Annual Report: Review & Analysis

Stephen Mikles, EdS, RRT, FAARC
Conflict of Interest

I have no real or perceived conflict of interest that relates to this presentation. Any use of brand names is not in any way meant to be an endorsement of a specific product, but to merely illustrate a point of emphasis.
Objectives

Learning objectives for this presentation:
Discuss the importance of accurate data entry into the Students/Cohorts Tab in the ART.
Describe interfacing between tabs in the ART.
## Program Profile

**Program Information (Edit)**

<table>
<thead>
<tr>
<th>Institution Name</th>
<th>St. Petersburg College</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Name</td>
<td>Respiratory Therapy - Advanced Level</td>
</tr>
</tbody>
</table>

**Address**

<table>
<thead>
<tr>
<th>Address 1</th>
<th>PO Box 13489</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address 2</td>
<td></td>
</tr>
</tbody>
</table>

**City**

<table>
<thead>
<tr>
<th>City</th>
<th>Pinellas Park</th>
</tr>
</thead>
</table>

**State**

<table>
<thead>
<tr>
<th>State</th>
<th>Florida</th>
</tr>
</thead>
</table>

**Zip**

<table>
<thead>
<tr>
<th>Zip</th>
<th>33719</th>
</tr>
</thead>
</table>

**Country**

<table>
<thead>
<tr>
<th>Country</th>
<th></th>
</tr>
</thead>
</table>

**Web**

<table>
<thead>
<tr>
<th>Web</th>
<th></th>
</tr>
</thead>
</table>

**Program Details**

<table>
<thead>
<tr>
<th>Program Status</th>
<th>Accreditation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree Offered</td>
<td>AS Degree</td>
</tr>
</tbody>
</table>

**Institution Control**

<table>
<thead>
<tr>
<th>Institution Control</th>
<th>Public/Non-Profit</th>
</tr>
</thead>
</table>

**Institution Type**

<table>
<thead>
<tr>
<th>Institution Type</th>
<th>Four Year College or University</th>
</tr>
</thead>
</table>

**Max # of Students Per Cohort**

<table>
<thead>
<tr>
<th>Max # of Students Per Cohort</th>
<th>24</th>
</tr>
</thead>
</table>

**Max # of Cohorts Per Year**

<table>
<thead>
<tr>
<th>Max # of Cohorts Per Year</th>
<th>1</th>
</tr>
</thead>
</table>

www.coarc.com
## Program Profile

### Institution Information (Edit)

**Institution Name:** St. Petersburg College  
**Program Name:** Respiratory Therapy - Advanced Level  
**Address:**  
- **Address 1:** PO Box 12489  
- **City:** Pinellas Park  
- **State:** Florida  
- **Zip:** 33702  
**Country:**   
**Web:**  

### Program Details

- **Program Status:**  
- **Degree Offered:**  
  - AAS & BAS Degrees  
  - AAS & BS Degree  
  - AAS + BS Degree  
  - AS Degree  
  - A&S & BS Degree  
  - A&S Degree  
  - A&S + BS Degree  
  - BS Degree  
  - BS + MS Degree  
  - MS Degree  

### Institution Controls

- **Max # of Students:**  
- **Max # of Cohorts Per Year:** 1  

Please contact CoARC if you wish to change in one of these.
COHORT ENTRY

Create new Cohort

- Enrollment Date: MM/DD/YYYY
- On-time Grad Date: MM/DD/YYYY
- Maximum Number of Students:
- Estimated Number of Applications:

You may add students to this cohort right here, or later at the "Create a Student" page. (CoARC will be notified if you have more than 34 students per cohort.)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Student ID</th>
<th>Online Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submit
TRANSFER STUDENTS

A student enrolling in a program or offering initial enrollment into a certifying program must have a CoARC program number for a student to be classified as such.
A P STUDENTS
STOP OUT STUDENTS
RCS TAB
<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baycare Home Care</td>
<td>Large</td>
<td>Florida</td>
<td>33773</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>All Children's Hospital</td>
<td>St. Petersburg</td>
<td>Florida</td>
<td>33701</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>Bay Pines VAMC</td>
<td>Bay Pines</td>
<td>Florida</td>
<td>33744</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>Bayfront Medical Center</td>
<td>St. Petersburg</td>
<td>Florida</td>
<td>33701</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>Largo Medical Center</td>
<td>Large</td>
<td>Florida</td>
<td>33770</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>Morton Plant Hospital</td>
<td>Clearwater</td>
<td>Florida</td>
<td>33758</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>SunCoast Hospital</td>
<td>Large</td>
<td>Florida</td>
<td>33774</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
<tr>
<td>Moore Countryside Hospital</td>
<td>Clearwater</td>
<td>Florida</td>
<td>34615</td>
<td>United States of America</td>
<td>Edit</td>
</tr>
</tbody>
</table>
No more individual edits required in this table as data is driven to it through the Cohort and Student Profile pages.
SURVEY WORKSHEET SUBTAB
RAM TAB

Date(s) of Measurement
1. June 10
2. March 10

Results and Analysis
Include the number meeting the cut score and the number that fell below the cut score.
1. All students answered correctly, 100%.
2. All students answered correctly, 100%.

