

INTRODUCTION AND GUIDELINES FOR THE SELF-STUDY PROCESS

All accrediting agencies recognized by the Council for Higher Education Accreditation (CHEA) and the United States Secretary of Education must include a self-study as one of their requirements for granting accreditation to programs and institutions. The National Commission on Orthotic and Prosthetic Education (NCOPE) and the Commission on Accreditation of Allied Health Education Programs (CAAHEP) therefore require that programs seeking accreditation provide evidence, in the form of a written report, that a self-study has been conducted.

The self-study process should begin well in advance of the anticipated site-visit, to provide ample time for evaluation of all facets of program operations, and to reach conclusions concerning the extent to which the program is in compliance with the Standards. The process should involve the various constituencies of the program, including administration and faculty, clinical instructors, students, graduates, advisory committee members, and employers if possible.

The program may find it useful to appoint several committees, assigning to each the evaluation of aspects of program operations that relate to one or more of the Standards. One individual, usually the program director, should serve as the Coordinator and resource to the self-study committees. Committee reports, each containing a summary of the findings relative to the Standard(s), including strengths, concerns and recommendations, should then be used as the basis for the Narrative Section of the Self-Study Report.

Additional descriptive information on the self-study is presented on the following pages.

THE SELF-STUDY PROCESS

It is important to distinguish between the Self-Study process and the Self-Study Report.

Definition: A Self-Study is a formal process during which an educational institution or program critically examines its structure and substance, judges the program's overall effectiveness relative to its mission, identifies specific strengths and deficiencies, and indicates a plan for necessary modifications and improvements. The process should include a consideration of external factors influencing educational directions as well as an assessment of the extent to which the program is in compliance with established accreditation Standards.

Elements of the Self-Study Implied in the Definition

formal: organized and systematic

process: the Self-Study is the activity that preceded the report

educational program: the study is conducted by and for the program with the participation of appropriate constituencies

critically examines: the current status of the program is both identified and analyzed

structure and substance: the study is comprehensive and considers all elements of the program

judges overall effectiveness: conclusions should be reached

relative to mission: goals and objectives should be stated and appropriate to the program's mission

identifies specific strengths and deficiencies: the study should be open, objective and precise in its assessment

indicates a plan for modifications and improvements: in particular, mechanisms to correct deficiencies should be proposed; formal long-range planning is a logical sequel to the Self-Study process

external factors influencing educational directions: conditions within the sponsoring program projected changes in the profession's role, and the legal, social, political and economic climate affecting the program should be considered the extent to which the program is in compliance with established accreditation Standards: at some point the study should include a review of each Standard to determine if there are areas of marginal or non-compliance.

THE SELF-STUDY REPORT

Definition

A Self-Study Report is an evidential document that summarizes the methods and findings of the Self-Study process.

Elements of the Self-Study Report Implied in the Definition

Evidential document: the report includes a statement how and for what purpose the study was conducted, and provides clear evidence that an identifiable process actually took place summarizes methods and findings: the

report contains a synopsis of relevant data, conclusions and plans generated by the study. The latter two items may be incorporated into the body of the report or presented as a separate item in the conclusion.

INSTRUCTIONS FOR COMPLETING THE SELF-STUDY REPORT

The Self-Study Report consists of two parts to be sent in advance of the visit and a set of additional materials to be available on site. The list of on-site materials is provided elsewhere in these instructions. Contents for the material to be mailed in advance are summarized below:

PART I

(Table of Contents)

1. Introduction
2. Institutional Data Form
3. Program Data Form
4. Narrative
5. Summary

PART II

(Table of Contents)

Appendices

Instructions and Explanations for Part I

1. Introduction

This section should include a statement of how the Self-Study was conducted, the period of time devoted to the Study, and a list of participants and their Committee assignments.

A brief historical overview of the program, and orientation to the program's setting may be helpful to the Self-Study readers, but is optional.

2. Institutional Data Form

This form contains quantitative and factual data on the sponsoring institution that are common to all its allied health educational programs. The material requested is self-explanatory. For coordinated/concurrent visits, it may be completed once and duplicated for inclusion with the various programs' reports.

