



## Screeners

### ACGC Report of Current Status

The following survey comprises the Report of Current Status form.

Please complete the survey by June 15, 2018.

Questions regarding your last review and your accreditation status will drive the number of questions presented. If you completed this form last year, a majority of the questions will have information pre-populated. However, it is your responsibility to review all information contained herein and update accordingly.

If you are required to submit any additional reports, the system will allow you to upload documents. Please do so in the appropriate area. If you don't feel there is an appropriate place to upload your specific additional reports, please email those to Mary Henderson at [info@gceducation.org](mailto:info@gceducation.org).

This survey needs to be completed and submitted on or before close of business (5:00 pm CT) on **June 15, 2018**. Your annual accreditation fee invoice was mailed in late January via USPS. This fee is also due by June 15, 2018.

Thank you.

Did you undergo an accreditation review in 2018?

- Yes
- No

Does your program hold Accredited New Program status currently?

- Yes
- No

Have you taken your first class?

- Yes
- No

When did you start (or plan to start) your first class? (Please enter the date students begin courses in this format: mm/yyyy)

How many students are in your first class?

Have you taken your second class?

- Yes
- No

If yes, how many students are in your second class?

## Block 9

### Program and Personnel Information

Program name:

Program director:

Sponsoring Institution:	<input type="text" value="{e://Field/SPONSORING%20INSTITUTI"/>
School/Division/Department:	<input type="text"/>
Address:	<input type="text" value="{e://Field/ADDRESS_1} {e://Field/ADDI"/>
City:	<input type="text" value="{e://Field/CITY}"/>
State:	<input type="text" value="{e://Field/STATE_PROVINCE}"/>
Zip:	<input type="text" value="{e://Field/ZIP}"/>
Phone:	<input type="text" value="{e://Field/WORK_PHONE}"/>
Fax:	<input type="text" value="{e://Field/FAX}"/>
Program Website Address:	<input type="text" value="{e://Field/WEBSITE}"/>

Sponsoring Institution Direct Administrative Oversight (e.g. Dean, Chair)

Name:	<input type="text"/>
Position:	<input type="text"/>
Phone:	<input type="text"/>
Email:	<input type="text"/>

Has this program information changed from the previous year?

- Yes
- No

## Block 9

**All Genetic Counseling Programs accredited by ACGC must complete the information requested in the following questions.**

*If ACGC required additional information from your program either on your accreditation letter, annual Report of Current Status approval letter or probation notification, it must be attached to the survey or submitted via email to [info@gceducation.org](mailto:info@gceducation.org) on or before June 15<sup>th</sup>. If all of the required materials are not submitted, ACGC will not review your program's Report of Current Status report.*

## Default Question Block

### Program Leadership (Std A2)

Program leadership includes: Program Director/Co-Director, Assistant/Associate Program Director, Clinical Rotation Coordinator, Research Coordinator, Medical Director, or other program leadership position that you have identified.

Has there been any change in program leadership since the time of your last Annual Report of Current Status or Full Accreditation?

- No  
 Yes\*

\*If yes, please provide details below. You must attach a current biosketch for each new position (using the [ACGC biosketch template](#)).

Position title:

Name & degrees:

Faculty Rank (if applies):

Program leadership-related FTE:

Phone:

Email:

ABGC/ABMG certification/recertification specialty and year:

Please attach the current biosketch of the new program leadership individual (using the [ACGC biosketch template](#)).

Start date in position (mm/dd/yyyy):

Is this an interim position?

- No  
 Yes

Please comment below on plans for hiring a permanent position:

Has the position been interim for longer than six (6) months?

- No  
 Yes

Please attach an interim report on progress towards filling the position

Position title:

Name & degrees:

Faculty Rank (if applies):

Program leadership-related FTE:

Phone:

Email:

ABGC/ABMG certification/recertification specialty  
and year:

Please attach the current biosketch of the new program leadership individual (using the [ACGC biosketch template](#).)

Start date in position (mm/dd/yyyy):

Is this an interim position?

- No
- Yes

Please comment below on plans for hiring a permanent position:

Has the position been interim for longer than six (6) months?

