

***2018-19 Annual Osteopathic Medical School
Questionnaire***

AACOM

1.1 - Graduates by Gender and Race/Ethnicity

Number of students who graduated from Medical School in **2017-18**. Count all individuals who received a DO degree from **July 1, 2017**, through **June 30, 2018**. Please provide a single designation for race/ethnicity of each graduate following the **U.S. Department of Education guidelines**. Only U.S. citizens are to be categorized in the specific race/ethnicity categories. The 'Nonresident alien' category is reserved specifically for students that are in the U.S. under that legal status which requires specific types of visas no matter what other race category may apply. Count as Hispanic anyone who is of Hispanic/Latino ethnicity no matter what other race category may also apply. Non-Hispanic graduates who qualify for two or more race categories are to be entered only in the 'Two or more races, non-Hispanic' category. **For example:** *If a graduate is Hispanic and White, enter that person in 'Hispanic/Latino' only. If a graduate is Asian, non-Hispanic and American Indian, count him/her as 'Two or more races, non-Hispanic' only.*

Race/Ethnicity	Male	Female	Undisclosed
Hispanic/Latino			
White, non-Hispanic			
American Indian/Alaska Native, non-Hispanic			
Black/African American, non-Hispanic			
Asian, non-Hispanic			
Pacific Islander, non-Hispanic			
Two or more races, non-Hispanic			
Unknown			
Nonresident Alien			
TOTAL	0	0	0
GRAND TOTAL	0		

Comments

No Comments

1.2 - Match Program Participation

2017-18 Graduates who found positions in PGY1/OGME1 programs. Count all individuals who received a DO degree from **July 1, 2017**, through **June 30, 2018**.

This total should equal the sum of both male and females graduates, in addition to those graduates of an undisclosed gender in **Question 1.1**.

	Summary of Match Program Participation			
	AOA	ACGME	Military / Government	Not Matched or Did Not Participate
Signed with a program pre-match				
Matched NMS or NRMP (excluding those who found a position after the formal match)				
Found a position after the formal match (post-match)				
Voluntarily chose career not requiring GME				
Seeking GME, but as of August 2018, did not enter GME				
Students whose status is unknown				
TOTAL				

Comments

No Comments

1.3 - GME Enrollment

2017-18 graduates who accepted any type of post-graduate appointment immediately upon graduation. Students in dual accredited programs should only be counted in the OGME program. This total should equal the total of male and female graduates in **Question 1.1**.

Type of Appointment	Number
1.3A. OGME-1 Resident	
Anesthesiology	
Emergency Medicine	
Family Medicine and OMT	
Family Medicine/Emergency Medicine	
Family Medicine/Integrated NMM	
General Surgery	
Internal Medicine	
Internal Medicine/Emergency Medicine	
Internal Medicine/Pediatrics	
Neurological Surgery	
Neurology	
Obstetrics and Gynecology	
Orthopedic Surgery	
Otolaryngology	
Otolaryngology/Facial Plastic Surgery	
Pediatrics	
Psychiatry	
Urological Surgery	

Comments

No Comments

Type of Appointment	Number
1.3B. OGME-1 Traditional	
Rotating	
Dermatology	
Proctologic Surgery	
Public Health & Preventive Medicine	

Comments

No Comments

Type of Appointment	Number
1.3C. OGME-1 Preliminary	
Diagnostic Radiology	
Neuromuscular Medicine & OMT	
Ophthalmology	
Pathology	
Physical Medicine & Rehabilitation	
Radiation Oncology	

Comments

No Comments

Type of Appointment	Number
Other Appointments	
1.3D. ACGME primary care (Family Medicine, General Internal Medicine, Pediatrics)	
1.3E. Other ACGME residency including primary care subspecialties	
1.3F. Military / Government service	
1.3G. Unable to find GME	
1.3H. Chose not to take GME	
1.3I. Other/unknown	
1.3J. TOTAL of all types of appointments	

Comments

No Comments

1.4 - GME Programs

The next questions are specifically about first year GME programs.

1.4A. For 2017 , how many positions were available in the school's affiliated OPTI (enter "0" in lieu of a "N/A" response)	
1.4B. How many 2018 graduates have accepted appointments to first-year GME programs which are the responsibility of your school's OPTI?	
1.4C. How many 2018 graduates have accepted appointments to first-year GME programs located within your state?	
1.4D. How many 2018 graduates have accepted appointments to first-year GME programs which are not in your state?	
TOTAL 2018 graduates in GME programs (in-state plus out-of-state)	

Comments

No Comments

1.5 - Student Withdrawal and Dismissal (Restricted)

Enter in the table below the number students who were enrolled for academic year **2017-18** or were eligible to enroll for academic year **2017-18** because of successfully completing the prior year, but withdrew or were dismissed from class before the end of the **2017-18** academic year.

	1st Year			2nd Year			3rd Year			4th Year			TOTAL		
Primary Reason for withdrawal or dismissal	M	F	UD	M	F	UD	M	F	UD	M	F	UD	M	F	UD
Dismissed for academic failure/ Dismissed for school policy violation															
Withdrawn in poor academic standing															
Transferred to another medical school															
Personal (financial, health, family, death, etc.)															
Change in career plans															
Failure to take or pass COMLEX (per COM policy)															
TOTAL															

Comments

No Comments

1.6 - Student Leave of Absence (Restricted)

In the table below include students who were enrolled for academic year **2017-18**, but took a leave of absence from classes before the end of the **2017-18** academic year.

	1st Year			2nd Year			3rd Year			4th Year			TOTAL		
Primary Reason for Leave of Absence	M	F	UD	M	F	UD	M	F	UD	M	F	UD	M	F	UD
Poor academic performance /remediation															
Academic enrichment/research/study for another degree															
Personal (financial, health, family, death, etc.)															
Failure to take or pass COMLEX (per COM policy)															
TOTAL															

Comments

No Comments

			nic														
			Two or more races, non-Hispanic														
			Unknown														
			Nonresident Alien														
			Enrollment by Class Year														
			Enrollment by Class Year (TOTAL)														

Comments

No Comments

1.8 - Current Enrollment by State of Legal Residence

1.8A. For all first-year students including those who are decelerated and repeaters, provide the state of legal residence of US citizens and permanent residents as determined when they originally enrolled. **Note:** Space is provided for citizens of other countries, so the overall total for this table will equal the total first-year enrollment in **Question 1.7**.

State/Territory	Number	State/Territory	Number	State/Territory	Number	State/Territory	Number
Alabama		Indiana		Nevada		South Dakota	
Alaska		Iowa		New Hampshire		Tennessee	
Arizona		Kansas		New Jersey		Texas	
Arkansas		Kentucky		New Mexico		US Virgin Islands	
California		Louisiana		New York		Utah	
Colorado		Maine		North Carolina		Vermont	
Connecticut		Maryland		North Dakota		Virginia	
Delaware		Massachusetts		Ohio		Washington	
District of Columbia		Michigan		Oklahoma		West Virginia	
Florida		Minnesota		Oregon		Wisconsin	
Georgia		Mississippi		Pennsylvania		Wyoming	
Hawaii		Missouri		Puerto Rico		Other U.S. Citizens	
Idaho		Montana		Rhode Island		Nonresident Aliens	
Illinois		Nebraska		South Carolina		TOTAL (1.8A)	

Comments

No Comments

1.8B. For all students in years 1 through 4 including decelerated students and repeaters, provide the state of legal residence of US citizens and permanent residents as determined when they originally enrolled. Note that space is provided for citizens of other countries, so the overall total for this table will equal the total enrollment in **Question 1.7**.

State/Territory	Number	State/Territory	Number	State/Territory	Number	State/Territory	Number
Alabama		Indiana		Nevada		South Dakota	
Alaska		Iowa		New Hampshire		Tennessee	
Arizona		Kansas		New Jersey		Texas	
Arkansas		Kentucky		New Mexico		US Virgin Islands	
California		Louisiana		New York		Utah	
Colorado		Maine		North Carolina		Vermont	
Connecticut		Maryland		North Dakota		Virginia	
Delaware		Massachusetts		Ohio		Washington	
District of Columbia		Michigan		Oklahoma		West Virginia	
Florida		Minnesota		Oregon		Wisconsin	
Georgia		Mississippi		Pennsylvania		Wyoming	
Hawaii		Missouri		Puerto Rico		Other U.S. Citizens	
Idaho		Montana		Rhode Island		Nonresident Aliens	
Illinois		Nebraska		South Carolina		TOTAL (1.8B)	

Comments

No Comments

1.9 - Preferential Admissions Agreements

1.9A. If the medical school has any agreements to offer admission preference, please indicate each applicable state. Include the state of the medical school where appropriate.

State/Territory		State/Territory		State/Territory		State/Territory	
Alabama	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	US Virgin Islands	<input type="checkbox"/>
California	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	New York	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	Maine	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	Washington	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>		
Idaho	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>		
Illinois	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>		

Comments

No Comments

1.9B. Are first-year students admitted after the third year of college (**90 credit hours**)? This would include joint admission, early admission, and other similar programs.

