adjunct faculty members who currently teach in the entry-level program. Identify the FTE (using CAPTE calculation) for each person.** [**(See instructions regarding calculation of FTE allocations.)**](#FTECalculations)(insert rows as needed) | | | | | | | | | | | | | |
| **CORE FACULTY** | | | | | | | | | | | | | |
| **NAME** | | | | | **FTE** | **NAME** | | | | | | **FTE** | |
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| **ASSOCIATED FACULTY**  **(those that have responsibilities in 50% or more of a course, including lab assistants)** | | | | | | | | | | | | | |
| **NAME** | | | | | **FTE** | **NAME** | | | | | | **FTE** | |
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| **STUDENTS**  **Number of students in the professional/technical program** | | | | | | | | | | | | | |
| **First Year (PTA programs)** | | |  | | | | | | | | | | |
| **Second Year (PTA programs)** | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| **OUTCOME DATA**  **Provide data for last class(es) for which stabilized data is available.** | | | | | | | | | | | | | |
|  | **For the most recent cohort** | | | | | | **For the most recent two cohorts** | | | | | |
| **Data being reported for** | **Class of:** | | |  | | | **Classes of:** | |  | | | |
| **Graduation rate** (see definitions) | **Graduation rate** | | | | | % | **Graduation rate** | | | | % | |
| **Performance on Licensure Exam**  (regardless of degree offered) | **Number of graduates who took the examination at least once** | | | | |  | **Total number of graduates who took the examination at least once** | | | |  | |
| **Number of graduates who passed the exam after all attempts** | | | | |  | **Total number of graduates who passed the exam after all attempts** | | | |  | |
| **Pass rate based on above numbers** | | | | | % | **Pass rate based on above numbers** | | | | % | |
| **Employment rate** (see definitions) | **Employment rate** | | | | | % | **Employment rate** | | | | % | |