# NCOPE/CAAHEP Accreditation Management Portal Self-Study

## Submission Type and Basic Information

**2) Identify the program type you wish to complete documentation for:\***

( ) Orthotist/Prosthetist

( ) Technician

( ) Orthotist/Prosthetist Assistant

( ) Pedorthist

**3) Identify the document you wish to complete via this tool:\***

( ) Annual Report

( ) Self-Study

**4) Identify the type of self-study you wish to complete:\***

( ) Candidacy

( ) Initial

( ) Continuing

**5) Identify the Sponsor Institution: \***

_____

**6) In what year was the most recent self study completed?\***

_____

## Self-Study Committee

**8) Provide the email address for the self-study coordinator (the individual who assumes primary responsibility for the self-study document): \***

_____

**9) How many additional members will serve on the self-study committee?**

## 16) Self-study coordinator:

First Name*: _____

Last Name*: _____

Title: _____

Institution*: _____

Email Address*: _____

**Degrees / Certificates Held**

*Choose all that apply*

[ ] Associates

[ ] Bachelors

[ ] Certificate (including post-baccalaureate and graduate)

[ ] Masters

[ ] Doctorate

[ ] Other - Write In (Required): _____*

**Professional Credentials Held**

*Choose all that apply*

[ ] ABC Certified Orthotist

[ ] ABC Certified Prosthetist

[ ] ABC Certified Prosthetist-Orthotist

[ ] ABC Certified Pedorthotist

[ ] BOC Orthotist

[ ] BOC Prosthetist

[ ] Licensed Orthotist

[ ] Licensed Prosthetist

[ ] Licensed Pedorthist

[ ] Occupational Therapist

[ ] Physical Therapist

[ ] Physician (DO, MD, DPM)

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

[ ] Other - Write In (Required): _____*

**Academic Rank**

( ) Lecturer

( ) Instructor

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Not Applicable or Other

## 17) Team Member 1

First Name*: _____

Last Name*: _____

Title*: _____

Institution*: _____

Email Address*: _____

**Degrees / Certificates Held**

*Choose all that apply*

[ ] Associates

[ ] Bachelors

[ ] Certificate (including post-baccalaureate and graduate)

[ ] Masters

[ ] Doctorate

[ ] Other - Write In (Required): _____*

**Professional Credentials Held**

*Choose all that apply*

[ ] ABC Certified Orthotist

[ ] ABC Certified Prosthetist

[ ] ABC Certified Prosthetist-Orthotist

[ ] ABC Certified Pedorthotist

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

[ ] BOC Orthotist

[ ] BOC Prosthetist

[ ] Licensed Orthotist

[ ] Licensed Prosthetist

[ ] Licensed Pedorthist

[ ] Occupational Therapist

[ ] Physical Therapist

[ ] Physician (DO, MD, DPM)

[ ] Other - Write In (Required): _____ *

**Academic Rank**

( ) Lecturer

( ) Instructor

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Not Applicable or Other

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# I.A - Sponsoring Educational Institution

**29) Select the institution type (based upon [Carnegie Classification](#)) that best describes [question('value'), id='99']:**

( ) Doctoral Universities

( ) Master's Colleges and Universities

( ) Baccalaureate Colleges

( ) Baccalaureate/Associate's Colleges

( ) Associate's Colleges

( ) Special Focus Institutions

**30) Identify the funding type that best describes [question("value"), id="99"]**

( ) Public - State Institution

( ) Public - Federal Institution

( ) Private - Not for Profit Institution

( ) Private - For Profit Institution

**31) Identify the following contact information for the Chief Executive Officer (CEO), President, or Provost at [question("value"), id="99"]:**

First Name: _____

Last Name: _____

Title: _____

Institution*: _____

Street Address*: _____

Apt/Suite/Office: _____

City: _____

State: _____

Zip: _____

Country: _____

Email Address: _____

Phone Number: _____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**32) Does the program director at [question("value"), id="99"] report directly to the CEO / Chief Academic Officer listed above?**

( ) Yes

( ) No

**33) Provide the following information for the individual that the program director at [question("value"), id="99"] reports to:**

First Name*: _____

Last Name*: _____

Title: _____

School / Department / Center*: _____

Email Address*: _____

**Degrees / Certificates Held**

*Choose all that apply**

[ ] Associates

[ ] Bachelors

[ ] Certificate (including post-baccalaureate and graduate)

[ ] Masters

[ ] Doctorate

[ ] Other - Write In (Required): _____*

**Professional Credentials Held**

*Choose all that apply*

[ ] ABC Certified Orthotist

[ ] ABC Certified Prosthetist

[ ] ABC Certified Prosthetist-Orthotist

[ ] ABC Certified Pedorthotist

[ ] BOC Orthotist

[ ] BOC Prosthetist

[ ] Licensed Orthotist

[ ] Licensed Prosthetist

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

[ ] Licensed Pedorthist

[ ] Occupational Therapist

[ ] Physical Therapist

[ ] Physician (DO, MD, DPM)

[ ] Other - Write In (Required): _____ *

**Academic Rank**

( ) Lecturer

( ) Instructor

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Not Applicable or Other

# I.A - Sponsoring Educational Institution (Continued)

**34) Identify the regional or national accrediting agency that awarded [question("value"), id="99"] their accreditation:**

*Please note that the North Central Association of Colleges and Schools (NCA-HLC) is now referred to as The Higher Learning Commission*

( ) Middle States Association of Colleges and Schools (MSA), Middle States Commission on Higher Education

( ) New England Association of Schools and Colleges (NEASC-CIHE), Commission on Institutions of Higher Education

( ) New England Association of Schools and Colleges (NEASC-CTCI), Commission on Technical and Career Institutions

( ) North Central Association of Colleges and Schools (NCA-HLC), The Higher Learning Commission

( ) Northwest Commission on Colleges and Universities (NWCCU)

( ) Southern Association of Colleges and Schools (SACS), Commission on Colleges

( ) Western Association of Schools and Colleges (WASC-ACCJC), Accrediting Commission for Community and Junior Colleges

( ) Western Association of Schools and Colleges (WASC-ACSCU), Accrediting Commission for Senior Colleges and Universities National

( ) Other
*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**35) Specify the regional accreditor that oversees [question("value"), id="99"]:***

_____

**36) Enter the accreditation start and end dates for the regional accreditor identified above**

*If the accreditor does not provide a specific day that the accreditation cycle starts/ends, please enter January 1 for the starting date and December 31 for the ending date.*

Start Date*: _____

End Date*: _____

**37) Does [question("value"), id="99"] hold any other accreditation that directly affects the administration or delivery of the [question("value"), id="56"] program outside of CAAHEP/NCOPE and the regional accreditor identified above?**

( ) Yes

( ) No

**38) Provide the following information about the additional accreditation held by [question("value"), id="99"]:**

Accrediting Organization:*: _____

**Accreditation Type / Name:**

_____

_____

_____

_____

Accrediting Organization Website:: 

_____

**39) Is [question("value"), id="99"] legally authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program?**

( ) Yes          ( ) No

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**42) Does [question("value"), id="99"] publish a bulletin or catalog of its educational program offerings?**

( ) Yes    ( ) No

**43) Enter the URL for the webpage that contains the information requested above:**

_____

**45) Is the [question("value"), id="56"] program listed in the catalog/bulletin referenced above?**

( ) Yes    ( ) No

**46) Where do prospective and current students find information about the [question("value"), id="56"] program and course offerings needed to complete it?**

_____

_____

_____

_____

# I.B - Consortium

**47) Is there a consortium in place at [question("value"), id="99"] to facilitate the delivery of the [question("value"), id="56"] program?***

( ) Yes    ( ) No

---

# I: Sponsorship- B. Consortium

**48) How many institutions participate in the consortium in addition to [question("value"), id="99"]?  ***

_____

**49) Enter the name for the 1st institution participating in the consortium:**

_____

**50) Enter the name for the 2nd institution participating in the consortium:**

_____

**51) Enter the name for the 3rd institution participating in the consortium:**

_____

**52) Enter the name for the 4th institution participating in the consortium:**

_____

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*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# I.B - Sponsorship - Consortium Details - Institution 1

**53) Provide the following information for the first school in addition to [question("value"), id="193"] participating in the consortium:**

**Provide the address and phone number for the consortium sponsor:**

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip: _____

Phone: _____

CEO / Chief Academic Official: _____

**Organization Type**

( ) Academic Institution

( ) Hospital or Patient Care Facility

( ) Industry Vendor / Manufacturer

( ) Federal Facility (Including VA/DOD)