Required

Yes

No

Comments

No Comments

1.9C. List all the undergraduate institutions with which your college has agreements offering joint admission, early admission, or similar programs and provide the following information for your **2018-19** first-year students. Please include all institutions even if no first-year students are currently enrolled from those institutions.

Institution	Number of Students 2018-19		
	Joint Admission	Early Admission	Other

Comments

No Comments

1.10 - Enrollment characteristics

Enrollment characteristics applicable to all four years. Exclude students on a decelerated probationary schedule. Include accelerated, fellowship programs, DO/PhD, DO/Masters, etc.

Enrollment Characteristics					
Does your school offer a four-year program with an option for a three-year program?		<input type="radio"/> Yes <input type="radio"/> No			
Does your school offer a four-year program with an option for a five-year program?		<input type="radio"/> Yes <input type="radio"/> No			
Does your school have a formal faculty advisement program for					
1st Year Students Only	<input type="radio"/> Yes <input type="radio"/> No	1st & 2nd Year Students Only	<input type="radio"/> Yes <input type="radio"/> No	All 4 Years	<input type="radio"/> Yes <input type="radio"/> No

Comments

No Comments

1.11 - Repeaters and Decelerated Students (Restricted)

Enter in the tables below all repeaters and decelerated students for the academic year **2018-19**. Include only first-time repeating or decelerating students for the academic year, and count students in either repeating OR decelerating.

	1.11A. Students repeating all or part of a year					
	1st Year			All Other		
	M	F	UD	M	F	UD
Hispanic/Latino						
White, non-Hispanic						
American Indian/Alaska Native, non-Hispanic						
Black/African American, non-Hispanic						
Asian, non-Hispanic						
Pacific Islander, non-Hispanic						
Two or more races, non-Hispanic						
Unknown						
Nonresident Alien						
TOTAL						

Comments

No Comments

1.11B. Students on a decelerated medical course schedule (taking less than full load during the year)									
	1st Year			2nd Year			All Other		
	M	F	UD	M	F	UD	M	F	UD
Hispanic/Latino									
White, non-Hispanic									
American Indian/Alaska Native, non-Hispanic									
Black/African American, non-Hispanic									
Asian, non-Hispanic									
Pacific Islander, non-Hispanic									
Two or more races, non-Hispanic									
Unknown									
Nonresident Alien									
TOTAL									

Comments

No Comments

1.11C. For those students on a decelerated schedule in item **1.11B**, summarize the primary reason for deceleration by providing the number for whom each of the following is the primary reason for deceleration. The total in this table will equal the total in **1.11B**.

Reason	Number
Inadequate academic preparation	
Poor academic performance	
Financial hardship	
Personal/Family reasons	
Health/Physical impairment	
Participation in academic research	
Advanced study/academic enrichment	
Participation in joint degree program	
TOTAL	

Comments

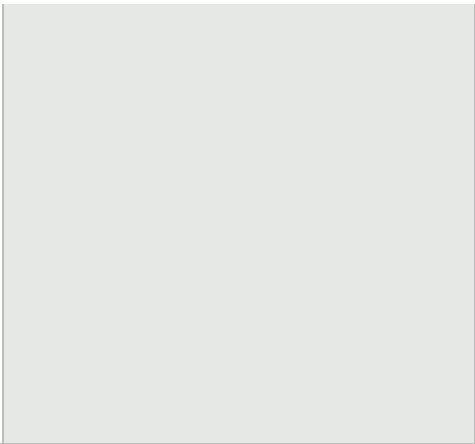
No Comments

1.12 - Transfer Students

The next two tables ask about any students admitted to your medical school during **2018-19** with advanced (transfer) standing.

Sending institution (list all)	Class (1, 2, or 3)	Number of Students
Other Osteopathic (COCA-Accredited) Medical Schools		
<input type="radio"/> ACOM	<input type="radio"/> 1	
<input type="radio"/> ARCOM	<input type="radio"/> 2	
<input type="radio"/> ATSU-KCOM	<input type="radio"/> 3	
<input type="radio"/> ATSU-SOMA		
<input type="radio"/> AZCOM/MWU		
<input type="radio"/> BCOM		
<input type="radio"/> CCOM/MWU		
<input type="radio"/> CUSOM		
<input type="radio"/> DMU-COM		
<input type="radio"/> GA-PCOM		
<input type="radio"/> ICOM		
<input type="radio"/> KCU-COM		
<input type="radio"/> LECOM		
<input type="radio"/> LECOM Bradenton		
<input type="radio"/> LMU-DCOM		
<input type="radio"/> LUCOM		
<input type="radio"/> MSUCOM		
<input type="radio"/> MU-COM		
<input type="radio"/> NSU-COM		
<input type="radio"/> NYITCOM		
<input type="radio"/> OSU-COM		
<input type="radio"/> OU-HCOM		
<input type="radio"/> PCOM		
<input type="radio"/> PNWU-COM		
<input type="radio"/> RowanSOM		
<input type="radio"/> RVUCOM		
<input type="radio"/> TouroCOM-NY		
<input type="radio"/> TUCOM-CA		
<input type="radio"/> TUNCOM		
<input type="radio"/> UIWSOM		
<input type="radio"/> UNECOM		

- UNTHSC/TCOM
- UP-KYCOM
- VCOM-Auburn
- VCOM-CC
- VCOM-VC
- WCUCOM
- Western U/COMP
- WWSOM



Comments

No Comments

Other Transfers (maximum 50 keystrokes, abbreviate if necessary)

Sending institution (list all)	Class (1, 2, or 3)	Number of Students
	<ul style="list-style-type: none"><input type="radio"/> 1<input type="radio"/> 2<input type="radio"/> 3	

Comments

No Comments

1.13 - Cohort Graduation

Please refer to data previously submitted for past surveys to ensure most recent data submitted is accurate.

1.13A. Academic Year 2011-12		
How many students were enrolled for the first time (matriculated)?	100	100
How many students transferred into the cohort?	2	2
How many students transferred out of the cohort to another medical school?	2	2
TOTAL	100	100
Each response below is a subset of the following response. These include transfer students.		
How many graduated within four academic years?	100	100
How many graduated within five academic years? Include those who graduated in four years as entered above.	100	100
How many graduated within six academic years? Include those who graduated in five years as entered above.	100	100
How many graduated within seven academic years? Include those who graduated in six years as entered above.		

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



1.13B. Academic Year 2012-13		
How many students were enrolled for the first time (matriculated)?	100	100
How many students transferred into the cohort?	2	2
How many students transferred out of the cohort to another medical school?	2	2
TOTAL	100	100
Each response below is a subset of the following response. These include transfer students.		
How many graduated within four academic years?	100	100
How many graduated within five academic years? Include those who graduated in four years as entered above.	100	100
How many graduated within six academic years? Include those who graduated in five years as entered above.		

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



Required

1.13C. Academic Year 2013-14		
How many students were enrolled for the first time (matriculated)?	100	100
How many students transferred into the cohort?	4	4
How many students transferred out of the cohort to another medical school?	3	3
TOTAL	101	101
Each response below is a subset of the following response. These include transfer students.		
How many graduated within four academic years?	101	101
How many graduated within five academic years? Include those who graduated in four years as entered above.		

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



Required

1.13D. Academic Year 2014-15		
How many students were enrolled for the first time (matriculated)?		
How many students transferred into the cohort?		
How many students transferred out of the cohort to another medical school?		
TOTAL		
Each response below is a subset of the following response. These include transfer students.		
How many graduated within four academic years?		

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



Required

2.1 - Faculty : Basic Sciences

2.1A. All faculty (four tables - Basic and Clinical Sciences, Race/Ethnicity, and Academic Degrees). List the number of faculty by **full-time, part-time, or volunteer status** as applicable for the college of medicine, and break out by gender, race/ethnicity and highest academic degree. For the purposes of this survey, **full-time faculty** are those **working more than 1,500 hours per year** for your school.

For faculty with administrative appointments or faculty assigned to multiple disciplines, please indicate the percentage of the full-time status assigned to the faculty appointments and Basic Science or Specialty (full-time equivalent). **For example:** *An Associate Professor who also holds an appointment as a Dean who teaches anatomy 30% of the time would be listed as 0.30 in the FT Associate Professor Anatomy space.*

Basic Sciences (2018-19)		Paid Faculty								Nonpaid, Volunteer Faculty		TOTAL
		Professor		Associate Professor		Assistant Professor		Instructors and Other		Less than 200 Hours	200+ Hours	
		FT	PT	FT	PT	FT	PT	FT	PT			
Anatomy												
Biochemistry												
Microbiology												
Pathology*												
Pharmacology												
Physiology												
Other Basic Science												
TOTAL Basic Science												
By Gender	Male											
	Female											
	Unknown											
TOTAL by Gender												
Number Tenured	Male											
	Female											

Comments

No Comments

2.1 - Faculty : Clinical Sciences

2.1B-1.