It may be helpful to complete this form at the onset of the Self-Study process, so the committees can use the basic data it provides.

3. Program Data Form

This form contains quantitative and factual data on the individual allied health program being evaluated. Instructions for completing, where required, are on the form.

It may be helpful to complete this form at the onset of the Self-Study process, so the committees can use the basic data it provides.

4. Narrative

The narrative is the "heart" of the Self-Study Report, and should reflect the findings and conclusions resulting from the self-study process. It is to be a qualitative assessment of the strengths and deficiencies of the program and of the extent to which the program is in compliance with the Standards. It is not necessary to repeat data or information contained in the Institutional/Program Data Forms and in the Appendices, unless it is absolutely standard for the sake of clarity. Descriptions of other current program elements should be kept to a minimum and generally used only where called for in the Narrative Contents Outline and Instructions.

Note that the Narrative outline parallels that of the Standards. In general, each section requires a summary of the self-study findings relevant to that Standard, including the strengths and concerns, an assessment of compliance with the Standards, and a summary of plans to remedy any significant deficiencies noted.

5. Summary

This section is a brief summary of the significant findings from the self-study process including strengths and concerns, and should also include a review of how the program has addressed any concerns cited during the previous accreditation review.

Instructions and Explanations for Part II

This volume contains the Appendices, and the required contents are referenced throughout the Institutional and Program Data Forms. A Summary list of the required contents is enclosed elsewhere in these Instructions. Materials should be provided in the sequence and in the specific Appendix number indicated. The Institution and Program Bulletins and Brochures are part of Appendix 1, and may contain information required in other Appendices. In these cases, the subsequent appendices need only include a reference by page to the Bulletin, rather than a complete duplication of the information already available.

The remainder of these instructions contains the following documents:

Self-Study Report - PART I Contents

- The Institutional Data Form
- The Program Data Form
- The Outline and Instructions for the Narrative

Self-Study Report - PART II Contents

- A List of Required Appendices

Self-Study Report - On-site Materials

- A List of materials to be available for review on-site by the visitors.

**ACCREDITATION SELF-STUDY REPORT
INSTITUTIONAL DATA FORM**

1. Official Name of Sponsoring Institution _____

Address _____ City _____ State & Zip _____

2. Type of Institution

- Academic Health Center/Medical School
- Four-year College or University
- Two-year College
- Vocational or Technical School
- Hospital or Medical Center
- Non-hospital Medical facility (blood bank, laboratory)
- Department of Veterans Affairs
- U.S. Dept. of Defense
- Consortium (if applicable, complete Consortium data form; include in Appx 1)

3. Nature of Institution

- Public Private, not-for-profit Private, for-profit

4. Chief Administrative Officer of Sponsoring Institution

Name _____ Administrative Title _____

Address _____ City _____ State & Zip _____

5. Dean or Coordinator of Allied Health Education

Name _____ Administrative Title _____

Address _____ City _____ State & Zip _____

Telephone _____ FAX # _____

6. Institutional Accreditation

Regional Association Name _____ Date _____

JCAHO _____ Date _____

Other _____ Date _____

7. Is the sponsoring institution legally authorized under applicable state law to provide postsecondary education?

- Yes No No applicable state law

8. In general, educational programs in the institution operate on a
- Semester System Trimester System Quarterly System
- CO-OP System All vary, according to program requirements
9. Does the institution publish a general bulletin or catalog on its educational programs?
- Yes No
10. Does the institution have a tuition refund policy?
- Yes No
11. Where does the institution publish information on tuition rates and refunds?
- General Bulletin or Catalog
- Individual Program Bulletin or Brochure
- As a separate document
- Does not publish this information
12. Does the institution have an Office of Financial Aid for students?
- Yes No
13. Does the institution have a faculty grievance policy?
- Yes No
14. Does the institution have a student grievance policy?
- Yes No
15. Students in the allied health programs have ready access to which of the following library resources?
- University/College/School library Program/Department library
- Academic Health Center library Hospital library
- Interlibrary loan