- No
- Yes

Please attach an interim report on progress towards filling the position

## Block 2

Total Program Leadership FTE (Std A2.1.1a)

Please list in the space below the total program leadership FTE per total student enrollment. There should be a minimum ratio of paid FTE Program leadership per total student enrollment full or part time. (E.g, 1.10 FTE with 14 students enrolled)

≤10 students: 1.0 FTE

11-15 students: 1.0 -1.25 FTE

16-20 students: 1.25-1.5 FTE

21-25 students: 1.5-1.75 FTE

≥26 students: 1.75-2.0 FTE

### Administrative Support

Does your program have at least 0.5 FTE total administrative support (Std A2.4)?

Yes

No

If no, please explain:

### PROGRAM DESIGN

Title of degree granted: (e.g. MS/MSc in Genetic Counseling/Human Genetics, etc.):

Has this information changed from the previous year?

Yes

No

Length of program in months (Std A3.2.5):

Has this information changed from the previous year?

Yes

No

Please explain why the program is less than 21 months:

Total number of academic semesters or quarters (please specify)

Has this information changed from the previous year?

Yes

No

Total required credit hours:

Has this changed from the previous year?

Yes

No

If yes, please explain

Total Program Tuition and Fees Resident

Total Program Tuition and Fees Non-Resident



Website Link to Program Tuition and Fees:

Does your students' average **actual** cost differs significantly from the above (e.g. scholarships/financial aid)? If yes, please explain: (Std A3.1.2)

Yes

No

Has this information changed from the previous year?

Yes

No

### Block 3

Enter information in the table below for the cohort of students that started the program in the calendar year specified. Answer questions below regarding attrition. Attrition refers to students who permanently left the program, either for voluntary or involuntary reasons: (Std C3.2.8)

For students leaving the program in the current academic year, describe the reason for each departure.

If any students were dismissed from the program in the current academic year for academic, clinical or professional reasons, describe the remediation actions taken to maximize the likelihood of retention.

### PROGRAM STATISTICS

#Applicants	# Slots	# Enrolled and Matriculated	Attrition* (n)	Percent Retention (0-100)	# Grads to date
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Class Entering in 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class Entering in 2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class Entering in 2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class Entering in 2013	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class Entering in 2012	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CURRENT PROGRAM STATISTICS

	#Applicants	# Slots	# Enrolled and Matriculated	Attrition* (n)	Percent Retention (0-100)	# Grads to date
Class Entering in 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Class Entering in 2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did any student in the current graduating cohort require more than the minimum number of months (reported program length) to complete their required training?

- No
- Yes

Please provide further details.

### PROGRAM INSTRUCTIONAL FACULTY/STAFF (Std A2.2)

Do you have any instructional faculty/staff departures to report?

- Yes
- No

Primary\* Instructional Faculty/Staff departures since last annual report

Name	Date Departed	Course(s)/Subjects Taught	Describe how the program is addressing the impact of the vacancy

\*Refers to the person(s) who have the primary responsibility for leading/coordinating the course, not individual lecturers.

Did you have any Faculty/Staff additions since last annual report?

- Yes
- No

Primary\* Instructional Faculty/Staff additions since last annual report

Name	Date Added	Course(s)/Subjects Taught

Name	Date Added	Course(s)/Subjects Taught
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

\*Refers to the person(s) who have the primary responsibility for leading/coordinating the course, not individual lecturers.

Please attach a biosketch for each new faculty member using the [ACGC biosketch template](#), limited to 2 pages.

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Are there currently any unfilled positions among required instructional faculty/staff?

- No
- Yes

Explain how this is being addressed:

## Block 4

### CURRICULUM CHANGES (Std B2)

For each section, describe how any changes align with the Standards and student achievement of the Practice-Based Competencies.

Do you have any curriculum changes?

Yes

No

#### Courses:

New Required courses - Please attach a description and syllabus for each new course

Title of new course 1

Please attach syllabus for new course 1

Title of new course 2

Please attach syllabus for new course 2

Title of new course 3

Please attach syllabus for new course 3

Title of new course 4

Please attach syllabus for new course 4

Title of new course 5

Please attach syllabus for new course 5

Do you have more than 5 new courses?