How does your medical school classify paid clinical preceptors?	<input type="radio"/> Does Not Apply <input type="radio"/> PT Faculty <input type="radio"/> Volunteer Faculty
How does your medical school classify unpaid clinical preceptors?	<input type="radio"/> Does Not Apply <input type="radio"/> PT Faculty <input type="radio"/> Volunteer Faculty
How does your medical school classify paid guest lecturers?	<input type="radio"/> Does Not Apply <input type="radio"/> PT Faculty <input type="radio"/> Volunteer Faculty
How does your medical school classify unpaid guest lecturers?	<input type="radio"/> Does Not Apply <input type="radio"/> PT Faculty <input type="radio"/> Volunteer Faculty
Please use the box to the right to enter any comments that will help clarify the way your medical school classifies faculty (max 500 characters including spaces)	

Comments

No Comments

2.1B-2. All faculty (four tables - Basic and Clinical Sciences, Race/Ethnicity, and Academic Degrees). List the number of faculty by **full-time, part-time, or volunteer status** as applicable for the college of medicine, and break out by gender, race/ethnicity and highest academic degree. For the purposes of this survey, **full-time faculty** are those **working more than 1,500 hours per year** for your school. For faculty with administrative appointments or faculty assigned to multiple disciplines, please indicate the percentage of the full-time status assigned to the faculty appointments and Basic Science or Specialty (full-time equivalent). **For example:** *An Associate Professor who also holds an appointment as a Dean who teaches anatomy 30% of the time would be listed as 0.30 in the FT Associate Professor Anatomy space.*

Clinical Sciences (2018-19)		Paid Faculty								Nonpaid, Volunteer Faculty		TOTAL
		Professor		Associate Professor		Assistant Professor		Instructors and Other		Less than 200 Hours	200+ Hours	
		FT	PT	FT	PT	FT	PT	FT	PT			
Anesthesiology												
Dermatology												
Emergency Medicine												
Family Medicine												
Internal Medicine												
Neurology												
Neuromusculoskeletal Medicine & OMM												
Obstetrics & Gynecology												
Ophthalmology												
Orthopedic Surgery												
Otolaryngology												
Pathology*												
Pediatrics												
Physical Medicine & Rehabilitation												
Preventive Medicine & Public Health												
Proctology												
Psychiatry												
Radiology												
Surgery												
Non DO/MD Clinical Discipline												
TOTAL Clinical Science												
By Gender	Male											
	Female											
	Unknown											
TOTAL by Gender												
Number Tenured	Male											
	Female											

Comments

No Comments

2.1 - Faculty : Summary

2.1C. Please provide a single designation for race/ethnicity of each faculty member following the [U.S. Department of Education guidelines](#). Only U.S. citizens are to be categorized in the specific race/ethnicity categories. The ‘Nonresident alien’ category is reserved specifically for faculty members that are in the U.S. under that legal status which requires specific types of visas no matter what other race category may apply. Count as Hispanic anyone who is of Hispanic/Latino ethnicity no matter what other race category may also apply. Non-Hispanic faculty members who qualify for two or more race categories are to be entered only in the ‘Two or more races, non-Hispanic’ category. **For example:** *If a faculty member is Hispanic and White, enter that person in ‘Hispanic/Latino’ only. If a faculty member is Asian, non-Hispanic and American Indian, count him/her as ‘Two or more races, non-Hispanic’ only.* The totals for each column in this table must equal the sum of the totals in **Questions 2.1A+2.1B-2.**

Basic and Clinical Science Faculty (2018-19)	Paid Faculty								Nonpaid, Volunteer Faculty		TOTAL
	Professor		Associate Professor		Assistant Professor		Instructors and Others		Less than 200 Hours	200+ Hours	
	FT	PT	FT	PT	FT	PT	FT	PT			
Hispanic/Latino											
White, non-Hispanic											
American Indian/Alaskan Native, non-Hispanic											
Black/African American, non-Hispanic											
Asian, non-Hispanic											
Pacific Islander, non-Hispanic											
Two or more races, non-Hispanic											
Unknown											
Nonresident Alien											
TOTAL											

Comments

No Comments

2.1 - Faculty : Academic Degrees

2.1D. Indicate the highest degree held by all members of the Basic and Clinical Science faculty included in **Questions 2.1A and 2.1B-2**. Count each person only once.

Basic and Clinical Sciences Faculty - Academic Degrees - 2018-19	
Degree	Number
Baccalaureate	
Master	
DO	
MD	
PhD	
Other doctorate	
DO and PhD	
DO and MD	
MD and PhD	
Other	
No Degree	
TOTAL Faculty by Academic Degree	

Comments

No Comments

2.2 - Academic/Administrative Staff

2.2.

How does your medical school report academic/administrative staff in this section?	<input type="radio"/> Only staff on COM's payroll <input type="radio"/> All staff with COM-related admin responsibilities
Please use the box to the right to enter any comments that will help clarify your medical school's reporting of academic/administrative staff (max 500 characters including spaces).	

Comments

No Comments

2.2A. Show number of academic/administrative staff **2018-19** including gender and race/ethnicity. For administrators with faculty appointments or with multiple administrative responsibilities, please indicate the percentage of the full-time status assigned to each area (full-time equivalent). **For example:** A dean who holds appointment as an associate professor who teaches anatomy 30% of the time would be listed 0.70 in FT Dean's office column. Please note that for purposes of this survey, **full-time is defined as over 1,500 hours per year.**

Department 2018-19		Full-time paid	Part-time paid	Non-paid volunteer		TOTAL
				Less than 200 hours	200+ hours	
Continuing Medical Education (includes Graduate Medical Education)						
Dean's Office (includes assistant/associate deans)						
Financial aid						
Institutional support (e.g., IT, Human Resources, President's office, & other misc. depts.)						
Library						
Other academic support (e.g., Faculty/curriculum development, testing, OPTI, research, other staff with a direct relationship to the educational program)						
Plant operation and maintenance						
Practice plan administration (e.g., clinical medical directors, community health services including AHEC)						
Student services (includes Admissions, Registrar's office, Alumni Affairs)						
Vivarium/animal care						
TOTAL by Department						
By Gender	Male					
	Female					
	Unknown					
TOTAL by Gender						

Comments

No Comments

2.2B. Please provide a single designation for race/ethnicity of each staff member following the [U.S. Department of Education guidelines](#). Only U.S. citizens are to be categorized in the specific race/ethnicity categories. The 'Nonresident alien' category is reserved specifically for staff members that are in the U.S. under that legal status which requires specific types of visas no matter what other race category may apply. Count as Hispanic anyone who is of Hispanic/Latino ethnicity no matter what other race category may also apply. Non-Hispanic staff members who qualify for two or more race categories are to be entered only in the 'Two or more races, non-Hispanic' category. **For example:** *If a staff member is Hispanic and White, enter that person in 'Hispanic/Latino' only. If a staff member is Asian, non-Hispanic and American Indian, count him/her as 'Two or more races, non-Hispanic' only.*

Race/Ethnicity 2018-19	Full-time Paid	Part-time Paid	Nonpaid Volunteer		TOTAL
			Less than 200 hours	200+ hours	
Hispanic/Latino					
White, non-Hispanic					
American Indian/Alaskan Native, non-Hispanic					
Black/African American, non-Hispanic					
Asian, non-Hispanic					
Pacific Islander, non-Hispanic					
Two or more races, non-Hispanic					
Unknown					
Foreign Citizen					
TOTAL Academic/Administrative Staff by Race/Ethnicity					

Comments

No Comments

2.3 - General Specialty Certification

Indicate the number of AOA and ABMS board certified on your faculty. Since individuals must have general certification before obtaining certification for added or special qualifications, list only the general certification (someone with special qualifications in Cardiology would be counted in Internal Medicine, the board awarding that special certification). Include all faculty members - part-time, volunteer, and academic/administrative staff with certification. Do not include specialties that are not board certified. **For example:** *Do not list pharmacy, dentistry, nursing or optometry since these are not AOA or ABMS board certified specialties. Since some specialties such as Addiction Medicine, Geriatrics, and Sports Medicine are subspecialty certificates available through more than one board, where these faculty members belong will depend on which Board Certified them.* For more information, please see the [AOA website](#) and the [ABMS website](#).

General Specialty Certification	Number
Allergy and Immunology	
Anesthesiology	
Colon and Rectal Surgery / Proctology	
Dermatology	
Emergency Medicine	
Family Medicine and OMT / Family Medicine	
General Surgery / Surgery	
Genetics	
Internal Medicine	
Neurological Surgery	
Neurology or Child Neurology	
Neuromusculoskeletal Medicine & OMM	
Nuclear Medicine	
OB/GYN or OB/GYN Surgery	
Ophthalmology	
Orthopedic Surgery	
Otolaryngology and/or Facial Plastic Surgery	
Pathology or Laboratory Medicine	
Pediatrics	
Physical Medicine and Rehabilitation	
Plastic and Reconstructive Surgery	
Preventive Medicine (incl Aerospace, Occupational, Environmental, Public Health and General Medicine)	
Psychiatry	
Radiology (incl Diagnostic Radiology, Radiation Oncology, Radiologic Physics)	
Thoracic and/or Cardiovascular Surgery	
Urology or Urological Surgery	
Vascular Surgery	
Non DO/MD Clinical Medical Specialty (e.g. Dentistry, Podiatry, Clinical Psychology)	

Comments

No Comments

3.1 - Contact Hours of Required Instruction

3.1A.