( ) Other - Write In (Required): _____ *

**54) Select the institution type (based upon Carnegie Classification) that best describes [question('value'), id='193']**

( ) Doctoral Universities

( ) Master's Colleges and Universities

( ) Baccalaureate Colleges

( ) Baccalaureate/Associate's Colleges

( ) Associate's Colleges

( ) Special Focus Institutions

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**55) Identify the funding type that best describes [question("value"), id="193"]**

( ) Public - State Institution

( ) Public - Federal Institution

( ) Private - Not for Profit Institution

( ) Private - For Profit Instition

( ) Other - Write In (Required): _____ *

**56) Primary Consortium Administrator at  [question("value"), id="193"]**

First Name:  _____

Last Name:  _____

Title:  _____

Email Address:  _____

**Degrees / Certificates Held**

*Choose all that apply*

[ ] Associates

[ ] Bachelors

[ ] Certificate (including post-baccalaureate and graduate)

[ ] Masters

[ ] Doctorate

[ ] Other - Write In (Required):  _____ *

**Professional Credentials Held**

*Choose all that apply*

[ ] ABC Certified Orthotist

[ ] ABC Certified Prosthetist

[ ] ABC Certified Prosthetist-Orthotist

[ ] ABC Certified Pedorthotist

[ ] BOC Orthotist

[ ] BOC Prosthetist

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

[ ] Licensed Orthotist

[ ] Licensed Prosthetist

[ ] Licensed Pedorthist

[ ] Occupational Therapist

[ ] Physical Therapist

[ ] Physician (DO, MD, DPM)

[ ] Other - Write In (Required): _____*

**Academic Rank**

( ) Lecturer

( ) Instructor

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Not Applicable or Other

**57) Submit a copy of the consortium agreement in PDF format:**

# O&P Program Information

**73) Enter the following information for the [question("value"), id="56"] at [question("value"), id="99"]:**

Official Program Name: _____

Street Address: _____

Apt/Suite/Office: _____

City: _____

State: _____

Zip: _____

Country: _____

Phone Number: _____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

Fax Number: _____

General Department/Program Email Address:

_____

Education Program Website: _____

**74) Provide a copy of an organizational chart in PDF format that demonstrates the relationship of the [question('value'), id='56'] program to the sponsor institution. Please include all levels of the university/institution including the school, department, and/or center as it relates to the [question("value"), id="99"] upper administration.**

**75) Is the [question("value"), id="56"] program listed on the organization chart uploaded above?**

( ) Yes   ( ) No

**76) Provide a narrative explanation about the [question("value"), id="56"] linking it to a school/department/center listed in the organizational chart uploaded above***

_____

_____

_____

_____

**77) Provide the following information about the [question("value"), id="56"] program:***

**Academic units granted / academic calendar format:**

*If you select Other, please enter the unit using a plural noun. If the summer term is different than the language used to describe the academic terms listed above, please do not select "other"; instead choose one of the terms identified above.***

( ) Quarters

( ) Trimesters

( ) Semesters

( ) Other - Write In (Required): _____ *

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**Does the format identified above adhere to the <u>federal definition of a credit hour?</u>\***

( ) Yes    ( ) No

**Does the sponsor institution have a specific amount of classroom instruction and / or out-of-class activity defined to earn the academic unit identified above?**

( ) Yes    ( ) No

**78) Is the [question('value'), id='56'] program cohort based?**

*A cohort is defined as a class of students that matriculate at the same time and progress through an academic/professional program at the same pace.\**

( ) Yes    ( ) No

**79) Based upon the following definitions, what delivery method best describes the [question('value'), id='56'] program at [question('value'), id='99']?**

- **A <u>Distance Education Program</u> is defined as the delivery of the complete program that <u>allows the completion of the entire curriculum without the need to attend any instruction on a campus location.</u> (Note: this delivery is not hybrid or partial e-learning delivery.)**
- **A Blended Learning Program (also referred to as a Hybrid Learning Program) is defined as the delivery of the program using both face-to-face and distance learning methodology.**
- **A Traditional Seated Program is defined as the delivery of the program using face-to-face methodology requiring the student to be physically present for didactic and laboratory based course work (Note: clinical placements can be done away from the primary education program location without being considered a blended learning program).**

( ) Distance Education Program

( ) Blended Learning Program

( ) Traditional Seated Program

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# O&P Program Information (Cont.)

**80) Program Sequencing and Cohort Information:**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

What is the total number of academic units (commonly referred to as credit hours at most academic institutions) required to complete the [question('value'), id='56'] program?
 : _____

How many total academic [question('value'), id='294'] must a student successfully complete in order to earn their degree/certificate?

*This number should be lower than the value entered above as students typically take multiple academic units during each of the [question('value'), id='294'] that the program is taught.  Most programs require between 2 and  10 semesters/trimester/quarters/sessions.*:

_____

What is the duration of program in months?

*If this is variable, provide an average time to complete*:

_____

How many times per academic year do students admitted to the [question("value"), id="56"] program have the ability to begin their studies?*:

_____

**How many cohorts does the program matriculate per year?***

      ( ) 1       ( ) 2       ( ) 3

**In what month does the program typically start?***

( ) January      ( ) February      ( ) March

( ) April      ( ) May      ( ) June

( ) July      ( ) August      ( ) September

( ) October      ( ) November      ( ) December

**In what month does the program typically end?***

( ) January      ( ) February      ( ) March

( ) April      ( ) May      ( ) June

( ) July      ( ) August      ( ) September

( ) October      ( ) November      ( ) December

**What is the maximum number of students in each cohort?*:**

_____

**Do students have the opportunity to take elective courses?***

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

( ) Yes    ( ) No

**81) What financial support options are available to students enrolled in the [question('value'), id='56'] program?**

*Choose all that apply*

[ ] Scholarships / Grants

[ ] Work-Study

[ ] Federal Loans

[ ] Private Loans

[ ] Other - Write In (Required): _____ *

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# O&P Program Information (Cont.)

## 82) Provide the following admissions information:

**Does [question("value"), id="99"] participate in the OPCAS system?***

( ) Yes        ( ) No

**Does [question("value"), id="99"] allow applicants to apply via a mechanism other than OPCAS?  ***

( ) Yes        ( ) No

**Is an interview required in order to gain admission to the [question("value"), id="56"] program?  ***

*Interviews can be performed in-person, using video conference, via a phone call or other means.  Please do not select "Other" to identify the technology or means used to conduct the interview.*

( ) Yes - Always required

( ) Yes - Sometimes required

( ) No

( ) Other - Write In (Required): _____ *

**Is the GRE required to apply for the [question("value"), id="56"] program?***

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

( ) Yes          ( ) No

**Is there a minimum required or recommended combined Verbal/Quantitative GRE score defined?  ***

( ) Yes          ( ) No

What value is the minimum required or recommended combined verbal and quantitative GRE score?: _____

**What type of admission model is utilized by the [question("value"), id="56"] program?***

( ) Fixed deadline

( ) Rolling admissions

( ) Other - Write In (Required): _____ *

Enter the final day that applications were accepted for the [question("value"), id="56"] program during the  [question("value"), id="1111"] academic year*:

_____

Enter the final day that applications were accepted for the [question("value"), id="56"] program during the most recently completed academic year*:

_____

**83) Provide the web address where applicants can find information regarding the admission process at [question('value'), id='99']**

*If all information posted is via the OPCAS portal, please enter:  https://opcas.liaisoncas.com/*

_____

**84) Provide the following information about student financial responsibilities:**

**Is in-state tuition or discount tuition offered for residents of [question("value"), id="65"]?***

( ) Yes

( ) No

( ) Other - Write In (Required): _____ *

**Enter the Full/Out-of-State tuition and other required expenses associated with attendance of the [question('value'), id='56'] program for the entire duration of the program.  Enter a 0 if students enrolled in the program are not charged any fees for that category.  Only**

*Please note that fields that appear similar to"[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**whole numbers should be entered in the fields below.**
 *

*If the program requires students complete coursework at any institution besides the sponsor (as is typical via a consortium) in order to complete a CAAHEP  education, please combine the tuition and fees across all institutions.*

| | **Full / Out-Of-State Rate** |
|---|---|
| Tuition | _____ |
| Laboratory Fees | _____ |
| Administrative Fees | _____ |
| Technology Fees | _____ |
| Student Health Fees | _____ |