16. Student Health Services are available at:
- Student Health Services operated by sponsoring institution
 - General health care facility operated by sponsoring institution
 - Referral to contracted student health service elsewhere
 - Referral to provider of student's choice
 - Other
17. Official student records are maintained
- permanently
 - other duration (specify) _____
18. Official student records are maintained by:
- Institutional Registrar/Office of Student Records
 - Allied Health Dean's/Director's Office
 - Program/Department Office
 - Other (specify) _____
19. The following items should be included as Appendix 1 of the Self-Study Report:
- a) Institutional Operational Chart(s) showing relationship between the allied health program(s) being evaluated and the institution
 - b) Mission Statement of the Institution - or a reference to the appropriate page in the Institution's Bulletin
 - c) Institution's general bulletin/catalog, and relevant Program brochures or catalogs.
 - d) Consortium data form, if applicable.

**ACCREDITATION SELF-STUDY REPORT
PROGRAM DATA FORM**

1. Official Name of Program _____
Address _____ City _____ State & Zip _____
Telephone _____ FAX# _____

2. Program Objectives

In Appendix 2 include a statement of the program's overall educational objectives and competencies needed for graduation - or a reference to the appropriate page in the Institution's Bulletin.

3. Specify the following:

- a. Length of professional program in months _____
in credit hours, if applicable _____
- b. Number of classes admitted per year _____
- c. Month(s) in which classes begin _____
- d. Maximum capacity per class _____
- e. Total number of students currently enrolled in professional program _____
- f. Certificate or Degree awarded _____
- g. Tuition and fees Resident _____ Non-Resident _____

4. In Appendix 3, provide a table summarizing enrollment, attrition and any available graduate statistics for the past three years. Graduate statistics may include certification/licensure/registry results, employment statistics, etc.

5. In Appendix 4, include a sample copy of a current affiliation agreement and a list of current affiliates, indicating those for which there is a signed agreement.

6. Program Director

Name _____ Administrative Title _____

Address _____ City _____ State & Zip _____

Telephone _____

7. Department Chair or Administrator (if different from above)

Name _____ Administrative Title _____

Address _____ City _____ State & Zip _____

Telephone _____

8. Medical Director or Advisor (if applicable)

Name _____ Specialty _____

Address _____ City _____ State & Zip _____

Telephone _____

9. Clinical/Education Coordinator

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

10. In Appendix 5, include a) the Curriculum Vitae for the above key personnel, and
b) a faculty vitae form (A-5) for all remaining faculty assigned to the program full-time.

11. Does the institution have a tenure system?

Yes

No

Not Applicable

12. Are all full-time faculty in this program eligible for tenure track appointments?

Yes

No

Not Applicable

13. How many of the full-time faculty are tenured? _____

14. The institution provides which of the following for professional development of faculty?

Continuing or Inservice education at the institution

Tuition Remission

Release Time

Travel and/or Registration Funds

Other

15. List below the key professional and clerical personnel of the program and identify their responsibilities by the code provided: (A) administrative; (B) curriculum development; (C) coordination of instruction; (D) teaching; (E) student performance evaluation; (F) faculty coordination; (G) student recruitment; (H) student selection; (I) administrative assistance; (J) secretarial; (K) clerical; (L) other (please specify). Also identify the approximate percentage of each individual's total employed time that is devoted to the program. This chart is intended to provide an overview of the distribution of program- related activities among key personnel.

Employed Name and Title	Code	% of Time by Responsibility(ies)
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16. Specify the following:
- a) Number of full-time faculty assigned to the program _____
 - b) Number of part-time faculty assigned to the program _____
 - c) Number of clinical or other part-time faculty _____
17. Indicate the program's current fiscal year budget for:
- Salaries and Wages _____ Other expenses _____ Total Budget _____
18. What percent of the above total is from sources external to the institution - i.e. sponsored research, grants, contracts, professional service _____
19. In Appendix 6, include complete form A-6 or an institutional form containing the budgets for the last and present fiscal year, including aggregated instructional personnel costs, travel, instructional supplies, etc.
20. Does the program/institution have written health/safety policies for students?
- Yes No
21. Counseling for students in academic difficulty, and other educational guidance is provided by:
- Program Administration Institution's Guidance/Counseling Center
- Program Faculty Referral
22. Personal counseling for students is available from:
- Program Administration Institution's Counseling Center
- Program Faculty Referral to private counseling
23. In Appendix 7, include the following items:
- a) A copy of program admission policies and criteria - or - a reference to relevant pages in Institution/Program official publication.
 - b) A brief summary of program's admissions process
 - c) Copies of policies regarding criteria for progression in and completion of program or a reference to relevant pages in Bulletin
 - d) Completed form A-7 or other document summarizing methods used to evaluate student's success in completing each course or segment of the curriculum
 - e) A copy of student work policy, if applicable