Basic Science Subject Areas	Response for academic year 2017-18: 1st & 2nd Years Lecture/Didactic/Group Learning Hours	Response for academic year 2018-19: 1st & 2nd Years Lecture/Didactic/Group Learning Hours	Response for academic year 2017-18: Skills Training/Practice/Lab Hours	Response for academic year 2018-19: Skills Training/Practice/Lab Hours
Anatomy	8.0000	8.0000	9.0000	9.0000
Biochemistry	5.0000	5.0000	6.0000	6.0000
Microbiology	3.0000	3.0000	6.0000	6.0000
Pathology	4.0000	4.0000	9.0000	9.0000
Pharmacology	1.0000	1.0000	23.0000	23.0000
Physiology	25.0000	25.0000	63.0000	63.0000
Other Basic Science	14.0000	14.0000	52.0000	52.0000
TOTAL Basic Sciences	60.0000	60.0000	168.0000	168.0000

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



Required

3.1B.

Clinical Science Subject Areas	Response for academic year 2017-18: 1st & 2nd Years Lecture/Didactic/Group Learning Hours	Response for academic year 2018-19: 1st & 2nd Years Lecture/Didactic/Group Learning Hours	Response for academic year 2017-18: Skills Training/Practice/Lab Hours	Response for academic year 2018-19: Skills Training/Practice/Lab Hours
Anesthesiology	5.0000	5.0000	5.0000	5.0000
Dermatology	5.0000	5.0000	5.0000	5.0000
Emergency Medicine	5.0000	5.0000	5.0000	5.0000
Family Medicine	5.0000	5.0000	5.0000	5.0000
Internal Medicine	5.0000	5.0000	5.0000	5.0000
Neurology	5.0000	5.0000	5.0000	5.0000
Neuromusculoskeletal Medicine & OMM	5.0000	5.0000	5.0000	5.0000
Obstetrics & Gynecology	5.0000	5.0000	5.0000	5.0000
Ophthalmology	5.0000	5.0000	5.0000	5.0000
Orthopedic Surgery	5.0000	5.0000	5.0000	5.0000
Otolaryngology	5.0000	5.0000	5.0000	5.0000
Pathology	5.0000	5.0000	5.0000	5.0000
Pediatrics	5.0000	5.0000	5.0000	5.0000
Physical Medicine & Rehabilitation	5.0000	5.0000	5.0000	5.0000
Preventive Medicine & Public Health	5.0000	5.0000	5.0000	5.0000
Proctology	1.0000	1.0000	5.0000	5.0000
Psychiatry	1.0000	1.0000	5.0000	5.0000
Radiology	1.0000	1.0000	5.0000	5.0000
Surgery	1.0000	1.0000	5.0000	5.0000
Non DO/MD Clinical Discipline	1.0000	1.0000	5.0000	5.0000
TOTAL Clinical Sciences	80.0000	80.0000	100.0000	100.0000

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?


Required

3.2 - Clinical Experience

Response for clinical experience for academic year **2017-18**.

<p>3.2A. Do first-year students have an opportunity for early clinical experience in doctors' offices, clinics, etc.?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	
<p>3.2B. Do second-year students have an opportunity for early clinical experience in doctors' offices, clinics, etc.?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>3.2C. Are students required to participate in a longitudinal clinical continuity of care experience (Clinical experience in which students individually or as part of a team provide continuous health care to a patient or a consistent group of patients)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>	
<p>When is the continuity of care experience open to students?</p>	<p><input type="radio"/> First <input checked="" type="radio"/> Second <input type="radio"/> Third <input type="radio"/> Not Applicable</p>	<p><input checked="" type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Not Applicable</p>
<p>How long in months is the required continuity of care experience (round to the nearest month)?</p>	<p>5</p>	

Comments

No Comments

Response for clinical experience for academic year **2018-19**.

3.2A. Do first-year students have an opportunity for early clinical experience in doctors' offices, clinics, etc.?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
3.2B. Do second-year students have an opportunity for early clinical experience in doctors' offices, clinics, etc.?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
3.2C. Are students required to participate in a longitudinal clinical continuity of care experience (Clinical experience in which students individually or as part of a team provide continuous health care to a patient or a consistent group of patients)?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
When is the continuity of care experience open to students?	<input type="radio"/> First <input checked="" type="radio"/> Second <input type="radio"/> Third <input type="radio"/> Not Applicable	<input checked="" type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December <input type="radio"/> Not Applicable
How long in months is the required continuity of care experience (round to the nearest month)?	5	

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



Required

3.3 - Curriculum Length

Response for total number of weeks for each year of the DO curriculum (exclude vacations and holidays) for academic year **2017-18**:

First Year	Second Year	Third Year	Fourth Year
24.0000	24.0000	24.0000	24.0000

Comments

No Comments

Indicate the total number of weeks for each year of the DO curriculum (exclude vacations and holidays) for academic year **2018-19**:

First Year	Second Year	Third Year	Fourth Year
24.0000	24.0000	24.0000	24.0000

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.4 - Allied Health and Graduate Programs

Response for Allied Health and/or Graduate Programs administered for academic year **2017-18**:

Please select all Allied Health and/or Graduate Programs administered by your college— even if no students are enrolled. If your program is not listed, please select **“Other”** and write in your specific program. If the program offered is a dual degree/concurrent program, please follow the format of the choices below when performing your write-in. For example, if your college offers a dual degree/concurrent program in DO/MSCN but it is not listed below, please select “Other” and write “DO/MSCN – Doctor of Osteopathic Medicine/Master of Science in Clinical Nutrition”. If your college does not offer a dual degree/concurrent program, please select “Other” write in the program name, and please indicate what type of graduate program in parentheses.

Degree descriptions:

BA – Bachelor of Arts, **BS** – Bachelor of Science, **DHEd** – Doctor of Health Education, **DMD** – Doctor of Dental Medicine, **DO** – Doctor of Osteopathic Medicine, **JD** – Juris Doctor, **MA** – Master of Arts, **MBA** – Master of Business Administration, **MHA** – Master of Health Administration, **MHSA** – Master in Health Services Administration, **MMEL** – Master of Science in Medical Education Leadership, **MPH** – Master of Public Health, **MS** – Master of Science, **MSBI** – Master of Science in Biomedical Informatics, **MSBS** – Master of Science Biomedical Sciences, **MSHS** – Master of Science in Health Services – **MSDEP** – Master of Science in Disaster and Emergency Preparedness, **MSMed** – Master of Science in Medical Education, **MSMS** – Master of Science in Medical Sciences, **PhD** – Doctorate

BA/DO

BS/DO

DO/MA

Number of DO Students Enrolled 2017-18

1

DO/MBA

Number of DO Students Enrolled 2017-18

1

DO/MHA

DO/MHSA

DO/MMEL

DO/MPH

Number of DO Students Enrolled 2017-18

1

DO/MS

DO/MSBI

DO/MSBS

DO/MSDEM

DO/MSHS

DO/MSMed

DO/MSMS

DO/DHEd

DO/DMD

DO/JD

DO/PhD

Other

Not applicable

Comments

No Comments

Allied Health and/or Graduate Programs administered for academic year **2018-19**:

Please select all Allied Health and/or Graduate Programs administered by your college— even if no students are enrolled. If your program is **not** listed, please select **“Other”** and write in your specific program. **If the program offered is a dual degree/concurrent program, please follow the format of the choices below when performing your write-in.** For example, if your college offers a dual degree/concurrent program in DO/MSCN but it is not listed below, please select “Other” and write “DO/MSCN – Doctor of Osteopathic Medicine/Master of Science in Clinical Nutrition”. If your college does not offer a dual degree/concurrent program, please select “Other” write in the program name, and please indicate what type of graduate program in parentheses.