**Enter the Discount/In-State tuition and other requires expenses associated with attendance of the [question('value'), id='56'] program for the entire duration of the program.  Enter 0 if students enrolled in the program are not charged any fees for that category.   Only whole numbers should be entered in the fields below.**
 *

*If the program requires students complete coursework at any institution besides the sponsor (as is typical via a consortium) in order to complete a CAAHEP  education, please combine the tuition and fees across all institutions.*

| | **Discount / In-State Tuition** |
|---|---|
| Tuition | _____ |
| Laboratory Fees | _____ |
| Administrative Fees | _____ |

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

| | |
|---|---|
| Technology Fees | _____ |
| Student Health Fees | _____ |

**85) Provide the web address where applicants can find information regarding student financial responsibilities at [question('value'), id='99']**

*If a publicly accessible website is not available, you may leave the field below blank*

_____

# Distance Education and Blended Learning

**87) For the [question("value"), id="318"] months the program runs, how many total months is the content delivered using an online or distance learning format?**

_____

**88) For how many months during the [question("value"), id="56"] program, must students live on or near campus?**

_____

**89) What percentage of the total program based upon time spent in learning activities is delivered using an online or distance learning format?**

_____

**90) For online and distance learning content, what percentage of of that material is delivered synchronous (live) versus asynchronous?**

*There is no need to enter a "%" symbol.  Only enter whole numbers in the spaces below*

_____Synchronous

_____Asynchronous

---

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# Technology Requirements

**91) Provide the web address where applicants can find information regarding technology requirements to participate in the [question("value"), id="56"] at [question("value"), id="99"]**

_____

**92) Identify the primary learning management system (LMS) implemented for the [question('value'), id='56'] program.**

*Examples: Canvas LMS, Blackboard, Angel, LearnDash*

_____

**93) Identify any other email / office and collaboration tools required to deliver and/or participate in the [question("value"), id="56"] program**

_____

_____

_____

_____

**94) Are students provided  by the sponsor institution an iPad/Tablet, Laptop/Desktop, or other technology tool in order to complete the [question("value"), id="56"] program?***

( ) Yes          ( ) No

**95) Describe the technology resources that are provided by the sponsor institution in order to complete the [question("value"), id="56"] program.**

_____

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## II. Program Goals

**100) Identify how you would like to provide the program objectives including a statement of the program's overall educational objectives and competencies needed for graduation**

( ) Directly entering the text using the text box

( ) Providing a website link to a publicly accessible website

( ) Uploading documentation via a PDF file

**101) Enter the program objectives using the space provided below:**

_____

_____

_____

_____

**102) Enter the URL for the web page that contains the program objectives:**

_____

**103) Upload the file that contains the [question("value"), id="56"] program objectives in PDF format.  If you have multiple files, please combine them into a single PDF.**

*You may enter a comment about the file uploaded should you feel it would be beneficial to the review team members or NCOPE staff.*

_____

## II.B - Appropriateness of Goals and Learning Domains

**104) Identify the number of advisory panel members currently serving the [question("value"), id="56"] program at [question("value"), id="99"]:**
*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**105) The advisory committee requires that it contain a variety of members from the communities of interest served by the [question("value"), id="56"] program. Identify all of the communities of interest represented on the advisory committee by selecting the appropriate checkboxes.**

[ ] Current Students

[ ] Graduates

[ ] Faculty Members

[ ] [question("value"), id="99"] Administration

[ ] Employers

[ ] Physicians

[ ] Other Allied Health Professionals

[ ] The Public at Large

[ ] Past or Current Orthotic & Prosthetic Patients

[ ] Other - Write In (Required): _____*

**106) Identify the frequency that the advisory committee for the [question("value"), id="56"] at [question("value"), id="99"] convenes per year:**

( ) Annually

( ) Biannually

( ) Quarterly

( ) Other - Write In (Required): _____*

**119) Upload the advisory panel meeting minutes in PDF format for each meeting that has taken place since submission of the [question('value'), id='3600'] self-study.**

*You will need to select the "Browse..." button below once for each set of minutes being uploaded. Up to 10 separate meeting minutes documents can be uploaded. If more than 10 meetings have occurred, please upload the 10 most recent meetings.*

# II.C - Minimum Expectations

**120) Does the program at [question('value'), id='99'] have a clearly defined minimum expectation of: "To prepare a competent [question('value'), id='56'] entry-level in the cognitive (knowledge), psychomotor (skills), and affective (behavioral) learning**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**domains" <u>or higher</u>?**

      ( ) Yes       ( ) No

**121) Explain how the program defines the minimum expectations of the graduate and what aspects of the self-study will articulate the minimum expectations for the [question("value"), id="56"] program.**

_____

_____

_____

_____

# III.A - Resources - Financial

**127) Previous Fiscal Year Expenses**

***Please round amounts to the nearest whole number and refrain from entering the dollar symbol ($)***

_____Salaries, wages, and benefits

_____Faculty/Staff Development

_____Teaching materials and supplies (Including laboratory materials)

_____Facility rent, taxes, utilities, maintenance

_____Administrative supplies and information technology

_____Capital improvements / infrastructure

_____Other Expenses

**Comments:**


**128) Previous Fiscal Year Revenue**

***Please round amounts to the nearest whole number and refrain from entering the dollar symbol ($)***

_____Student tuition and fees

_____Grants and contracts

_____Clinical services

_____Other educational activities / operations

_____Private gifts

_____State / federal appropriations

_____Other

**Comments:**


**129) Current Fiscal Year Expenses**

***Please round amounts to the nearest whole number and refrain from entering the dollar symbol ($)***

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

_____Salaries, wages, and benefits

_____Teaching materials and supplies

_____Facility rent, taxes, utilities, maintenance

_____Administrative supplies and information technology

_____Capital improvements / infrastructure

_____Other Expenses

**Comments:**


## 130) Current Fiscal Year Revenue

*Please round amounts to the nearest whole number and refrain from entering the dollar symbol ($)*

_____Student tuition and fees

_____Grants and contracts

_____Clinical services

_____Other educational activities / operations

_____Private gifts

_____State / federal appropriations

_____Other

**Comments:**


## 131) Next Fiscal Year Projected Expenses

*Please round amounts to the nearest whole number and refrain from entering the dollar symbol ($)*

_____Salaries, wages, and benefits

_____Teaching materials and supplies

_____Facility rent, taxes, utilities, maintenance

_____Administrative supplies and information technology

_____Capital improvements / infrastructure

_____Other Expenses

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**Comments:**


**132) Next Fiscal Year Projected Revenue**

*Please round amounts to the nearest whole number and refrain from entering the dollar symbol ($)*

_____Student tuition and fees

_____Grants and contracts

_____Clinical services

_____Other educational activities / operations

_____Private gifts

_____State / federal appropriations

_____Other

**Comments:**

---

# III.A - Resources - Physical

**133) Has there been a change in the amount or adequacy of physical resources utilized to execute the [question("value"), id="56"] program at [question("value"), id="99"] since the previous annual report was completed?  ***

( ) Yes          ( ) No

**134) Describe the resource changes that have occurred since the previous self-study in the space below***

_____

_____

_____

_____


*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**135) For each major category of teaching space potentially used to deliver the curriculum, identify the number of physical rooms dedicated to the [question('value'), id='56'] program and total square footage for the category**

*For example, if a school has 3 separate lecture halls each 1050 sq feet in total space, you would enter "3150 " the appropriate  fields under the the column titled "Square Footage"*

If a room cam be used for multiple categories of learning activity, please identify the category that the room is most commonly used for.   If any rooms were identified as "Other" please append the additional information into the into the comment box at the bottom of this question.

| | Number of Rooms | |
|---|---|---|
| Lecture Space | _____ | _____ |
| Clinical Laboratory (For fittings, assessment, and non-manufacturing activities) | _____ | _____ |
| Manufacturing Space (For mold rectification, thermoforming, lamination trimming/buffing/finishing, and other fabrication activities) | _____ | _____ |
| Other | _____ | _____ |

**Comments:**

**136)  For each major category of teaching space potentially used to deliver the curriculum at the the consortium institution(s) please identify the number of physical rooms dedicated to the [question('value'), id='56'] program and total square footage for the category.  If there is more than 1 institution besides the sponsor institution, please aggregate the data using the fields below.**

*For example, if a school has 3 separate lecture halls each 1050 sq feet in total space, you would enter "3150 " the appropriate  fields under the the column titled "Square Footage"*