Yes

No

Title of new course 6

Please attach syllabus for new course 6

Title of new course 7

Please attach syllabus for new course 7

Title of new course 8

Please attach syllabus for new course 8

Title of new course 9

Please attach syllabus for new course 9

Title of new course 10

Please attach syllabus for new course 10

Discontinued courses - Please list, and explain where material from discontinued course(s) is now covered. If not covered, please explain.

Are any required courses offered through distance learning, online or blended format?

Yes

No

Has this information changed from the previous year?

Yes

No

If yes, please list/describe course:

**Clinical Training/Fieldwork Experience: (Std B3)**

Describe changes in design/structure of clinical and fieldwork placements (e.g. number/length of clinical rotations, types of fieldwork placements) since your last reporting period.

**Student Teaching Experience: (Std B4.1)**

Describe changes in the student teaching opportunities provided by the program since your last reporting period.

**Laboratory Experience: (Std B4.2)**



Describe changes in laboratory learning experiences provided by the program since your last reporting period.

**Thesis/Capstone: (Std B4.3)**

Describe changes in thesis/capstone process/requirements since your last reporting period.

**CLINICAL/FIELDWORK TRAINING EXPERIENCES (Std B3)**

Upload the program's rotation schedule for the current academic year (both first and second year students) that includes the following information:

- Student Name: (or unique identifier of 2 digit year of graduation and .1, .2, .3, etc. [e.g. 14.1, 14.2])
- Clinical Site\* (Name, City)
- Practice Setting (Cancer, Peds, etc.)

\*Confirmation that there is at least one board-certified genetic counselor/medical geneticist who provides clinical supervision at each site listed. (Std A2.3)

Yes

No

Explain:

\*Confirmation that clinical supervisors with less than 1 year experience are in a mentorship relationship (Std A.2.3.1)

Yes

No

Explain:

\*Confirmation that program has met the requirements of its institution, as well as the requirements of the clinical training sites, for the expectations and protection of students, patients, and institutions. Further, that both parties have agreed *in writing* (either via an affiliation agreement or other document) to provide clinical training for students of this program.(Std A1.1.3)

Yes

No

Explain

## Block 5

### Clinical Encounters:

Complete the table below for your most recent graduating cohort of students with respect to Core Cases (**Logbook Eligible Cases**) Std B3.2

Number

Average Total Number of Clinical Encounters:

Average Number of Clinical Encounters in General Pediatrics

Average Number of Clinical Encounters in Prenatal

Average Number of Clinical Encounters in Cancer

Number

Average Number of Clinical Encounters  
– Other (Adult/Specialty)

Has this information changed from the previous year?

- Yes  
 No

Has the graduation of any student in the current cohort been delayed due to inability to complete required clinical training within reported program length?

- Yes  
 No

Please explain.

## PROGRAM EVALUATION

### Advisory Board (Std. C1)

Composition of Advisory Board – Please attach a list of the current members of your Advisory Board that includes the following information: Name, Credential, Affiliation and Expertise.

Did you hold an advisory board meeting between July 2017 - June 2018?

- Yes  
 No

Please explain why not:

Attach detailed minutes\*:

\*Please ensure no sensitive identifiable student information is included.

Did you create a plan to address advisory board recommendations or identified improvements?

Yes

No

Please describe why not:

Please attach the document.

What is the estimated start date of the implantation of the plan and how long do you anticipate it will take to complete if not already included in plan information?