Degree descriptions:

BA – Bachelor of Arts, **BS** – Bachelor of Science, **DHEd** – Doctor of Health Education, **DMD** – Doctor of Dental Medicine, **DO** – Doctor of Osteopathic Medicine, **JD** – Juris Doctor, **MA** – Master of Arts, **MBA** – Master of Business Administration, **MHA** – Master of Health Administration, **MHSA** – Master in Health Services Administration, **MMEL** – Master of Science in Medical Education Leadership, **MPH** – Master of Public Health, **MS** – Master of Science, **MSBI** – Master of Science in Biomedical Informatics, **MSBS** – Master of Science Biomedical Sciences, **MSHS** – Master of Science in Health Services – **MSDEP** – Master of Science in Disaster and Emergency Preparedness, **MSMED** – Master of Science in Medical Education, **MSMS** – Master of Science in Medical Sciences, **PhD** – Doctorate

Required

 BA/DO BS/DO DO/MA

Number of DO Students Enrolled 2018-19

1

 DO/MBA

Number of DO Students Enrolled 2018-19

1

 DO/MHA DO/MHSA DO/MMEL DO/MPH

Number of DO Students Enrolled 2018-19

1

 DO/MS DO/MSBI DO/MSBS DO/MSDEM DO/MSHS DO/MSMED DO/MSMS DO/DHEd DO/DMD

- DO/JD
- DO/PhD
- Other
- Not applicable

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.5 - Instructional Methods/Techniques

Methods/Techniques	Response for academic year 2017-18	Response for academic year 2018-19
Computer-assisted instruction: Departmental or curricular areas in which automatic processing equipment is used to control the presentation of stimuli to a student, to accept and evaluate the student's response, and based on that interaction to present further stimuli calculated to help the student respond in the desired manner. The student uses a terminal directed by a computer.	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Distance learning: Online instruction using the Internet to connect to specific lectures anywhere in the world and interact with lecturer.	<input checked="" type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science
Hands-on learning: Curricula or courses during the first and second years in which students interact with actual patients on campus or in the community.	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Knowledge-based learning communities: Curricula or courses in which students participate in researching information and sharing knowledge with peers.	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Problem-based learning in preclinical courses: Curricula or courses taught using a case-based method and small group tutorials, emphasizing student self-directed learning.	<input checked="" type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science
Self-Instruction: Departmental courses or curricular areas in which educational materials designed for self-instruction are used by students. Such materials usually cover one topic concept or unit of instruction and are packaged so as to be self-directing, self-pacing, self-correcting (reinforcing), or self-evaluating.	<input checked="" type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science
Simulated patients used to teach or evaluate students: Curricula or courses taught using mannequins or other devices for techniques or procedures prior to or in addition to students' experience with actual patients.	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Standardized patients used to teach or evaluate students: Persons trained to portray the history, physical findings and effect of an actual patient and used for teaching and/or evaluation of students.	<input type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Systems-based learning in preclinical courses: Curricula or courses taught using body systems as unifying aspects of curricula elements.	<input type="checkbox"/> Basic Science	<input type="checkbox"/> Basic Science

	<input type="checkbox"/> Clinical Science	<input type="checkbox"/> Clinical Science
Video recording: Ability for students to refer to lectures for later usage/review.	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Virtual patients: Curricula or courses taught using interactive computer simulations of artificial patients in which the student safely develops clinical judgment and skills by role playing as the doctor.	<input type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Web-based learning: Curricula or courses taught using material obtained from Internet sources for use in didactic or small group presentations/discussions or as a result of individual study.	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science	<input checked="" type="checkbox"/> Basic Science <input checked="" type="checkbox"/> Clinical Science
Other: Instructional techniques/methods not listed in aforementioned.	<input type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science	<input type="checkbox"/> Basic Science <input type="checkbox"/> Clinical Science

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.6 - Curriculum Evaluation

Response for all outcome indicators used to evaluate the osteopathic medical school's educational program effectiveness for academic year **2017-18**.

- Results of COMLEX-USA
- Student scores on written exams developed by the COM
- Student scores on written exams developed by an extramural body
- Student comments from AACOM's "Annual Survey of Graduating Seniors"
- Student evaluation of courses
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Residency appointments
- Residency completion rates
- Specialty choice of graduates
- Specialty certification rates
- Practice location of graduates (e.g. rural, urban, inner city)
- Academic/research careers/opportunities of graduates
- Practice type of graduates
- Alumni surveys

Comments

No Comments

Mark all outcome indicators used to evaluate the osteopathic medical school's educational program effectiveness for academic year **2018-19**.

CTRL click or Command click for multiple selections

- Results of COMLEX-USA
- Student scores on written exams developed by the COM
- Student scores on written exams developed by an extramural body
- Student comments from AACOM's "Annual Survey of Graduating Seniors"
- Student evaluation of courses
- Assessment of residency performance of graduates
- Licensure rates of graduates
- Residency appointments
- Residency completion rates
- Specialty choice of graduates
- Specialty certification rates
- Practice location of graduates (e.g. rural, urban, inner city)
- Academic/research careers/opportunities of graduates
- Practice type of graduates
- Alumni surveys

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.7 - Clerkships

3.7A. Required Clinical Clerkships

Indicate the required number of weeks for clerkships this academic year **2017-18** at your school and enter the number of sites (doctors' offices, clinics, hospitals, etc.) used last academic year **2016-17**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** Enter *Allergy and Immunology, Cardiology, Critical Care/ICU, and Endocrinology on the Internal Medicine line. Enter Public Health on the Preventive Medicine line. Enter Plastic and Reconstructive Surgery and Urology/Urological Surgery on the Surgery line. Rural and underserved population care should be included in Family Practice. Hospitalists belong on the Internal Medicine line.* Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the [AOA website](#).

Required Clerkship Rotations in AOA Board Certifiable Specialties	Required Number of Weeks 2017-18			Number of Sites Used 2016-17
	In-patient	Ambulatory	Mixed/Other	
Anesthesiology	5	5	5	5
Dermatology	5	5	5	5
Emergency Medicine	5	5	5	5
Family Medicine	5	5	5	5
Internal Medicine	5	5	5	5
Neurology	5	5	5	5
Neuromusculoskeletal Medicine & OMM	5	5	5	5
Obstetrics & Gynecology	5	5	5	5
Ophthalmology	5	5	5	5
Orthopedic Surgery	5	5	5	5
Otolaryngology	5	5	5	5
Pathology	5	5	5	5
Pediatrics	5	5	5	5
Physical Medicine & Rehabilitation	5	5	5	5
Preventive Medicine	5	5	5	5
Proctology	5	5	5	5
Psychiatry	1	1	1	1
Radiology	1	1	1	1
Surgery	1	1	1	1

Comments

No Comments

3.7A. Required Clinical Clerkships

Indicate the required number of weeks for clerkships this academic year **2018-19** at your school and enter the number of sites (doctors' offices, clinics, hospitals, etc.) used last academic year **2017-18**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** Enter *Allergy and Immunology, Cardiology, Critical Care/ICU, and Endocrinology* on the *Internal Medicine* line. Enter *Public Health* on the *Preventive Medicine* line. Enter *Plastic and Reconstructive Surgery and Urology/Urological Surgery* on the *Surgery* line. *Rural and underserved population care* should be included in *Family Practice*. *Hospitalists* belong on the *Internal Medicine* line. Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the [AOA website](#).

Required Clerkship Rotations in AOA Board Certifiable Specialties	Required Number of Weeks 2018-19			Number of Sites Used 2017-18
	In-patient	Ambulatory	Mixed/Other	
Anesthesiology	5	5	5	5
Dermatology	5	5	5	5
Emergency Medicine	5	5	5	5
Family Medicine	5	5	5	5
Internal Medicine	5	5	5	5
Neurology	5	5	5	5
Neuromusculoskeletal Medicine & OMM	5	5	5	5
Obstetrics & Gynecology	5	5	5	5
Ophthalmology	5	5	5	5
Orthopedic Surgery	5	5	5	5
Otolaryngology	5	5	5	5
Pathology	5	5	5	5
Pediatrics	5	5	5	5
Physical Medicine & Rehabilitation	5	5	5	5
Preventive Medicine	5	5	5	5
Proctology	5	5	5	5
Psychiatry	1	1	1	1
Radiology	1	1	1	1
Surgery	1	1	1	1

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic years **2018-19** and **2017-18** for clinical clerkship sites used?

Required

3.7B. Rural or Underserved Rotations

Does your school have a requirement for a clinical rotation in a rural or underserved community?

- Yes
- No

Comments

No Comments

3.7B. Rural or Underserved Rotations

Does your school have a requirement for a clinical rotation in a rural or underserved community? Required

- Yes
- No

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic years **2018-19** and **2017-18** for clinical clerkship sites used?

Required

3.7C. Selective/Elective Clinical Clerkships

Indicate the required number of weeks for clerkships this academic year **2017-18** at your school and enter the number of sites (doctors' offices, clinics, hospitals, etc.) used last academic year **2016-17**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** Enter *Allergy and Immunology*, *Cardiology*, *Critical Care/ICU*, and *Endocrinology* on the *Internal Medicine* line. Enter *Public Health* on the *Preventive Medicine* line. Enter *Plastic and Reconstructive Surgery* and *Urology/Urological Surgery* on the *Surgery* line. *Rural and underserved population care* should be included in *Family Practice*. *Hospitalists* belong on the *Internal Medicine* line. Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the [AOA website](#).

Selective/Elective Clerkship Rotations in AOA Board Certifiable Specialties	Typical Number of Weeks 2017-18			Number of Sites Used 2016-17
	In-patient	Ambulatory	Mixed/Other	
Anesthesiology	5	5	5	5
Dermatology	5	5	5	5
Emergency Medicine	5	5	5	5
Family Medicine	5	5	5	5
Internal Medicine	5	5	5	5
Neurology	5	5	5	5
Neuromusculoskeletal Medicine & OMM	5	5	5	5
Obstetrics & Gynecology	5	5	5	5
Ophthalmology	5	5	5	5
Orthopedic Surgery	5	5	5	5
Otolaryngology	5	5	5	5
Pathology	5	5	5	5
Pediatrics	5	5	5	5
Physical Medicine & Rehabilitation	5	5	5	5
Preventive Medicine	5	5	5	5
Proctology	5	5	5	5
Psychiatry	1	1	1	1
Radiology	1	1	1	1
Surgery	1	1	1	1

Comments

No Comments

3.7C. Selective/Elective Clinical Clerkships

Indicate the required number of weeks for clerkships this academic year **2018-19** at your school and enter the number of sites (doctors' offices, clinics, hospitals, etc.) used last academic year **2017-18**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** Enter *Allergy and Immunology*, *Cardiology*, *Critical Care/ICU*, and *Endocrinology on the Internal Medicine line*. Enter *Public Health on the Preventive Medicine line*. Enter *Plastic and Reconstructive Surgery and Urology/Urological Surgery on the Surgery line*. *Rural and underserved population care should be included in Family Practice. Hospitalists belong on the Internal Medicine line*. Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the [AOA website](#).