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

If a room cam be used for multiple categories of learning activity, please identify the category that the room is most commonly used for.   If any rooms were identified as "Other" please append the additional information into the into the comment box at the bottom of this question.

| | **Number of Rooms** | |
|---|---|---|
| Lecture Space | _____ | _____ |
| Clinical Laboratory (For fittings, assessment, and non-manufacturing activities) | _____ | _____ |
| Manufacturing Space (For mold rectification, thermoforming, lamination trimming/buffing/finishing, and other fabrication activities) | _____ | _____ |
| Other | _____ | _____ |

**Comments:**


**137) For each commonly used manufacturing resource, identify how of each resource are routinely available to the students and faculty enrolled in the [question("value"), id="56"] program.  If these resources are spread across multiple locations, please report the aggregate number across all locations.**

Mold Filling (Sandbox) Area(s): _____

Workstations with Pipe Vice for Mold Rectification:

_____

Ovens: _____

Thermoforming Stations: _____

Milmo Transfer/Alignment Fixtures:

_____

Lamination Stands/Stations: _____

High Speed Routers (ex: Trautman):

_____

Belt Sanders: _____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

Band/Table/Panel Saws: _____

Sewing Machines: _____

Multi-Purpose Finishing Tools (Sutton):

_____

Disc Sanders: _____

Drum Sanders (Single or Dual Drum Design):

_____

**138) Upload any supporting document you would like to share that demonstrate the adequacy of the physical resources available in PDF Format.  JPG and PNG formats may be used to submit pictures of the physical resources.**

*Provide a description of what is being provided using the provided comment box.  To upload more than one file, please click the "Browse..." button once for each file you wish to submit.  Up to 10 files may be submitted.*

# III.A - Resources - Ancillary Student

**139) Identify the resources available to students attending the [question('value'), id='56'] program provided by the following institution: [question('value'), id='99']**

*If a consortium is in place, only identify the resources available via the sponsor institution*

[ ] Student Handbook

[ ] Office of Financial Aid

[ ] Student Health Services

[ ] Academic Advising

[ ] Counseling and Support Services

[ ] On Campus Childcare

[ ] On Campus Student Housing

[ ] Career Planning and Counseling

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**141) Provide a brief narrative describing what ancillary student services are available at the following consortium institutions: [question("value"), id="1643"]\***

_____

_____

_____

_____

## III.B - Resources - Personnel (General)

**144) Enter the total number of full-time faculty members contributing to the [question("value"), id="56"] program at [question("value"), id="99"]:\***

_____

**145) Enter the total number of part-time faculty members contributing at least 0.1 FTE or 4 hours per week to the [question("value"), id="56"] program at [question("value"), id="99"]:\***

_____

**148) Enter the total number of full-time staff members contributing to the [question("value"), id="56"] program at [question("value"), id="99"]:\***

_____

**149) Enter the total number of part-time staff members contributing to the [question("value"), id="56"] program at [question("value"), id="99"]:\***

_____

# III.B - Resources - Personnel (FT Staff Detail)

**154) Full-Time Staff Member 1**

First Name: _____

Last Name: _____

Title: _____

Primary Institution: _____

Email Address: _____

Phone Number: _____

**Job Description**

*A copy of the job description may be uploaded in PDF format below instead of the space provided*

_____

_____

_____

_____

---

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

# III.B - Resources - Personnel (Faculty Detail)

## 186) Full-Time Faculty Member 1

First Name: _____

Last Name: _____

Title: _____

Primary Institution: _____

Email Address: _____

Phone Number: _____

**Degrees / Certificates Held**

*Choose all that apply*

[ ] Associates

[ ] Bachelors

[ ] Certificate (including post-baccalaureate and graduate)

[ ] Masters

[ ] Doctorate

[ ] Other - Write In (Required): _____*

**Professional Credentials Held**

*Choose all that apply*

[ ] ABC Certified Orthotist

[ ] ABC Certified Prosthetist

[ ] ABC Certified Prosthetist-Orthotist

[ ] ABC Certified Pedorthotist

[ ] BOC Orthotist

[ ] BOC Prosthetist

[ ] Licensed Orthotist

[ ] Licensed Prosthetist

[ ] Licensed Pedorthist

[ ] Occupational Therapist

[ ] Physical Therapist

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

[ ] Physician (DO, MD, DPM)

[ ] Other - Write In (Required): _____ *

**Academic Rank**

( ) Lecturer

( ) Instructor

( ) Assistant Professor

( ) Associate Professor

( ) Professor

( ) Not Applicable or Other

Online Faculty Member Profile: _____

**187) Curriculum Vitae**

***Please submit the faculty member's CV in PDF format***

_____

# III.C - Curriculum (General)

**220) Enter the total number of courses taught during each academic term:**

    **Term 1 _____**        **Term 2 _____**

    **Term 3 _____**        **Term 4 _____**

    **Term 5 _____**        **Term 6 _____**

    **Term 7 _____**        **Term 8 _____**

# First Term

<mark>*This page is repeated once for each academic term*</mark>

**248) Course 1 - Please provide the following basic course information**

Course Number: _____

Course Title: _____

Primary Instructor

*Suggested faculty member names will be suggested based upon information housed within NCOPE's database, but you may enter additional names as necessary\*:*
_____

**249) Course 2 - Please provide the following basic course information**

Course Number: _____

Course Title: _____

Primary Instructor

*Suggested faculty member names will be suggested based upon information housed within NCOPE's database, but you may enter additional names as necessary\*:*
_____

**250) Course 3 - Please provide the following basic course information**

Course Number: _____

Course Title: _____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

Primary Instructor

*Suggested faculty member names will be suggested based upon information housed within NCOPE's database, but you may enter additional names as necessary\*:*

_____

## 251) Course 4 - Please provide the following basic course information

Course Number: _____

Course Title: _____

Primary Instructor

*Suggested faculty member names will be suggested based upon information housed within NCOPE's database, but you may enter additional names as necessary\*:*

_____

## 252) Course 5 - Please provide the following basic course information

Course Number: _____

Course Title: _____

Primary Instructor

*Suggested faculty member names will be suggested based upon information housed within NCOPE's database, but you may enter additional names as necessary\*:*

_____

## 253) Course 6 - Please provide the following basic course information

Course Number: _____

Course Title: _____

Primary Instructor

*Suggested faculty member names will be suggested based upon information housed within NCOPE's database, but you may enter additional names as necessary\*:*

_____

# Syllabus / Course Document Upload

**302) NCOPE recognizes that institutions often have specific requirements for syllabi that may not include some of the elements self-study reviewers and site-visitors are seeking.  Please check each item that is included in <u>all</u> course syllabi.  \***

[ ] Learning Objectives

[ ] Primary Instructor

[ ] Contributing Faculty

[ ] Grading Scale

[ ] Weighting of Assignments

[ ] Learning Activity Formats (Lectures, Laboratories, Written Assignments, Readings)

[ ] Description of topic/activities by week OR by course session

[ ] Student Feedback from Previous Offerings

[ ] Changes Made since Last Offered

**303) First academic session file upload**

<mark>*This page is repeated once for each academic term*</mark>

*You will be prompted below for requested information not included in the syllabi*

---

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# IV. Student and Graduate Evaluation/Assessment - Student Evaluation

**323) Identify if policies & procedures / guidelines relevant to the following topics are implemented for the [question("value"), id="56"] program at [question("value"), id="99"]**

|  | Yes | No |
|---|---|---|
| Grading Scale | ( ) | ( ) |
| Student Feedback (including time frame for grading and the ability to identify specific areas where improvement may be needed) | ( ) | ( ) |
| The integration of formative and summative assessments throughout the curriculum | ( ) | ( ) |
| Rubric for Custom Fit Clinical Projects (Reference Appendix B - Standard C.9.2 | ( ) | ( ) |
| Rubric for Custom Fabricated Clinical Projects (Reference Appendix B - Standard C.9.3 | ( ) | ( ) |

**324) Upload copies of the policy & procedure documents / guidelines in addition to examples that demonstrate compliance with areas identified above using PDF file format.  You may upload up to 10 documents.**

*If you would like to append any additional information not contained within the uploaded documents, please do so using the comments field below.*

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

For each clinical course listed on the left-hand side, enter a whole number reflecting the percentage of the overall course grade for each activity listed at the top of each column.  If the activity at the top of a column is delivered as a pass/fail activity or not part of the course, please enter 0 (zero) into the corresponding field.