24. CURRICULUM SEQUENCING

Provide outline of course sequence by (semesters, quarters or weeks) terms as well as identify per course one of the following codes. Sample of the outline is provided below.

BSI = basic science instruction

CDI = classroom clinical /didactic instruction

OTH = Others

SCP = supervised clinical practice instruction, if applicable

Example Below:

JUNIOR YEAR

Summer

Course	Hours	Code
Number Human Anatomy	3	BSI
Number Human Anatomy Lab	3	BSI
Number Human Neuroanatomy	2	BSI
Number Human Physiology	4	BSI
Number Prosthetic-Orthotic Techniques	1	CDI
Total	13	

Fall

Course	Hours	Code
Number Lower Limb Orthotics	3	CDI
Number *Applied Prosthetics-Orthotics and Rehabilitation Technology I	6	CDI
Number Seminar in Prosthetics and Orthotics I	2	BSI
Number Introduction to Pathology	3	CDI
Number Biomechanics of Human Movement	2	BSI/CDI
Total	16	

Spring

Course	Hours	Code
Number Spinal Orthotics	6	BSI
Number Lower Limb Orthotics II	5	CDI
Number Health Care Research	2	BSI
Number Psychological Aspects of Chronic Illness and Disability	3	OTH
Number Seminar in Prosthetics and Orthotics II	2	SCP
Total	18	

SENIOR YEAR

Summer

Course	Hours	Code
Number Upper Limb Prosthetics	7	CDI
Number Upper Limb Orthotics	5	CDI
Number Applied Prosthetics-Orthotics and Rehabilitation Technology II	4	CDI
Total	16	

Fall

Course	Hours	Code
Number Lower Limb Prosthetics	10	BSI
Number 4 Seminar in Prosthetics and Orthotics III	2	SCP
Total	112	

Spring

Course	Hours	Code
Number Lower Limb Prosthetics II	10	BSI
Number Applied Prosthetics-Orthotics and Rehabilitation Technology III	4	CDI
Number Seminar in Prosthetics & Orthotics IV	2	SCP
Total	16	

Total hours: 91

25. DIDACTIC COURSES - SUMMARY

List the required and elective didactic courses. Identify the faculty member with the primary responsibility for teaching each course. Indicate (a) the number of credit hours granted per course and (b) the number of class and or laboratory hours required per course. Identify elective courses with an asterisk.

Course Number and Title	Principal Instructor	Credit Hours	Lecture Hours	Lab Hours
Total Number of credit hours, laboratory, and class hours				

26. CLINICAL COURSES - SUMMARY

List each required and elective clinical or fieldwork practicum. Estimate the percentage of time the student is likely to spend in each of the several settings in a given practicum. Please identify elective practicums with an asterisk. This listing should include, if appropriate, such settings as nursing homes, HMOs, Rehab, and custodial care facilities. In identifying data regarding the clinical lectures, include only those which are regularly provided as an integral part of the clinical rotation and the program's curriculum and which are experienced by each student who is assigned to the practicum.