Selective/Elective Clerkship Rotations in AOA Board Certifiable Specialties	Typical Number of Weeks 2018-19			Number of Sites Used 2017-18
	In-patient	Ambulatory	Mixed/Other	
Anesthesiology	5	5	5	5
Dermatology	5	5	5	5
Emergency Medicine	5	5	5	5
Family Medicine	5	5	5	5
Internal Medicine	5	5	5	5
Neurology	5	5	5	5
Neuromusculoskeletal Medicine & OMM	5	5	5	5
Obstetrics & Gynecology	5	5	5	5
Ophthalmology	5	5	5	5
Orthopedic Surgery	5	5	5	5
Otolaryngology	5	5	5	5
Pathology	5	5	5	5
Pediatrics	5	5	5	5
Physical Medicine & Rehabilitation	5	5	5	5
Preventive Medicine	5	5	5	5
Proctology	5	5	5	5
Psychiatry	1	1	1	1
Radiology	1	1	1	1
Surgery	1	1	1	1

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic years **2018-19** and **2017-18** for clinical clerkship sites used?

Required

3.7D. Clinical Clerkships Summary

Indicate the required number of weeks for clerkships this academic year **2017-18** at your school and enter the number of sites (doctors' offices, clinics, hospitals, etc.) used last academic year **2016-17**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** Enter *Allergy and*

Immunology, Cardiology, Critical Care/ICU, and Endocrinology on the Internal Medicine line. Enter Public Health on the Preventive Medicine line. Enter Plastic and Reconstructive Surgery and Urology/Urological Surgery on the Surgery line. Rural and underserved population care should be included in Family Practice. Hospitalists belong on the Internal Medicine line. Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the [AOA website](#).

Weeks of required clinical clerkships	12	
Weeks of selective/elective clinical clerkships	12	
TOTAL weeks of clinical clerkships (required + selective/elective)	24	
In what year and month do your students typically start their clinical clerkships?	<input type="radio"/> First <input checked="" type="radio"/> Second <input type="radio"/> Third	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input checked="" type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December
Does your school arrange all required clinical clerkship for its students at affiliated facilities?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
What is the maximum percentage of selective/elective clinical clerkships that your COM allows a student to arrange on his/her own, subject to COM approval?	<input type="radio"/> 0 <input checked="" type="radio"/> 1 - 25 <input type="radio"/> 26 - 50 <input type="radio"/> 51 - 75 <input type="radio"/> 76 - 100	
Number of clinical clerkships that a student can fail before being required to repeat the academic year		
	a. 3rd year	2
	b. 4th year	2
Does your school have an online/distance component for clinical clerkships?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If 'Yes' above, select the online/distance component(s) that apply.	<input checked="" type="checkbox"/> Testing <input checked="" type="checkbox"/> Logs <input type="checkbox"/> Educational (lectures, cases) <input type="checkbox"/> Not Applicable	

Comments

No Comments

3.7D. Clinical Clerkships Summary

Indicate the required number of weeks for clerkships this academic year **2018-19** at your school and enter the number of sites (doctors' offices, clinics, hospitals, etc.) used last academic year **2017-18**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** *Enter Allergy and Immunology, Cardiology, Critical Care/ICU, and Endocrinology on the Internal Medicine line. Enter Public Health on the Preventive Medicine line. Enter Plastic and Reconstructive Surgery and Urology/Urological Surgery on the Surgery line. Rural and underserved population care should be included in Family Practice. Hospitalists belong on the Internal Medicine line.* Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the [AOA website](#).

Weeks of required clinical clerkships	12	
Weeks of selective/elective clinical clerkships	12	
TOTAL weeks of clinical clerkships (required + selective/elective)	24	
In what year and month do your students typically start their clinical clerkships?	<input type="radio"/> First <input checked="" type="radio"/> Second <input type="radio"/> Third	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input checked="" type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December
Does your school arrange all required clinical clerkship for its students at affiliated facilities?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
What is the maximum percentage of selective/elective clinical clerkships that your COM allows a student to arrange on his/her own, subject to COM approval?	<input type="radio"/> 0 <input checked="" type="radio"/> 1 - 25 <input type="radio"/> 26 - 50 <input type="radio"/> 51 - 75 <input type="radio"/> 76 - 100	
Number of clinical clerkships that a student can fail before being required to repeat the academic year		
	a. 3rd year	2
	b. 4th year	2
Does your school have an online/distance component for clinical clerkships?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If 'Yes' above, select the online/distance component(s) that apply.	<input checked="" type="checkbox"/> Testing <input checked="" type="checkbox"/> Logs <input type="checkbox"/> Educational (lectures, cases) <input type="checkbox"/> Not Applicable	

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic years **2018-19** and **2017-18** for clinical clerkship sites used?

Required

3.8 - International Opportunities

3.8A.

Response for international opportunities for academic year **2016-17**.

Does your school have an organized group program offering international clerkship opportunities? Note: <i>This question is not referring to individual clerkship/rotation opportunities.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
How many students participated in this program in the academic year 2016-17 ?	0
Please list (one per line) the countries in which your school offered an organized group clerkship program in the academic year 2016-17 .	

Comments

No Comments

3.8A. International opportunities for academic year **2017-18**.

Does your school have an organized group program offering international clerkship opportunities? Note: <i>This question is not referring to individual clerkship/rotation opportunities.</i>	<input type="radio"/> Yes <input checked="" type="radio"/> No
How many students participated in this program in the academic year 2017-18 ?	0
Please list (one per line) the countries in which your school offered an organized group clerkship program in the academic year 2017-18 .	n/a

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2017-18**?

Required

3.8B.

Response for international opportunities for academic year **2016-17**.

Does your school allow students to participate in other international clerkship rotations or to arrange individual international clerkship opportunities?	<input checked="" type="radio"/> Yes <input type="radio"/> No
How many students participated in such rotations in the academic year 2016-17 ? Do not include those students counted in Question 3.8A .	5

Comments

No Comments

3.8B. International opportunities for academic year **2017-18**.

Does your school allow students to participate in other international clerkship rotations or to arrange individual international clerkship opportunities?	<input checked="" type="radio"/> Yes <input type="radio"/> No
How many students participated in such rotations in the academic year 2017-18 ? Do not include those students counted in Question 3.8A .	5

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2017-18**?

Required

3.8C. Response for whether your college sponsored international learning opportunities for academic year **2016-17**. Yes No

Comments

No Comments

3.8C. Did your college sponsor other international learning opportunities for academic year **2017-18**? Required Yes No

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2017-18**? Required

Comments

No Comments

3.9 - Curriculum Topics

Please indicate which of the following topics are included in your curriculum for this academic year (2018-19). Topics covered in Required and Selective/Elective courses are not mutually exclusive.

Topic	Response for academic year 2017-18	Response for academic year 2018-19
Abortion	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Adolescent Medicine	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
Alternative/Complementary Medicine	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Biological/Chemical Terrorism	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Biostatistics	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation

	ROTATION	ROTATION
Child/Spouse/Parent Abuse	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Community Health	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Counseling for health promotion and disease prevention	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Cultural Diversity	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Disaster Management/Response	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Disease Screening Tests	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/>	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/>

	Selective/Elective Course or Rotation	Selective/Elective Course or Rotation
Doctor/Patient Relationship	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
Electronic Medical Records	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
End-of-Life Care	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
Environmental Health	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Environmental Medicine/Toxicology	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Epidemiology	<input checked="" type="checkbox"/> Required	<input checked="" type="checkbox"/> Required

	<p>Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>	<p>Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>
Evaluation of health sciences literature	<p><input checked="" type="checkbox"/> Required Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input checked="" type="checkbox"/> Required Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>
Evidence-based Medicine	<p><input checked="" type="checkbox"/> Required Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input checked="" type="checkbox"/> Required Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>
Family/Domestic Violence	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>
Geriatrics	<p><input checked="" type="checkbox"/> Required Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input checked="" type="checkbox"/> Required Course or Rotation</p> <p><input type="checkbox"/> Selective/Elective Course or Rotation</p>
Global Health	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or</p>

	Rotation	Rotation
Health Care Structure and Systems	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Health Determinants	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Health Disparities	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Health Literacy	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
Health Policy	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elect ive Course or Rotation
History of Medicine/Osteopathic Medicine	<input checked="" type="checkbox"/> Required Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation

	<input type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Selective/Elective Course or Rotation
Home Health Care	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Human Development/Life Cycle	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Human Sexuality	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
Immunization	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Interprofessional Studies	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
LGBTQ Health Issues	<input type="checkbox"/> Required	<input type="checkbox"/> Required

