***Joint Review Committee***

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On Education in Cardiovascular Technology ~ JRC-CVT

#### **Self-Study Report Format**

##### For Programs Seeking

**Continuing Accreditation**

For additional information about JRC-CVT and accreditation services visit:

[www.jrccvt.org](http://www.jrccvt.org)

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**CONTINUING-ACCREDITATION SELF-STUDY REPORT (CSSR)**

**FOR A CARDIOVASCULAR TECHNOLOGY PROGRAM**

INSTRUCTIONS

Each program conducts a self-study (process), which culminates in the preparation of a report (the initial self-study report, or ISSR). The JRC-CVT will use the ISSR and any additional information submitted to assess the program’s degree of compliance with the *Standards and Guidelines for Cardiovascular Technology Educational Programs* of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) [[www.caahep.org](file:///C:\Users\jlg-Dell\Documents\JRCCVT\Self%20Study\www.caahep.org)]. The JRC-CVT Executive Office will review the ISSR and any additional documentation for completeness and forward them to the Readers for analysis.

Please respond to the questions in the ISSR carefully and completely when you are preparing the report. One, combined self-study report can be submitted for all concentrations: Invasive Cardiovascular Technology (I), Adult Echocardiography (N), Pediatric Echocardiography (P), Non-Invasive Peripheral Vascular Study(V) and Cardiac Electrophysiology (E).

Electronic copies must be submitted on flash/thumb drive in the format set forth in this document; or, in the alternative the program can upload the self-study to DropBox. Please contact the JRC-CVT Executive Office to request a DropBox. All supporting documents must be included. The JRC-CVT does not accept any paper copies.

FEES:

The Application fee, Self-Study Report Review fee, and Site Visit Administration fee are all due with submission of the ISSR (see [www.jrccvt.org/fees](http://www.jrccvt.org/fees.htm)).

REPORT FORMAT:

* Type the text of the response for each question.
* Consecutively number each page of the report, including appendices.
* Create separate files on the USB drive or in DropBox for supporting materials. Label each file as instructed.

**CAAHEP REQUEST FOR ACCREDITATION SERVICES**

Programs must electronically file the [CAAHEP Request for Accreditation Services](https://www.cognitoforms.com/CAAHEP2/RequestForAccreditationServices) at the time the self-study report is submitted.

Submit the USB drives (and fee payment) to:

**Joint Review Committee on Education**

**in Cardiovascular Technology**

**1449 Hill Street**

**Whitinsville, MA 01588-1032**

TIMING OF INITIAL ON-SITE REVIEW:

An initial on-site review will be scheduled approximately 4-6 months after approval of the ISSR and additional requested materials, if applicable. The JRC-CVT [Site Visit Dates Request](http://www.jrccvt.org/site_visit.htm) form must be completed, copied on to the USB drive, and emailed to the JRC-CVT Executive Office.

**GENERAL INFORMATION**

1. Type of academic award offered (e.g., certificate, associate’s, bachelors, masters):

2. Name of the sponsoring institution:

Name:

Address:

City/State/Zip:

Telephone:       Fax:

E-mail:

3. Name and phone number of person(s) responsible for the preparation of the self-study report:

Name:

Title :

Telephone:

Fax:

E-mail:

Name:

Title :

Telephone:

Fax:

E-mail:

4. Name and contact information of administration and Key Personnel:

# a. Chief Executive Officer (to whom all correspondence will be directed)

Name:

Address:

City/State/Zip:

Telephone:       Fax:

E-mail:

**b. Dean or Comparable Administrator**

Name:

Address:

City/State/Zip:

Telephone:       Fax:

E-mail:

**c. Program Director:** Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

Is the Program Director employed full-time by the sponsor? Yes  No

**Program Director** (if applicable)Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

Is the Program Director employed full-time by the sponsor? Yes  No

**Program Director** (if applicable)Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

Is the Program Director employed full-time by the sponsor? Yes  No

d. Clinical Coordinator **(if applicable)** Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

Is the Clinical Coordinator employed full-time by the sponsor? Yes No

Clinical Coordinator **(if applicable)** Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

Is the Clinical Coordinator employed full-time by the sponsor? Yes No

**e. Medical Director** Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

**Medical Director** (if applicable) Concentration(s):  I  N  V  E (adult)  E (pedi)

Name

Title

Address

City/State/Zip

Voice       FAX

E-mail

5. a. Start date of first class ever

b. Graduation date of the first class:

c. Next graduation date of current class:

6. Is the program applying for accreditation for distance education? (Distance Education is defined as a program in which the students can complete all program requirements without having to physically come to the campus.)