*You may enter comments at the bottom of the matrix should you wish to offer additional insight to the reviewers on the data provided*

| | Clinical Fittings | Quizzes/Tests (Closed Book) | Quizzes/Tests (Open Book) | Written Assignments | Case Studies / Problem Based Learning | Other |
|---|---|---|---|---|---|---|
| | | | | | | |

**Comments:**

For each technical  course listed on the left-hand side, enter a whole number reflecting the percentage of the overall course grade for each activity listed at the top of each column.  If the activity at the top of a column is delivered as a pass/fail activity or not part of the course, please enter 0 (zero) into the corresponding field.

*You may enter comments at the bottom of the matrix should you wish to offer additional insight to the reviewers on the data provided*

| | Technical Fabrication | Technical Repair / Adjustment | Quizzes/Tests (Closed Book) | Quizzes/Tests (Open Book) | Written Assignments | Case Studies / Problem Based Learning | Other |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# IV. Student and Graduate Evaluation and Assessment - Outcomes Assessment

## 327) First Year Student Enrollment & Retention

**Please complete the following fields for the cohort that matriculated during the [question('value'), id='1111'] academic year**

Enrollment Date*: _____

"On-time" Graduation Date*: _____

Number of applicants*: _____

Number of students initially enrolled*:

_____

Number of students added to the 1st year cohort after the enrollment date listed above*:

_____

Number of 1st year students that did not complete the [question("value"), id="1111"] academic year*: _____

The number of applicants that applied outside of the OPRESCAS system*:

_____

## 328) Second Year Student Enrollment & Retention

**Please complete the following fields for the students enrolled in their 2nd year during the [question('value'), id='1111'] academic year**

Initial Enrollment Date*: _____

"On-time" Graduation Date*: _____

Number of applicants*: _____

Number of students initially enrolled*:

_____

Number of students added to the 1st year cohort after the enrollment date listed above*:

_____

Number of 2nd year students that did not complete the [question("value"), id="1111"] academic year*: _____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

## 329) Third Year Student Enrollment & Retention

**Please complete the following fields for the students enrolled in their 3rd year during the [question('value'), id='1111'] academic year**

Initial Enrollment Date*: _____

"On-time" Graduation Date*: _____

Number of applicants*: _____

Number of students initially enrolled*:

_____

Number of students added to the 3rd year cohort after the enrollment date listed above*:

_____

Number of 3rd year students that did not complete the [question("value"), id="1111"] academic year*: _____

---

# Attrition Information

**330) 1st Year Student Attrition**

**On the previous page you have identified that [question('value'), id='1210'] students did not complete the [question('value'), id='1111'] academic year. For each reason listed below, enter the number of students who did not complete the academic year.**

_____Non-Academic Reasons

_____Failure to Pass Coursework

_____Failure to Maintain Minimum Aggregate GPA

_____Other

**Comments:**

**331) 2nd Year Student Attrition**

**On the previous page you have identified that [question('value'), id='1217'] students did not complete the [question('value'), id='1111'] academic year. For each reason listed below, enter the number of students who did not complete the academic year.**

_____Non-Academic Reasons

_____Failure to Pass Coursework

_____Failure to Maintain Minimum Aggregate GPA

_____Other

**Comments:**

**332) 3rd Year Student Attrition**

**On the previous page you have identified that [question('value'), id='1224'] students did not complete the [question('value'), id='1111'] academic year. For each reason listed below, enter the number of students who did not complete the academic year.**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

_____Non-Academic Reasons

_____Failure to Pass Coursework

_____Failure to Maintain Minimum Aggregate GPA

_____Other

**Comments:**

---

# Positive Placement Data

## 333) Provide the following information for the cohort that graduated during the [question("value"), id="1111"] academic year

Total Number of Graduates*: _____

Total Number of Graduates that attained "Positive Placement" within 6 months of graduation*:
_____

Total number of graduates that did not attain positive placement within 6 months of graduation (including individuals who failed to follow-up)*:

_____

**Comments:**


## 334) Provide the following information for the cohort that graduated during the 2016-2017  academic year

***This information is being requested due to the annual reporting tool  not being available during the previous year.  In the future, you will only be prompted to report positive placement data for a single cohort***

Total Number of Graduates*: _____

Total Number of Graduates that attained "Positive Placement" within 6 months of graduation*:
_____

Total number of graduates that did not attain positive placement within 6 months of graduation (including individuals who failed to follow-up)*:

_____

**Comments:**

---

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# Self-Study Student/Graduate Outcomes

**335) Identify all academic years that have been completed since the previous self-study was submitted***

[ ] 2011-2012

[ ] 2012-2013

[ ] 2013-2014

[ ] 2014-2015

[ ] 2015-2016

[ ] 2016-2017

[ ] 2017-2018

[ ] 2018-2019

[ ] 2019-2020

[ ] 2021-2022

[ ] 2022-2023

[ ] 2023-2024

---

# Self-Study Student/Graduate Outcomes (Continued)

**336) Enter the requested outcome data for the students that should have graduated in the academic year(s) listed below.  Only enter whole numbers into each field.**

*"# of  students enrolled on the 1st day of class"  pertains to the initial [question('value'), id='294'] of the [question('value'), id='56'] program for the cohort listed at the top of the column*

*"On-time Graduation %" refers to the percentage of students who completed their program of student within the typical  program duration of [question('value'), id='318'] months*

*"Positive placement" means that the graduate is employed full or part-time in a related field; and/or continuing his/her education; and/ or serving in the military*

|  |
| --- |
| # of Students Enrolled on the 1st Day of Class |
| # of Graduates |
| # of Students Who Didn't Graduate |
| On-time Graduation % |
| # of Graduates Positively Placed |
| # of Graduates NOT Positively Placed |

---

# Positive Placement Data (Continued)

<mark>This page is only presented when graduate outcome data details are required</mark>

**337) On the previous page you identified that [question("value"), id="1231"] graduates during the [question("value"), id="1111"] academic year did not attain positive placement or were lost to follow-up.  For each reason listed below, identify the number of individuals that were not positively placed for that reason.   If you have individuals not placed for "Other" reasons, please provide a brief explanation in the comments box.**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

_____Inability to find a residency position or other placement in O&P

_____No longer wishes to pursue a career in O&P

_____Health / personal reasons (including child-rearing)

_____Lost to follow-up

_____Other

**Comments:**

**338) On the previous page you identified that [question("value"), id="1235"] graduates during the 2016-2017 academic year did not attain positive placement or were lost to follow-up. For each reason listed below, identify the number of individuals that were not positively placed for that reason. If you have individuals not placed for "Other" reasons, please provide a brief explanation in the comments box.**

_____Inability to find a residency position or other placement in O&P

_____No longer wishes to pursue a career in O&P

_____Health / personal reasons (including child-rearing)

_____Lost to follow-up

_____Other

**Comments:**

_____

# ABC Board Exam Performance - Technician- Self Study

**346) ABC Orthotic Technician Exam**

**Only enter data using whole numbers.  Kindly combine data for both initial attempt and repeat attempts if you have this information.  It will be necessary for you to review and combine data from multiple ABC exam reports across multiple years in the event graduates from a specific academic year attempted the ABC exam in different years.**

| | |
|---|---|
| Number of Candidate Attempts | |
| Number of Candidates Passing | |
| Number of Candidates Failing | |

**Comments:**

**347) ABC Prosthetic Technician Exam**

**Only enter data using whole numbers.  Kindly combine data for both initial attempt and repeat attempts if you have this information.  It will be necessary for you to review and combine data from multiple ABC exam reports across multiple years in the event graduates from a specific academic year attempted the ABC exam in different years.**

| | |
|---|---|
| Number of Candidate Attempts | |
| Number of Candidates Passing | |
| Number of Candidates Failing | |

**Comments:**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# ABC Board Exam Performance - Annual Report

**348) ABC Orthotic Written Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | **First Time Exam Takers** | **Repeat Exam Takers** | **Total Exam Takers** |
|---|---|---|---|
| Number of Candidate Attempts | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Passing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Failing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

**Comments:**

**349) ABC Orthotic Written Simulation Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | **First Time Exam Takers** | **Repeat Exam Takers** | **Total Exam Takers** |
|---|---|---|---|
| | | | |

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

| | First Time Exam Takers | Repeat Exam Takers | Total Exam Takers |
|---|---|---|---|
| Number of Candidate Attempts | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Passing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Failing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