Course Number and Title	Principal Instructor	Credit Hours	Lab and or Class Hours
Total Number of credit hours, laboratory, and class hours			

27. In Appendix 8, include the following items:
- a) course syllabi and schedule for every required course (didactic/clinical), excluding prerequisite courses.
 - b) completed form A-8 for every required course (didactic/clinical), excluding prerequisite.
 - c) completed form B-8 assigning contact hours of each subject taught in each courses identified in the curriculum. Total hours of required topics and content areas must match total hours on syllabi

ACCREDITATION SELF-STUDY REPORT

2006 Standards

OUTLINE AND INSTRUCTIONS FOR NARRATIVE SECTION CONTENTS

STANDARDS SECTION I: GENERAL REQUIREMENTS FOR ACCREDITATION

I. SPONSORSHIP

A. Sponsoring Educational Institution

Comment on the extent to which the sponsoring institution meets the requirements stated in this Standard.

B. Consortium Sponsor

1. Provide a brief general statement concerning the institutions use of consortium sponsors and the extent to which the consortium sponsor meets the requirements in I. A.
2. Provide a brief statement on the members and their responsibilities as well as explanation of what is included in the formal affiliation or memorandum of understanding.

Summarize plans to correct any deficiencies or concerns.

II. Program Goals

- A. Provide a brief general statement concerning the overall adequacy of the program's goals and outcomes.
- B. Summarize the elements and timing of the program's system for ongoing self-evaluation and improvement, including regular and special staff meetings, advisory committee meetings (if applicable), review of graduates' performance on standardized certification/licensure/registry exams, graduates' and employers' surveys, clinical faculty meetings, faculty retreats, etc. Comment on the effectiveness of the mechanisms used, and the extent to which such outcome measures influence change. Note any plans to alter or improve the present system.
- C. Summarize if the program has adopted educational goals beyond entry-level and the evidence utilized to identify that students have achieved the basic competencies prior to entry into the profession.

III. RESOURCES

A. Type and Amount

Provide a brief general statement concerning the overall adequacy of the program's resources to support the number of students enrolled and to achieve the stated program objectives.

B. Personnel

1. Program Director

State whether program administrators meet the requirements stated in this Standard, noting specifically any deviations from the responsibilities and qualifications listed. Indicate how any deviations noted affect the program.

Summarize briefly how the efficacy of program administration is evaluated.

Summarize plans to correct any deficiencies or concerns.

2. Faculty and/or Instructional Staff

Comment on the extent to which the number, qualifications and responsibilities of faculty fulfill the requirements stated in Standard. Summarize plans to correct any deficiencies noted.

Briefly describe the process by which the performance of instructional staff is evaluated and how the evaluation results are used.

C. Curriculum

Provide the results of the self-study analysis for each course and/or component in the curriculum, including comments on the quality and appropriateness of content, objectives, instructional methods, syllabi, sequencing, and where relevant, the adequacy of the setting (e.g. a clinical facility).

Summarize the programs compliance with meeting or exceeding the content of the "Core Curriculum for Orthotists and Prosthetists".

Summarize strengths and concerns noted, and indicate plans for correcting any deficiencies.

D. Resource Assessment

Summarize how the program assess the appropriateness and effectiveness of the resources described in the standards. Summarize strengths and concerns noted and indicate plans for correcting any deficiencies.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Summarize the method, tools and frequency of evaluation of students and their progress toward achievement of the competencies and learning domains stated in the curriculum.
2. Comment on the extent that records of student evaluations are maintained and sufficient in detail to document learning progress and achievements.

B. Outcomes

1. Summarize the method, tools and frequency of evaluating the program's effectiveness in achieving its stated goals and learning domains.
2. Summarize the program's process for periodically reporting on goal(s), learning domains, evaluation systems (including type, cut score, validity, and reliability), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis

Summarize plans to correct any deficiencies noted.

V. Fair Practices

Comment on the extent to which the program meets the requirements of Standards V.A - F noting specifically whether the program/institution has defined policies and procedures for lawful and un-lawful practices, faculty and student grievances, student records, affiliation agreements, providing notice of substantive change to CAAHEP/NCOPE as defined in V.E.

Summarize plans to correct any deficiencies noted.

APPENDICES

SUMMARY OF REQUIRED CONTENTS

The Appendices should contain the following:

Appendix 1: Institutional Information

- a) Institutional Organizational Chart(s) showing relationship between the allied health program(s) being evaluated and the Institution.
- b) Mission Statement of the Institution - or a reference to the appropriate page in the Institution's Bulletin
- c) Institution's General Bulletin/Catalog, and relevant Program brochures or catalogs. If bulky, these items may be labeled "Appendix 1-c" and included as separate items
- d) Consortium data form, if applicable.