### **Evaluation Methods**

Describe any changes in your program evaluation measures/methods for the following:

Personnel (Directors/Faculty) (Std C2.1.3)

Courses (Std C2.1.4)

Clinical Training (Std C2.1.5)

  


**Block 1**

How many graduates did you have in the following years:

2012	<input type="text"/>
2013	<input type="text"/>
2014	<input type="text"/>
2015	<input type="text"/>
2016	<input type="text"/>

Instructions: Use the table below to report on the performance of program graduates on the ABGC Certification Examination for the last four years. G=the number of graduates for each class year. Then enter the number of new examinees (N), number of new examinees who passed the exam (NP), number of repeat examinees (R), and number of repeat examinees who passed the exam (RP). For the final row, calculate the percentage of graduates for each year that passed the exam as a new or repeat examinee and the overall pass rate for **each graduating class**. In calculating the overall pass rate, please include only the pass rate for graduates that attempted the examination.

	2012 G=\${q://QID123/ChoiceTextEntryValue/1}				2013 G=\${q://QID123/ChoiceTextEntryValue/2}				N
	N	NP	R	RP	N	NP	R	RP	
Aug 2012	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aug 2013	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feb 2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aug 2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feb 2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	2012 G=\${q://QID123/ChoiceTextEntryValue/1}				2013 G=\${q://QID123/ChoiceTextEntryValue/2}				N
	N	NP	R	RP	N	NP	R	RP	
Aug 2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feb 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aug 2016	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feb 2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Percentage Pass Rates* Class of 2012			Percentage Pass Rates Class of 2013			Percentage Pass Rates Class of 2014			Percentage Pass Rates Class of 2015			Percentage Pass Rates Class of 2016	
	New	Re-peat	Over-all	New	Re-peat	Over-all	New	Re-peat	Over-all	New	Re-peat	Over-all	New	Re-peat
% Pass Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G=number of graduates in class cohort

\* Percentage Pass Rate includes only the students who attempted the examination

How many graduates did you have in the following years:

2017

2018

Instructions: Use the table below to report on the performance of program graduates on the ABGC Certification Examination for August 2017 and February 2018. The number of graduates for the class year (G) is pre-populated from your answer on that question. Then enter the number of new examinees (N), number of new examinees who passed the exam (NP), number of repeat examinees (R), and number of repeat examinees who passed the exam (RP). For the final row, calculate the percentage of graduates for the

year that passed the exam as a new or repeat examinee and the overall pass rate for the **graduating class**. In calculating the overall pass rate, please include only the pass rate for graduates that attempted the examination.

	2017 G=\${q://QID156/ChoiceTextEntryValue/1}			
	N	NP	R	RP
Aug 2017	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Feb 2018	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Percentage Pass Rates* Class of 2017		
	New	Re-peat	Over-all
% Pass Rate	<input type="text"/>	<input type="text"/>	<input type="text"/>

G=number of graduates in class cohort

\* Percentage Pass Rate includes only the students who attempted the examination

\*Upload a copy of your program board performance report for this report cycle only (August 2017 exam and Feb 2018 exam; names removed).

Comment on your students' exam performance in relation to previous years as well as the national average - both overall and in specific content areas. If deficiencies are noted, outline your plan for addressing these issues. If you did not have any students sit for the board exam yet, please note that below.

Were there any eligible graduates among the cohorts listed on the table above who did not sit for the certification exam within three exam cycles?

Yes

No

Explain

**Canadian Association of Genetic Counseling (CAGC) Exam:**

If any program graduates from the cohorts listed above have attempted the CAGC Exam only please include performance information below. Include information about the year of graduation/ date of exam/ number of graduates who attempted the exam/ number of graduates who passed the exam.

Please upload copy of CAGC exam reports (names removed) if these are available.

**Block 6**

**BUDGET INFORMATION**

Has there been significant change (>10%) in the total program budgeted operating expenses in the past year?

Yes

No

Please explain how the change in the budget has impacted your programs.

If there has been no change in your budget, please explain if there is any impact, negative or positive, on your program.



Is the current budget for the next fiscal year considered adequate to meet the program needs and obligations?

- Yes
- No

Explain

## Block 10

### PHYSICAL RESOURCES (STD A1.2.2)

Are there any significant changes to the program's physical facilities?

- Yes
- No

Explain

Are there are significant changes to the program's learning resources?

- Yes
- No

Explain

Please add any additional comments or changes not noted elsewhere.

Signature:

Please Type your name and Date below

Name

Date (mm/dd/yyyy)

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