**Comments:**

**350) ABC Orthotic Clinical Patient Management Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | **First Time Exam Takers** | **Repeat Exam Takers** | **Total Exam Takers** |
|---|---|---|---|
| Number of Candidate Attempts | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Passing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Failing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

**Comments:**

**351) ABC Prosthetic Written Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Please note that fields that appear similar to"[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | First Time Exam Takers | Repeat Exam Takers | Total Exam Takers |
|---|---|---|---|
| Number of Candidate Attempts | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Passing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Failing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

**Comments:**

**352) ABC Prosthetic Written Simulation Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | First Time Exam Takers | Repeat Exam Takers | Total Exam Takers |
|---|---|---|---|
| Number of Candidate Attempts | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Passing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

| | | | |
|---|---|---|---|
| Number of Candidates Failing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

**Comments:**

**353) ABC Prosthetic Clinical Patient Management Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | **First Time Exam Takers** | **Repeat Exam Takers** | **Total Exam Takers** |
|---|---|---|---|
| Number of Candidate Attempts | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Passing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |
| Number of Candidates Failing | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

**Comments:**

# ABC Board Exam Performance - Technician - Annual Report

**354) ABC Orthotic Technician Written Exam**

**Only enter data for your specific institution using whole numbers.  You do not need to report aggregate data across all accredited O&P programs.**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | Candidates |
|---|---|
| Number of Candidate Attempts | _____ |
| Number of Candidates Passing | _____ |
| Number of Candidates Failing | _____ |

**Comments:**

**355) ABC Prosthetic Technician Written Exam**

**Only enter data for exam attempts that occurred during the year that this annual report covers.**

*Exam performance information is provided annually by ABC during the summer.  Please use the report that was provided during the  [question('value'), id='1111'] academic year.*

| | Candidates |
|---|---|
| Number of Candidate Attempts | _____ |
| Number of Candidates Passing | _____ |
| Number of Candidates Failing | _____ |

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# Graduate & Employer Satisfaction Surveys

**356) Provide the following information about the graduate surveys administered during the [question('value'), id='1111'] academic year**

How many surveys were sent out to graduates during the academic year list above?*:

_____

How many surveys were returned by graduates during the academic year?  *:

_____

**Which format(s) were used to distributing the graduate surveys?**

*Choose all that apply*

[ ] Paper-based (physically provided to the graduate)

[ ] Electronic (using a web-based or kiosk based system)

[ ] Other - Write In (Required): _____*

**Was a Likert scale or numeric scale used for the majority of responses related to the cognitive, psychomotor, and affective domains?  ***

( ) Yes

( ) No

How many different options was the graduate able to choose from with the likert or numeric scale?  *: _____

Enter the first option (including any description provided to the person completing the survey) that reflects the lowest possible rating*:

_____

Enter the second option (including any description provided to the person completing the survey) *: _____

Enter the third option (including any description provided to the person completing the survey) *: _____

Enter the fourth option (including any description provided to the person completing the survey) *: _____

Enter the fifth option (including any description provided to the person completing the survey) :

_____

Enter the sixth option (including any description provided to the person completing the survey)*:

_____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

Enter the seventh option (including any description provided to the person completing the survey)*: _____

## 357) Provide the following information about the employer surveys administered during the [question('value'), id='1111'] academic year

How many surveys were sent out to employers during the academic year list above?*:
_____

How many surveys were returned by employers during the academic year?  *:
_____

**Which format(s) were used to distributing the employer surveys?**

*Choose all that apply**

[ ] Paper-based (physically provided to the graduate)

[ ] Electronic (using a web-based or kiosk based system)

[ ] Other - Write In (Required): _____*

**Was the same Likert scale used for the employers surveys as the graduate surveys?***

( ) Yes

( ) No

## 358) Upload a copy of the blank survey instrument provided to graduates in PDF format.  Please note that this tool can only accept files up to 10mb in size.  You may need to compress the PDF depending on formatting.

_____1

## 359) Upload a copy of the blank survey instrument provided to employers in PDF format.  Please note that this tool can only accept files up to 10mb in size.  You may need to compress the PDF depending on formatting.

_____1

# V - Fair Practices

**385) Where do students access the academic calendar for the [question('value'), id='56'] program at [question('value'), id='99']?**

*Choose all that apply*

[ ] Online via a public calendar

[ ] Online via a private calendar

[ ] Paper-based calendar

[ ] Other - Write In (Required): _____ *

## 386) Provide a link to the public online academic calendar in the blank below

_____

**388) Where do students access the student grievance procedures for the [question('value'), id='56'] program at [question('value'), id='99']?**

*Choose all that apply*

[ ] Online via a public website

[ ] Online via a private website

[ ] Paper-based documentation

[ ] Other - Write In (Required): _____ *

## 389) Provide a link to the public online student grievance procedures in the blank below

_____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**390) Upload a PDF version of the student grievance procedure identified above**

**391) Where do students access the non-discrimination procedures for the [question('value'), id='56'] program at [question('value'), id='99']?**

*Choose all that apply*

[ ] Online via a public website

[ ] Online via a private website

[ ] Paper-based documentation

[ ] Other - Write In (Required): _____ *

**392) Provide a link to the public online non-discrimination procedures in the blank below**

_____

**393) Upload a PDF version of the non-discrimination procedures referenced above**

**394) Upload a PDF version of the admissions and selection policy in addition to any other documentation used by the selection committee (including scoring rubrics). You may upload up to 5 PDF documents.**

**395) Upload a PDF version of the student record keeping policy in addition to any other documentation that supports appropriate record keeping standards are in place and compliant with relevant laws (such as FERPA). You may upload up to 5 PDF documents.**

**396) Upload a PDF version of any formal agreements that are in place for the execution of clinical placements or teaching offsite. You may need to combine multiple PDF documents into a single document if your institution has a large number of agreements in place. You may upload up to 10 separate PDF documents.**

---

# Core Curriculum Guide (Appendix B) - Orthotist / Prosthetist

**399) Identify which of the following courses deliver content that enables compliance with the Entry-Level Competencies listed in Appendix B - Sections A.1-A.11**

*Blank fields will  likely be present, these are a result of having fewer than 6 courses  per session and/or 9 academic sessions throughout the program.  Only select options with a course number/title located to the right of the checkbox.\**

**400) Identify which of the following courses deliver content that enables compliance with the General Content Areas listed in Appendix B - Sections B.1-B.6**

*Blank fields will  likely be present, these are a result of having fewer than 6 courses  per session and/or 9 academic sessions throughout the program.  Only select options with a course number/title located to the right of the checkbox.\**

**401) Identify which of the following courses deliver content that enables compliance with the Foundational Content Areas listed in Appendix B - Sections C.1.0-C.1.20**

*Blank fields will  likely be present, these are a result of having fewer than 6 courses  per session and/or 9 academic sessions throughout the program.  Only select options with a course number/title located to the right of the checkbox.\**

**402) Identify which of the following courses deliver content that enables compliance with the Patient Assessment (Including Pathologies) listed in Appendix B - Sections C.2.0-C.2.7.11**

*Blank fields will  likely be present, these are a result of having fewer than 6 courses  per*

*session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

**403) Identify which of the following courses deliver content that enables compliance with the Formulation listed in Appendix B - Sections C.3.0-C.4.2**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

**404) Identify which of the following courses deliver content that enables compliance with the Implementation listed in Appendix B - Sections C.4.0-C.4.3**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

**405) Copy of Identify which of the following courses deliver content that enables compliance with the Follow-up listed in Appendix B - Sections C.5.0-C.5.3**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

**406) Identify which of the following courses deliver content that enables compliance with the Practice Management listed in Appendix B - Sections C.6.0-C.6.6**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**407) Identify which of the following courses deliver content that enables compliance with the Professional and Personal Development listed in Appendix B - Sections C.7.0-C.7.6**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

*A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.*

**408) Identify which of the following courses deliver content that enables compliance with the Experience in a Patient Care Setting listed in Appendix B - Sections C.8.0-C.8.6**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\* A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.*

**409) Identify which of the following courses deliver content that enables compliance with the Comprehension and Evaluation section listed in Appendix B - Sections C.9.1 for Upper Limb, Lower Limb, Spinal/Cranial Orthoses. You will be prompted for information about C.9.1 with regard to upper and lower limb prostheses in the next question.**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

*A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.*

**410) Identify which of the following courses deliver content that enables compliance with the Comprehension and Evaluation section listed in Appendix B - Sections C.9.1 for Upper Limb and Lower Limb Prostheses. You were already prompted for information about C.9.1 with regard to orthoses in the previous question.**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

*A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.*

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**411) Identify which of the following courses deliver content that enables compliance with the Prefabricated and Custom Fit section listed in Appendix B - Sections C.9.2 for Upper Limb, Lower Limb, and Spinal Orthoses.**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.