Note: In the case of coordinated visits, this appendix will be identical for each program's report

Appendix 2: Program Objectives

- a) The Program's overall educational objectives and competencies needed for graduation
- b) A copy of published criteria for successful progression in and completion of program - or a reference to the appropriate page in the Institution's or Program's Bulletin.

Appendix 3: Enrollment and Graduate Information

A table summarizing enrollment, attrition and any available graduate statistics for the past three years. Graduate statistics may include certification/licensure/registry results, employment statistics, etc.

Appendix 4: Clinical/Academic Affiliations

- a) A sample copy of a current affiliation agreement
- b) A list of all current affiliates, indicating those for which there is a signed, current agreement.
Note: In the case of coordinated visits, the institution may choose to provide a master list of affiliates for all programs being evaluated, so long as the list indicates which program(s) use each affiliate. This same list may then be included with each program's report.

Appendix 5: Program Administration and Faculty

- a) Curriculum vitae for key personnel, including the Program Director, Education/Clinical Coordinator, Dean, executive or department chair

Appendix 6: Program Finances

Completed Form A-6 or institution's form containing three-year (last, this & projected) budget, including instructional personnel costs (aggregated), travel instructional supply costs, etc.

Appendix 7: Student Academic Policies

- a) A copy of published admissions policies and criteria including any technical standards required for admission or a reference to appropriate pages in Institution/Program Bulletin.
- b) A brief summary of program's admissions process

- c) Copies of policies regarding criteria for progression in and completion of program - or -reference appropriate pages in bulletin
- d) Completed Form A-7 or other summary of methods used to evaluate students' success in completing each course or segment of the curriculum
- e) A copy of student work policy, if applicable

Appendix 8: Course Summaries

- a) Course syllabi and schedules for every required course (didactic/clinical), excluding prerequisite and elective courses.
- b) Completed Form A-8 for every required course (didactic/clinical), excluding prerequisite and elective courses.
- c) Completed Form B-8 number of contact hours for each subject taught in each of the courses

LIST OF MATERIALS TO BE AVAILABLE ON-SITE

1. All signed affiliation agreements
2. Position description for professional personnel with major program administrative responsibilities
3. Curriculum vitae for all full-time and other key faculty
4. Any institutional and/or program policies on
 - a) Professional Development
 - b) Faculty and Student grievance procedures
 - c) Student health and safety
 - d) Student work
5. Sample forms used in the student selection process
6. Student Handbook
7. Student records
8. Curriculum materials not included in Self-Study Report - e.g. detailed course objectives, outlines, textbook requirements, syllabi.
9. Materials such as exams and clinical evaluation forms used to evaluate and document students' progress
10. Any forms used as part of program evaluation, such as students' evaluations of courses, analysis of graduates, certification results, graduate and employer surveys, etc.
11. Equipment and supply list
12. List of relevant on-line library resources

CONSORTIUM DATA FORM

1. Institutions Comprising the Consortium

A. Name _____

City, State _____

CEO or Comparable Official _____

Telephone () _____

B. Name _____

City, State _____

CEO or Comparable Official _____

Telephone () _____

C. Name _____

City, State _____

CEO or Comparable Official _____

Telephone () _____

2. Accreditation Agency Recognition of Institutions Comprising Consortium

Institution A _____

Institution B _____

Institution C _____

3. Nature of Institutions (Check appropriate category)

INSTITUTION	PUBLIC	PRIVATE, NOT FOR PROFIT	PRIVATE, FOR PROFIT

4. Facilities and Responsibilities (Check under appropriate institution(s))

FACILITIES AND RESPONSIBILITY	INSTITUTION		
	A	B	C
Library			
Student Health Service			
Maintenance of Official Student Records			
Financial Aid Services for Students			

5. Chief Administrative Officer of Consortium

Name & Credentials _____

Title _____

Address _____

Telephone () _____

FACULTY VITAE FORM

(DO NOT EXCEED 2 PAGES ON ANY INDIVIDUAL)

Personal Data: Name; Address; Phone.