	<p>Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p>Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>
Medical Ethics/Bioethics	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>
Medical Humanities	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>
Medical Informatics	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>
Medical Jurisprudence	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>
Medical Sociology	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>	<p><input type="checkbox"/> Required Course or Rotation</p> <p><input checked="" type="checkbox"/> Selective/Elective Course or Rotation</p>

	ive Course or Rotation	ive Course or Rotation
Nutrition	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Obesity	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Occupational Medicine	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Pain Management	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Patient Health Education	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elect ive Course or Rotation
Patient Safety/Reporting Systems	<input type="checkbox"/> Required Course or Rotation	<input type="checkbox"/> Required Course or Rotation

	<input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Practice Management	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Prevention/Health Maintenance	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Public Health Systems	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Rehabilitation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Research Methods	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
Substance Abuse/Alcoholism/Tobacco Dependence	—	—

Substance Abuse/Alcoholism/Tobacco Dependence	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Technology Assessment	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Transplant Medicine	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation	<input type="checkbox"/> Required Course or Rotation <input checked="" type="checkbox"/> Selective/Elective Course or Rotation
Utilization Review and Quality Assurance	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation
Women's Health Issues	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation	<input checked="" type="checkbox"/> Required Course or Rotation <input type="checkbox"/> Selective/Elective Course or Rotation

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?



Required

3.10 - Electives

How many weeks of elective time are available in the following years?

	2017-18 Response for Weeks of Elective Time	2018-19 Response for Weeks of Elective Time
First Year	5.0000	5.0000
Second Year	5.0000	5.0000
Third Year	5.0000	5.0000
Fourth Year	5.0000	5.0000
Maximum number of weeks student can spend taking electives at another institution?	5.0000	5.0000

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.11 - Student Performance

3.11A. Please indicate how student performance is recorded.

Performance	Response for academic year 2017-18	Response for academic year 2018-19
Pass-Fail (or variant)	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input checked="" type="checkbox"/> Required Clinical Clerkships	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input checked="" type="checkbox"/> Required Clinical Clerkships
Narrative evaluation	<input type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input checked="" type="checkbox"/> Required Clinical Clerkships	<input type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input checked="" type="checkbox"/> Required Clinical Clerkships
Letter grade	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input type="checkbox"/> Required Clinical Clerkships	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input type="checkbox"/> Required Clinical Clerkships
Numerical grade	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input type="checkbox"/> Required Clinical Clerkships	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input type="checkbox"/> Required Clinical Clerkships
Composite class rank by year	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input type="checkbox"/> Required Clinical Clerkships	<input checked="" type="checkbox"/> Basic Science & Other Preclerkship Courses <input type="checkbox"/> Electives/ Selectives <input type="checkbox"/> Required Clinical Clerkships

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.11B. Which of the following subjective and objective tools do you use for post rotation/clinical clerkship assessment?

Objective	Response for academic year 2017-18	Response for academic year 2018-19
Self-Produced Exams	<input type="checkbox"/> Required Clinical Clerkship <input type="checkbox"/> Elective/Selective Clinical Clerkship	<input type="checkbox"/> Required Clinical Clerkship <input type="checkbox"/> Elective/Selective Clinical Clerkship
NBME Exams	<input checked="" type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship	<input checked="" type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship
NBOME Exams	<input checked="" type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship	<input checked="" type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship
Subjective		
Preceptor Report	<input checked="" type="checkbox"/> Required Clinical Clerkship <input type="checkbox"/> Elective/Selective Clinical Clerkship	<input checked="" type="checkbox"/> Required Clinical Clerkship <input type="checkbox"/> Elective/Selective Clinical Clerkship
Letter	<input type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship	<input type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship
Evaluation Form	<input type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship	<input type="checkbox"/> Required Clinical Clerkship <input checked="" type="checkbox"/> Elective/Selective Clinical Clerkship

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.12 - Clinical Competence

Please indicate when the following methods are used in assessing clinical competence of medical students:

Method	Response for academic year 2017-18	Response for academic year 2018-19
Random observations by faculty/residents	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Planned/repeated observations by faculty/residents	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Chart Review	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Computer simulation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Oral examination	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Written examination	<input checked="" type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final	<input checked="" type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final

	Comprehensive Evaluation for Graduation	Comprehensive Evaluation for Graduation
Multiple station examination without standardized patients	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Multiple station examination with standardized patients	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation
Planned/repeated observations with simulated or standardized patients	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation	<input type="checkbox"/> Part of Basic Science & Other Preclerkship Courses <input checked="" type="checkbox"/> Part of a Clerkship <input type="checkbox"/> Part of a Final Comprehensive Evaluation for Graduation

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.13 - Thesis

Response for written thesis required for graduation for academic year **2017-18**.

- Yes
- No

Comments

No Comments

Is a written thesis required for graduation? **Required**

- Yes
- No

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.14 - COMLEX-USA

Response for the **National Board Examination (COMLEX-USA)** involving the following years of graduation indicated for academic year **2017-18**:

Questions on COMLEX-USA Examinations Developed by National Board of Osteopathic Medical Examiners (NBOME)	COMLEX-USA Level 1 Score (2018 grads)	COMLEX-USA Level 2-CE Score (2017 grads)	COMLEX-USA Level 2-PE Percent Passing (2017 grads)
What is the mean score?	500	500	
What is the first time pass rate?	100	100	100
Does the medical school provide students with a study or review period before the COMLEX-USA licensing examinations?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does your school provide students with drills, tutorials, review programs or other organized, faculty-directed preparatory sessions for COMLEX-USA licensing exams?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
If 'Yes' above, please indicate if mandatory or voluntary.	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary <input type="radio"/> Not Applicable	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary <input type="radio"/> Not Applicable	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary <input type="radio"/> Not Applicable
Does the medical school provide special remediation for students who fail the COMLEX-USA licensing examinations?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Comments

No Comments

In reference to the **National Board Examination (COMLEX-USA)**, please answer the following for the years of graduation indicated:

Questions on COMLEX-USA Examinations Developed by National Board of Osteopathic Medical Examiners (NBOME)	COMLEX-USA Level 1 Score (2019 grads)	COMLEX-USA Level 2-CE Score (2018 grads)	COMLEX-USA Level 2-PE Percent Passing (2018 grads)
What is the mean score?	500	500	
What is the first time pass rate?	100	100	100
Does the medical school provide students with a study or review period before the COMLEX-USA licensing examinations?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does your school provide students with drills, tutorials, review programs or other organized, faculty-directed preparatory sessions for COMLEX-USA licensing exams?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No
If 'Yes' above, please indicate if mandatory or voluntary.	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary <input type="radio"/> Not Applicable	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary <input type="radio"/> Not Applicable	<input checked="" type="radio"/> Mandatory <input type="radio"/> Voluntary <input type="radio"/> Not Applicable
Does the medical school provide special remediation for students who fail the COMLEX-USA licensing examinations?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.15 - Interprofessional Health Care

3.15A-1. For academic year **2017-18**, did your school have required learning experiences that brought together students from different health professions (medicine, nursing, allied health, etc.)?

- Yes
- No

Comments

No Comments

3.15A-1. for academic year **2018-19**, does your school have required learning experiences that bring together students from different health professions (medicine, nursing, allied health, etc.)?

Required

- Yes
- No

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.15A-2. Which of the following experiences does your school require students to be in:

- Didactic learning experiences
- Simulation experiences with other health care professions students
- Real-life clinical experiences with other health care professions in hospitals/clinics
- Other

Comments

No Comments

3.15A-2. Which of the following experiences does your school require students to be in:

- Didactic learning experiences
- Simulation experiences with other health care professions students
- Real-life clinical experiences with other health care professions in hospitals/clinics
- Other

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

3.15B. Does your school have personnel with designated responsibilities (e.g. administration, teaching or research) for interprofessional education?

- Yes
- No

Comments

No Comments

3.15B. Does your school have personnel with designated responsibilities (e.g. administration, teaching or research) for interprofessional education?

Required

- Yes
- No

Comments

No Comments

Data for this section has been pre-populated. Do you confirm data entered most recently reflects data for academic year **2018-19**?

Required

4.1 - Scholarships and Loans

Financial assistance obtained by students for **2017-18** academic year including repeaters. **Note:** *Total Students Receiving Loans and/or Scholarships, Grants, etc. cannot be greater than the enrollment for each class year according to the data that was provided by your medical school in **Question 1.7** of the **2017-18** Annual Osteopathic Medical Questionnaire.* Click [here](#) to view the **2017-18** Annual Osteopathic Medical Questionnaire.

Type of Aid 2017-18		Scholarships, Grants, Fellowships, Work-Study, Fee Waivers, etc.	Loans	TOTAL Students Receiving Loans and/or Scholarships, Grants, etc.
First Year	Dollar Amount			
	Number of Students (unduplicated*)			
Fourth Year	Dollar Amount			
	Number of Students (unduplicated*)			
TOTAL (Years 1, 2, 3, and 4)	Dollar Amount			
	Number of Students (unduplicated*)			

Comments

No Comments

4.2 - Tuition Agreements

If the medical school has any agreements to offer in-state tuition to residents of other states, please indicate each applicable state.