**412) Identify which of the following courses deliver content that enables compliance with the Custom Fabricate and Fit section listed in Appendix B - Sections C.9.3 for Upper Limb, Lower Limb, and Spinal Orthoses. You will be prompted for information about Upper and Lower Limb Prostheses in the next question.**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.

**413) Identify which of the following courses deliver content that enables compliance with the Custom Fabricate and Fit section listed in Appendix B - Sections C.9.3 for Upper Limb and Lower Limb Prostheses. You were already prompted for information about C.9.3 with regard to orthoses in the previous question.**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.

**414) Identify which of the following courses deliver content that enables compliance with the Research Curriculum section listed in Appendix B - Section D.1.0-D.1.7.**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

A list of all courses taught for the orthotic & prosthetic program will be listed in this space when using the actual self-study tool.

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

**437) Provide a narrative that describes the minimum expectation for research output that each graduates of the [question("value"), id="56"] program must complete.  Describe if the output is performed independently or in a group setting.  \***

_____

_____

_____

**438) Is there a capstone/thesis manual provided to students enrolled in the [question("value"), id="56"] program?\***

( ) Yes

( ) No

**439) Upload a copy of the capstone manual and any other pertinent documentation that enables students to meet Standard D.1 - Research Curriculum.  This tool accepts files in PDF format and up to 5 files each up to 10mb in size may be submitted.  \***

---

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

# Core Curriculum Guide (Appendix B) - Orthotic & Prosthetic Technician

**415) Identify which of the following courses deliver content that enables compliance with the Entry-Level Competencies and Basic Science Content listed in Appendix B - Sections A and B**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.*

**416) Identify which of the following courses deliver content that enables compliance with the Foundational Content Areas listed in Appendix B - Section C.1**

- **Communication**
- **Modification**
- **Facility Management**
- **Functional Anatomy**
- **Materials, Componentry and Design**
- **Professional Responsibilities**
- **Technical Skills**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.*

**417) Identify which of the following courses deliver content that enables compliance with the Foundational Content Areas listed in Appendix B - Sections C.2-C.4**

- **Initiation of Treatment Plan**
- **Biomechanics**
- **Implementation of the Orthotist and/or Prosthetist Treatment Plan**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per*

*session and/or 9 academic sessions throughout the program.  Only select options with a course number/title located to the right of the checkbox.\**

**418) Identify which of the following courses deliver content that enables compliance with the Foundational Content Areas listed in Appendix B - Sections C.5-C.7**

- **Follow-Up**
- **Facility Management**
- **Professional / Personal Development**

*Blank fields will  likely be present, these are a result of having fewer than 6 courses  per session and/or 9 academic sessions throughout the program.  Only select options with a course number/title located to the right of the checkbox.\**

**419) Identify which of the following courses deliver content that enables compliance with the Orthotic and Prosthetic Technical Services listed in Appendix B - Sections C.8.1-C.8.4 (Orthoses)**

- **Lower Extremity Orthoses**
  - **Foot Orthoses**
  - **UCBL Orthoses**
  - **AFO**
  - **KAFO**
  - **HKAFO / Standing Frames / Parapodiums**
  - **Knee Orthoses**
  - **Hip Orthoses**
- **Upper Extremity Orthoses**
  - **Hand Orthoses / Wrist Hand Orthoses**
  - **Elbow Orthoses / Shoulder Elbow Wrist Hand Orthoses**
  - **Fracture Orthoses**
- **Spinal Orthoses**
  - **Lumbosacral Orthoses / Thoracic Lumbosacral Orthoses**
  - **Cervical Thoracic Lumbosacral Orthoses**
- **CAD/CAM for Orthotic Applications**

*Blank fields will  likely be present, these are a result of having fewer than 6 courses  per session and/or 9 academic sessions throughout the program.  Only select options with a course number/title located to the right of the checkbox.\**

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

**420) Identify which of the following courses deliver content that enables compliance with the Orthotic and Prosthetic Technical Services listed in Appendix B - Sections C.8.5-C.8.7 (Prostheses)**

- **Lower Extremity Prostheses**
  - **Partial Foot Prostheses**
  - **Symes Prostheses**
  - **Transtibial Prostheses**
  - **Knee Disarticulation Prostheses**
  - **Transfemoral Prostheses**
  - **Hip Disarticulation / Hemipelvectomy Prostheses**
- **Upper Extremity Orthoses**
  - **Partial Hand / Transradial Prostheses**
  - **Elbow Disarticulation / Transhumeral Prostheses**
- **CAD/CAM for Prosthetic Applications**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

**421) Identify which of the following courses deliver content that enables compliance with the Practicum Content listed in Appendix B - Section D**

*Blank fields will likely be present, these are a result of having fewer than 6 courses per session and/or 9 academic sessions throughout the program. Only select options with a course number/title located to the right of the checkbox.\**

**435) Enter the total number of times a student performs comprehensive management (including evaluation, recommendation, implementation, material selection, application of biomechanical principles, fitting/adjustment, troubleshooting, and evaluation of outcomes) with the following custom fabricated orthoses/prostheses**

*Only enter whole numbers. If comprehensive management is not performed for a specific orthosis/prosthesis please enter zero "0" in the space provided \**

Functional OR Accomodative FO: _____

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

UCBL (Including Carlson Modification):

_____

Shoe Modification - Rocker: _____

Thermoplastic AFO (Including articulated & non-articulated ):

_____

Thermoplastic KAFO (With articulated knee joints):

_____

LSO OR TLSO: _____

Transradial/Wrist Disarticulation Prosthesis- Anatomical Suspension:

_____

Transradial/Wrist Disarticulation Prosthesis - Harness Suspension:

_____

Transhumeral Prosthesis (Including simulated) - Dual Control Harness:

_____

Patellar Tendon Bearing TT Prosthesis:

_____

Total Surface Bearing TT Prosthesis:

_____

Ischial Containment TF Prosthesis: _____

---

# Core Curriculum Guide (Appendix B) - Orthotic / Prosthetic Technician (Continued)

**440) For each individual component of Section A: Entry-Level Competencies listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column.**

| |
|---|
| Understand and explain the role of the Orthotic and Prosthetic Technician in providing ethical patient centered care by applying the profession recognized Code of Professional Responsibility in technical support of patients. |
| Practice sound judgment in regard to safety of self and others, and adhere to safety procedures throughout the delivery of orthotic and/or prosthetic care. |
| Demonstrate the knowledge and skills necessary to fabricate, adjust, repair and maintain orthoses and prostheses that are both appropriate (based on the prescription and/or instructions provided by practitioner or employer) and structurally sound for patient use. |

**441) For each individual component of Section B: Basic Science listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column.**

| |
|---|
| Biomechanics |
| Materials Science |

**442) For each individual component of section C.1 - Foundational Content Areas listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column. \***

| |
|---|
| *Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.* |

| |
|---|
| Communication |
| Fabrication/Modification |
| - Category I - Artifact Modifications |
| - Category II- Accomodative Modifications |
| - Category III - Biomechanical Modifications |
| Facility Management |
| Functional Anatomy and Medical Terminology |
| Materials, Componentry and Design |
| Professional Issues |
| Technical Skills |

**443) For each individual component of section C.2 - C.4 listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column.**

| |
|---|
| |
| C.2.1 Effectively review physical assessment data provided by orthotist and/or prosthetist (e.g., height, weight, activity level, amputation level, diagnoses, measurements, prior orthoses and/or prostheses usage) to determine technical requirements for the orthoses and/or prostheses. |
| C.2.2 Consultation with orthotist and/or prosthetist to confirm physical assessment data obtained (e.g.,patient's condition/diagnosis, measurements, work order). |
| C.2.3 Provide information related to the use and maintenance of the orthoses and/or prostheses to the practitioner, patient and/or caregiver (e.g., cleaning, lubrication). |
| C.2.4 Document technical treatment plan (including work order, layups, componentry, and serial numbers) using established record-keeping techniques. |

| C.3.1 Determine fabrication requirements/technical criteria (e.g., static alignment of orthoses and/or prostheses). |
|---|
| C.3.2 Verify function of orthoses and/or prostheses (e.g., does it function as required in all planes of motion). |
| C.4.1 Demonstrate safety in the workplace. Comply with personal and environmental safety practices through proper use and care of tools and equipment. |
| C.4.2 Examine the orthoses or prostheses to make adjustments as directed to obtain optimal fit, operation, function and comfort. Skills necessary to optimize the fit and function. |
| C.4.3 Participate with the orthotist and/or prosthetist on appropriate instruction to diverse patient populations and caregivers on the care and maintenance of the orthoses or prostheses. |