Education: University undergraduate and graduate degrees (indicate dates). (For graduate degrees list thesis title if applicable). Ok to list current degree pursuit. List degree and year expected.

Faculty Positions Held: (place and dates).

Other Pertinent Experience: (place and dates) Do not duplicate #3 above.

Honors: Phi Beta Kappa, Sigma Xi, etc.

Board Certification: indicate discipline and date received.

License to Practice: (if applicable) States and dates.

Professional Organizations: Include committees and offices held.

Teaching Responsibilities: List specific courses, specific responsibility and percentage of responsibility if shared course.

Special National Responsibilities: Offices held and role in organization

Special Local Responsibilities: In your Department, University, or Hospital that are in addition to your normal job duties.

Bibliography Breakdown as follows:

Refereed publications and in press publications: (List chronologically starting with oldest as it appears in literature authors, title, journal, volume number, first and last page, year.

Manuscripts submitted and under review (List author, title, name of journal and date sent).

PROGRAM BUDGET

DESCRIPTION	PAST YEAR	CURRENT YEAR	PROJECTED YEAR
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<u>SALARIES & WAGES</u>			
Faculty (FT)			
Faculty (PT)			
Staff (FT)			
All other salaries/ wages			
Fringes			

<u>INSTRUCTIONAL SUPPLIES</u> Including books, journals, A-V software, minor equipment and instruments			
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TRAVEL			
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<u>CAPITAL EXPENDITURES</u> Including major equipment, building, renovation			
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<u>TOTAL BUDGET</u>			
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METHODS AND FREQUENCY OF STUDENT EVALUATION

KEY: 1 = Written Exam 4 = Written Evaluation of Student's Clinical Performance
 2 = Practical Exam 5 = Research Project/Term Paper Required
 3 = Oral Exam 6 = Other
 Indicate frequency of exams per course under appropriate numbers

EVALUATION METHOD AND FREQUENCY

<u>COURSE TITLE</u>	1	2	3	4	5	6
<u>CLINICAL PRACTICUM</u> <u>FIELDWORK</u>						
<u>OTHER</u>						

COURSE SUMMARY SHEET

Course Number and Title:

Course Description:

Relationship to the Curriculum Design:

Course Objectives:

Topical Outline:

Instructional Methods:

Evaluation Methods (include Weighting):

Describe the method of evaluation for this course:

Summarize the results of the evaluation of this course:

Describe the changes made to this course based upon the evaluation results:

Form B-8

Assign contact hours of each subject taught in each of the courses identified in the curriculum. Reference the 2006 "Core Curriculum for Othotist and Prosthetists" for details on competencies required. Total hours of required topics and content areas must match total hours on syllabi.

COURSES BY TITLE AND/OR COURSE NUMBER

														Total Hours
BASIC SCIENCE														
Human anatomy/physiology														
Biomechanics/pathomechanics														
Gait (normal/pathological)														
Kinesiology														
Clinical Pathology														
Materials Science														
Research Methods														
PATIENT MANAGEMENT														
Patient Evaluation/Assessment														
Formulation of Treatment Plan														
Implementation of Treatment Plan														
Follow-up Treatment Plan														
SPECIFIC Orthotic Content Areas														
Foot Orthoses														
UCBL Foot Orthosis														
Ankle-Foot Orthoses														
Knee-Ankle-Foot Orthoses														
Hip-Knee-Ankle-Foot Orthoses, Standing Frames Parapodiums														
Knee Orthoses														
Hip Orthoses														
Upper Limb Orthoses														
Spinal Orthoses														
Spine Trauma (Fracture/Dislocation/post-op)														

Spinal Disorders													
Cranial Orthoses													
Seating and Mobility Systems													
SPECIFIC Prosthetic Content Areas													
Partial Foot													
Symes													
Transitibial Prosthetics													
Knee Disarticulation													
Transfemoral													
Hip Disarticulation/ Hemipelvectomy													
Upper Limb Prosthetics													
TOTAL HOURS													
Business Issues if Applicable													