Action Plan and Follow-Up/Reassessment
What is to be done, who is responsible, due date, expected result.
1. Reassess via SPPS next June.
2. Reassess via SPPS next March.

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### Matrix Summary Report

<table>
<thead>
<tr>
<th>Category</th>
<th>Proposal</th>
<th>Measurement System</th>
<th>Due Date of Measurement</th>
<th>Results and Analysis</th>
<th>Action Plan and Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>To provide faculty to review class assignments and design instruction to achieve the program goals and outcomes.</td>
<td>SPRS</td>
<td>June 10</td>
<td>Yes/No</td>
<td>Remediation via SPRS, next June</td>
</tr>
<tr>
<td>Support Personnel Services</td>
<td>To provide general and instructional support for the program.</td>
<td>SPRS</td>
<td>June 10</td>
<td>Yes/No</td>
<td>Remediation via SPRS, next June</td>
</tr>
<tr>
<td>Facilities</td>
<td>To provide suitable classroom facilities and support necessary for program goals and teaching activities are met.</td>
<td>SPRS</td>
<td>June 10</td>
<td>Yes/No</td>
<td>Remediation via SPRS, next June</td>
</tr>
<tr>
<td>Laboratory Equipment and Supplies</td>
<td>To provide students with the equipment and supplies required for their learning.</td>
<td>SPRS</td>
<td>June 10</td>
<td>Yes/No</td>
<td>Remediation via SPRS, next June</td>
</tr>
<tr>
<td>Learning Resources</td>
<td>To support student needs for supplemental learning materials and software.</td>
<td>SPRS</td>
<td>June 10</td>
<td>Yes/No</td>
<td>Remediation via SPRS, next June</td>
</tr>
<tr>
<td>Financial Resources</td>
<td>To provide adequate financial support for the operation of personnel and the acquisition and maintenance of equipment and supplies.</td>
<td>SPRS</td>
<td>June 10</td>
<td>Yes/No</td>
<td>Remediation via SPRS, next June</td>
</tr>
</tbody>
</table>

**Notes:**
- Yes/No indicates whether the requirement is met or not.
- Remediation via SPRS, next June indicates the next action plan.
ACTIONS TAB

Generate Annual Report
Please click the button below to see the annual report for the current processing year, 2010.

Generate Report

Phase: Reporting Current Status
CoARC Policy 1.04:

CoARC requires each program seeking accreditation, or currently holding an accreditation status, to engage in the accreditation process in good faith. Programs must provide accurate and truthful information throughout the accreditation process. Any program that fails to participate in good faith by falsifying information presented in the accreditation process may be subject to a decision by the CoARC of either withdrawal or withdrawal of accreditation.

For the purpose of this requirement, falsification is defined as the fabrication, in whole or in part, and through commission or omission, of any information provided by a program to CoARC. This includes but is not limited to providing false or misleading data related to its accreditation status, providing false or misleading program information, providing false or misleading outcomes data; providing false or misleading information in an effort to receive a postponement or an extension on an accreditation action; forging signatures of authorization; engaging in any false or misleading advertising with respect to the accreditation status.

However, the program may submit additional material that summarizes or otherwise explains the original information submitted to CoARC. These additional materials must be properly identified, dated, and accompanied by the original documents.

I HAVE READ AND UNDERSTAND THE ABOVE GOOD FAITH POLICY AND I INTEND FOR THE PROGRAM TO BE LEGALLY BOUND BY ITS TERMS. I HEREBY CERTIFY THAT ALL DATA AND INFORMATION SUBMITTED BY THE PROGRAM IS COMPLETE, ACCURATE AND TRUTHFUL.

Please check here to indicate that you have read and agreed to CoARC Policy 1.04.

Upon completing the report of your current status, use the following button to submit.

Submit
ACTIONS TAB

Generate Annual Report

Please click the button below to see the annual report for the current processing year, 2010.

Generate Report

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I have read and understand the above good faith policy and I intend for the Program to be legally bound by its terms. I hereby certify that all data and information submitted by the Program is complete, accurate, and truthful.

Please check here to indicate that you have read and agreed to CoARC Policy 1.04.

Upon completing the report of your current status, use the following button to submit.

Submit
CoARC Executive Office

For any questions, contact the Executive Office at:

1248 Harwood Road
Bedford, TX  76021
(817) 283-2835
jana@coarc.com

www.coarc.com