**444) For each individual component listed under section C.5-C.7 listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column.**

| |
|---|
| C.5.1 Demonstrate the ability to modify/adjust orthoses and/or prostheses |
| C.5.2 Demonstrate the ability to repair orthoses and/or prostheses. |
| C.5.3 Document modifications/adjustments/repairs to orthoses and/or prostheses. |
| C.5.4 Develop and document long-term service plan of the orthoses and/or prostheses. |
| C.6.1 Demonstrate knowledge of maintaining a safe and professional environment. |
| C.6.2 Demonstrate knowledge of performing scheduled machine and equipment maintenance and calibration. |
| C.6.3 Document service of machines and equipment (e.g., maintenance logs) |
| C.7.1 Describe what it means to be a Lifelong learner with the goal of maintaining knowledge and skills at the most current level. |
| C.7.2 Discuss strategies to engage in service to the profession. |

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

| |
|---|
| C.7.3 Describe ethical and legal responsibilities to orthotic and prosthetic technical services. |

**445) For each component of C.8.1-C.8.4 - Orthotic Technical Services listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column.**

| |
|---|
| |
| C.8.1.1 Foot Orthoses |
| C.8.1.2 UCBL Orthoses |
| C.8.1.3 Ankle-Foot Orthoses (AFO) |
| C.8.1.4 Knee-Ankle-Foot Orthoses (KAFO) |
| C.8.1.5 Hip-Knee-Ankle-Foot Orthoses (HKAFO), Standing Frames/Parapodiums |
| C.8.1.6 Knee Orthoses (KO) |
| C.8.1.7 Hip Orthoses |
| C.8.2.1 Hand Orthoses (HO) and Wrist-Hand Orthoses (WHO) |
| C.8.2.2 Elbow Orthoses and Shoulder-Elbow-Wrist-Hand Orthoses |
| C.8.2.3 Fracture Orthoses |
| C.8.3.1 Lumbo-Sacral (LSO) and Thoraco-Lumbo-Sacral Orthoses (TLSO) |
| C.8.3.2 Cervico-Thoraco-Lumbo-Sacral Orthoses (CTLSO) |
| C.8.4 Computer Aided Design/Computer Aided Manufacturing for Orthotic Applications |

**446) For each component of C.8.5-C.8.7 - Prosthetic Technical Services listed on the left-hand side, identify each course where the specific component is delivered referencing the course titled listed at the top of each column.**

| |
|---|
| *Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes* |

*used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type.*

| |
|---|
| C.8.5.1 Partial Foot Prostheses |
| C.8.5.2 Symes Prostheses |
| C.8.5.3 Transtibial Prostheses |
| C.8.5.4 Knee Disarticulation Prostheses |
| C.8.5.5 Transfemoral Prostheses |
| C.8.5.6 Hip Disarticulation / Hemipelvectomy Prostheses |
| C.8.6.1 Partial Hand and Transradial Prostheses |
| C.8.6.2 Elbow Disarticulation and Transhumeral Prostheses |
| C.8.7 Computer Aided Design/Computer Aided Manufacturing for Prosthetic Applications |

**447) Enter the total number of technical hours a student enrolled in the [question("value"), id="56"] program must complete in a laboratory/manufacturing setting in order to meet graduation requirements***

_____

**448) Enter the total number of clinical/technical sites that have a formal agreement in place with the [question("value"), id="56"] program at [question("value"), id="99"]***

_____

**449) Provide at least 2 active agreement documents for the technical/clinical placements using the file upload tool below.**

*Convert all files to PDF format prior to submission*

**450) What is the minimum level of autonomy that a student enrolled in the [question("value"), id="56"] program is expected to function at during their final off-campus placement/rotation? ***

( ) Observe

( ) Assist

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

( ) Perform


**451) Provide a narrative about how supervisors/preceptors are vetted and what minimum qualifications they must hold in order to supervise students enrolled in the [question("value"), id="56"] program at [question("value"), id="99"].***

_____

_____

_____

_____

**452) How many times per academic year are supervisors/preceptors provided feedback on their supervision and mentoring as related of students enrolled in the [question("value"), id="56"] program at [question("value"), id="99"]?  Only enter a whole number in the field below.***

_____

**453) Do mentors use a standard feedback form/instrument to provide student feedback when they are placed on a clinical/technical rotation?  ***

    ( ) Yes       ( ) No

**454) Upload a copy of any forms used by preceptors/supervisors of students using the upload tool below.  This form will accept a maximum of 10 PDF format files up to 10mb in size each.  ***

**455) Provide a narrative about how supervisors/preceptors provide feedback on student performance during their clinical/technical experiences if a standardized tool/instrument is not used.  ***

_____

_____

_____

_____

**456) Upload any additional documents provided to students and supervisors/preceptors of students enrolled in the [question('value'), id='56'] program at [question('value'), id='99'] to support the technical/clinical experience.  Examples of documents that would benefit the self-study reviewers  include:**

_Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type._

- **Clinical placement handbook**
- **Mentor/Supervisor handbook**
- **Clinical faculty assessment / grading forms**
- **Learning objectives for a placement/rotation**


*Convert all files to PDF format prior to submission*

**457) Enter the total number of times a student performs fabrication of the following custom fabricated orthoses/prostheses**

*Only enter whole numbers.  If  fabrication of a specific orthosis/prosthesis, please enter zero "0" in the space provided ***

Functional OR Accomodative FO: _____

UCBL: _____

Non-articulated Thermoplastic AFO:

_____

Articulated Thermoplastic AFO: _____

Metal AFO with Attached Shoe: _____

Metal KAFO: _____

Thermoplastic KAFO: _____

Plastic and/or Metal Wrist Hand Orthosis:

_____

Plastic Bivalve TLSO or LSO: _____

Single Opening TLSO or LSO: _____

Symes Medial Opening or Expandable Wall Prostheses :

_____

Exoskeletal TT Prosthesis: _____

Endoskeletal TT Prosthesis: _____

TT Soft Interface: _____

TT Diagnostic Sockets: _____

Endoskeletal TF Prosthesis: _____

TF Diagnostic Sockets: _____

Transradial/Wrist Disarticulation Prosthesis:

_____

Transhumeral /Elbow Disarticulation Prosthesis:

_____

Control Harness and Cabling Systems:

_____

---

# Public Disclosure Verification

**458) Visit the CAAHEP website by selecting the link below and verify that the posted information is correct.**

**https://www.caahep.org/Students/Find-a-Program.aspx**

**Is the information posted about the [question('value'), id='56'] program at [question('value'), id='99'] correct?***

( ) Yes

( ) No

**459) Identify the correct information that you wish to have shared via the CAAHEP website using the space below:***

_____

_____

_____

_____

**460) Visit the NCOPE website by selecting the link below and verify that the posted information is correct.**

**Orthotist/Prosthetist Programs: http://ncope.org/accredited/practitioner/**

**Technician Programs: http://ncope.org/accredited/technician/**

**Is the information posted about the [question('value'), id='56'] program at [question('value'), id='99'] correct?***

( ) Yes

*Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document.  Common fields include the name of the institution and program type.*

( ) No

**461) Identify the correct information that you wish to have shared via the NCOPE website using the space below:***

_____

_____

_____

_____

**462) Enter the website address where your program shares required outcome information:***

_____

**463) Does the website listed about contain programmatic outcome information for the most recently completed academic year?***

( ) Yes
( ) No

**464) Identify the outcome information posted to the URL listed above***

[ ] Graduate Satisfaction
[ ] Employer Satisfaction
[ ] Graduate Placement
[ ] Board Exam Performance
[ ] Other - Write In (Required): _____ *

**465) Provide a brief explanation about why outcome data from the current annual report is not yet posted and identify when this information will be made public.***

_Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type._

_____

_____

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## Review Page

## Self-Study Submission Confirmation

**466) Do you acknowledge that the [question("value"), id="2"] is complete?***

( ) Yes

( ) No

## Thank You!

_Please note that fields that appear similar to "[question("value"), id="56"]" are merge codes used to prepopulate data in the actual self-study document. Common fields include the name of the institution and program type._