State/Territory		State/Territory		State/Territory		State/Territory	
Alabama	<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>
Alaska	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	Tennessee	<input type="checkbox"/>
Arizona	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Texas	<input type="checkbox"/>
Arkansas	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	US Virgin Islands	<input type="checkbox"/>
California	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	New York	<input type="checkbox"/>	Utah	<input type="checkbox"/>
Colorado	<input type="checkbox"/>	Maine	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Vermont	<input type="checkbox"/>
Connecticut	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Virginia	<input type="checkbox"/>
Delaware	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	Washington	<input type="checkbox"/>
District of Columbia	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	West Virginia	<input type="checkbox"/>
Florida	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Wisconsin	<input type="checkbox"/>
Georgia	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	Wyoming	<input type="checkbox"/>
Hawaii	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Puerto Rico	<input type="checkbox"/>	Other	<input type="checkbox"/>
Idaho	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>		
Illinois	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>		

Comments

No Comments

4.3 - Aid

Scholarships and grants awarded in **2017-18** without a service commitment rounded to nearest dollar amount. These awards are provided by individuals, agencies, foundations, etc. (**Examples:** NIH, MSTP funding, state scholarships, Robert Wood Johnson Foundation)

Aid Without a Service Commitment	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
Scholarships for Disadvantaged Students (SDS)			
4.3A-1. Outside-Funded Need Based Scholarships:			
1. State (including states other than location of osteopathic medical school)			
2. Osteopathic organization (state, national, society or foundation)			
3. National Medical Fellowship			
4. Other (specify - enter one per line; maximum 50 keystrokes, abbreviate if necessary)			

Comments

No Comments

Aid Without a Service Commitment	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
4.3A-2. Outside-Funded Non-Need Based Scholarships:			
1. Osteopathic organization (state, national, society or foundation)			
2. State (including states other than location of osteopathic medical school)			
3. Veteran's Administration (VA)			
4. Other (specify - enter one per line)			

Comments

No Comments

4.3A. Summary of Without Service Commitment Scholarships	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
TOTAL Need Based Outside-Funded Scholarships/Grants without a service commitment (Students are UNDUPLICATED*)			
TOTAL Non-Need Based Outside-Funded Scholarships/Grants without a service commitment (Students are UNDUPLICATED*)			
TOTAL Outside-Funded Scholarships/Grants without a service commitment (Students are UNDUPLICATED*)			

Comments

No Comments

School-funded scholarships in **2017-18** without a service commitment funded with institutional resources (e.g. tuition remission, school-funded DO/PhD support, merit scholarships, operating and similar sources).

4.3B-1. School-Funded Aid Without a Service Commitment	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
Need Based:			
Non-Need Based:			
1. DO/PhD stipend support			
2. Tuition remission for employees/staff			
3. Tuition/fee waivers			
4. Merit/academic excellence awards			
5. Other (specify - enter one per line; maximum 50 keystrokes, abbreviate if necessary)			

Comments

No Comments

4.3B. Summary of School-Funded Scholarships	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
TOTAL Non-Need Based School-Funded (Students are UNDUPLICATED*)			
TOTAL School-Funded Scholarships/Grants without a service commitment. (UNDUPLICATED*)			

Comments

No Comments

Federal work-study awards in **2017-18**.

4.3C. Work-Study	Number of Awards	Number of Students	TOTAL Dollar Amount
Federal Work-Study Awards			

Comments

No Comments

Scholarships and Grants awarded in **2017-18** with a service commitment (rounded to the nearest dollar). (Please include tuition, fees, and other reimbursable expenses (books, health insurance, and supplies). Exclude stipends for living expenses. Exact amounts for reimbursables may be unknown so estimates are O.K.)

4.3D-1. Aid With a Service Commitment	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
National Health Service Corps (NHSC)			
Armed Forces Health Professions (AFHP)			
Indian Health Service (IHS)			
AmeriCorps			
State Funded (including states other than location of osteopathic medical school)			
Fellowships			
Other (specify - enter one per line; maximum 50 keystrokes, abbreviate if necessary)			

Comments

No Comments

4.3D. Summary of Service Commitment Scholarships	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
TOTAL Scholarships/Grants with a Service Commitment (Students are UNDUPLICATED*)			

Comments

No Comments

Total scholarships, grants, etc. awarded in **2017-18**.

4.3E. Total Aid	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
TOTAL Scholarships/Grants without a service commitment (TOTALS 4.3A plus 4.3B) (Students are UNDUPLICATED*)			
TOTAL Work-Study (Table 4.3C)			
TOTAL Scholarships/Grants with a service commitment (TOTAL 4.3D) (Students are UNDUPLICATED*)			
TOTAL Scholarships/Grants (Number of students and Actual Dollars should equal TOTALS in Question 4.1 Scholarships) (Students are UNDUPLICATED*)			

Comments

No Comments

4.4 - Loans

Loans provided in **2017-18** including school-funded (i.e. provided through endowment, operating budget, etc.) and outside-funded (i.e. provided by individuals, foundations, medical societies, and other sources outside the school). Please round to the nearest dollar. For *Number of Students (UNDUPLICATED)* provide a head count of students for each type of aid. **Note:** The bottom row for *Number of Students* is not necessarily a sum of those above it, as students can receive multiple loans.

Type of Aid	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
Subsidized Stafford Student Loan (FFEL Program – school lender)			
Subsidized Stafford Student Loan (FFEL Program – other lender and Direct Loan Program)			
Unsubsidized Stafford Student Loan (FFEL Program – school lender)			
Unsubsidized Stafford Student Loan (FFEL Program – other lender and Direct Loan Program)			
Federal PLUS Loan (FFEL Program and Direct Loan Program)			
Perkins Loan			
Primary Care Loan (PCL)			
Loans for Disadvantaged Students (LDS)			
Osteopathic organization loans (state, national, society or foundation)			
State government loans (including states other than location of osteopathic medical school)			
Alternative loans (Signature, T.H.E., MedCap, Robert Wood Johnson, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med-Achiever, etc.)			
Other loans, school-funded (specify - enter one per line; maximum 50 keystrokes, abbreviate if necessary):			

Comments

No Comments

Type of Aid	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
Other loans, outside-funded (specify - enter one per line; maximum 50 keystrokes, abbreviate if necessary):			

Comments

No Comments

Type of Aid	Number of Awards	Number of Students (UNDUPLICATED*)	TOTAL Dollar Amount
TOTAL Loans (Number of Students and TOTAL dollar amount should equal TOTALS in Question 4.1 Loans) (Students are UNDUPLICATED*)			

Comments

No Comments

4.5 - Cost of Attendance

Please indicate the cost of attendance for academic year **2018-19** per federal government definitions. Use an on-campus COA amount and the average of in-state and out-of-state COA amount where applicable.

	First Year	Second Year	Third Year	Fourth Year
Tuition and Fees				
Room and Board				
Books and Supplies				
Personal				
TOTAL Cost of Attendance				

Comments

No Comments

5.1 - Fiscal Year

Please supply the dates of your school's **2017** fiscal year.

Start Date	End Date

Comments

No Comments

Grants & Contracts (direct)												
9. Other Grants & Contracts												
10. All other Non-Recorded Expenditures												
11. TOTAL Non-recorded in Medical School Accounts (Sum of 8 through 10)												
12. TOTAL Recorded & Non-recorded Expenditures												

Comments

No Comments

5.3 - Summary of Revenues

The purpose of Question 5.3 is to identify all current fund revenues by major source of funds. Revenue should include only those revenues generated during the current period. Do not include carry forward balances from previous years or reserves when reporting revenues. Revenues from restricted funds should be reported only to the extent they are expended during the current period. Please click **"Help"** above for more information on how to complete this table.

Note: Data requested in this section is for Fiscal Year (2017) rather than the current Fiscal Year (2018).

Item	Summary of Revenues		
	Recorded in Medical School Accounts	Not Recorded in Medical School Accounts	TOTAL Dollar Amount
Current Funds Revenues			
Tuition and Fees			
1. DO program			
2. Other programs			
Government Appropriations			
3. Federal			
4. State			
5. Local			
6. Parent University Appropriations			
Grants and Contracts (Direct)			
7. Federal			
8. State			
9. Local			
10. Private			
11. Indirect Cost Recoveries			
12. Gifts			
13. Endowment Income			
14. Medical Practice Plans			
15. GME Revenues from Intern/Resident Programs Controlled by Colleges of Osteopathic Medicine			
16. Other Revenues			
17. TOTAL Current Funds Revenues			

Comments

No Comments

5.4 - Federal Indirect Cost Recovery Rate

Please provide the federal indirect cost recovery rate that your school has negotiated with the federal government.

Note the data requested in this section is for Fiscal Year (2017) rather than the current Fiscal Year (2018).

Does your school have an on-site negotiated indirect cost recovery agreement (NICRA)?

Required

Yes

No

Comments

No Comments

Part 6 - Applicable

Is contract and grant activity applicable? Required

Yes No