Yes  No

7. Write a brief (no more than 2 pages) description of the history and development of the program from its inception. Include significant events affecting the program.

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***If you are submitting the Self-Study as a Word document, create a folder labeled APPENDICES and place each document required in the appendices in the appropriate folder (e.g., within the APPENDICES folder create subfolders for Appendix A Sponsorship; Appendix B Program Advisory Committee, etc.). If you are converting the Self-Study to pdf, insert each appendix in the primary document, with a page labeling each appendix appropriately. When submitting the document as a pdf file, please include a table of contents that allows the reader to click on the title in the left-hand panel and jump directly to the content.***

**Standard I. Sponsorship**

**A. Sponsoring Institution**

## A sponsoring institution must be at least one of the following, and must either award credit for the program or have an articulation agreement with an accredited post-secondary institution:

## A post-secondary institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a certificate/diploma at the completion of the program.

* + 1. A foreign post-secondary institution acceptable to CAAHEP, which is authorized under applicable law or other acceptable authority to provide a postsecondary program, which awards a minimum of a certificate/diploma at the completion of the program.
    2. A hospital, clinic or medical center that is institutionally accredited and authorized under applicable law or other acceptable authority to provide healthcare, which awards a minimum of a certificate/diploma at the completion of the program.
    3. A branch of the United States Armed Forces or other Federal agency, which awards a minimum of a certificate/diploma at the completion of the program.

*Sponsoring institutions should develop a curriculum that is consistent with the award of an associate’s degree or higher at the completion of the program.*

.

1. Name and address of the sponsoring institution:

Name:

Address:

City/State/Zip:

Telephone:       Fax:

E-mail:

2. Type of Sponsoring Institution (check only one of the following):

U. S. post-secondary institution

Hospital or medical center

***Place a copy of the articulation agreement with a post-secondary academic institution in APPENDIX A, labeled A-1.***

Branch of the United States Armed Forces

Foreign post-secondary academic institution

3*.* Is the sponsoring institution accredited?

Yes  No

***Place a copy of the sponsor accreditation certificate or award letter in APPENDIX A, labeled A-2.***

3.a What agency accredits the sponsoring institution?

Name:

Address:

City/State/Zip:

Telephone:       Fax:

E-mail:

3.b Date of the most recent Institutional Accreditation:

3.c Number of years granted from most recent action:

3.d Date of next Institutional review, Month/Year:

3.e Is the sponsoring institution legally authorized under applicable state laws to provide a post- secondary program?  Yes  No

3.f What agency authorizes the sponsor to provide a post-secondary program?

3.g ***If the answer is NO to any question in this section, please provide an explanation for the NO response:***

4. Type of award upon program completion:

***(Note: Choose only one award level. Accreditation is granted only to the award level curriculum that gives the graduate eligibility for entry into the profession.)***

Certificate of Completion

Associate Degree

Baccalaureate Degree

Graduate Degree (Specify:       )

***Place a copy of the award in Appendix A, labeled A-3.***

**Standard I. Sponsorship**

1. **B. Consortium Sponsor**

1. A consortium sponsor is an entity consisting of two or more members that exists for the purpose of operating an educational program. In such instances, at least one of the members of the consortium must meet the requirements of a sponsoring institution as described in I.A.

1. 2. The responsibilities of each member of the consortium must be clearly documented in a formal affiliation agreement or memorandum of understanding, which includes governance and lines of authority.

1. Is the program sponsored by a Consortium?  Yes  No

(*NOTE: If you have not spoken with the JRC-CVT Executive Office and confirmed that your program meets the requirements for Consortium sponsorship, please do so before selecting “Yes” here.)*

***If the answer is YES, please complete the Consortium Information Form and place it in Appendix A, labeled A-4.***

**C. Responsibilities of Sponsor**

1. The Sponsor must ensure that the provisions of these **Standards and Guidelines** are met.

***Place a copy of the organizational chart(s), showing all program positions and the position of the NDT program within the sponsoring institution, in Appendix A, labeled A-5.***

**Standard II. Program Goals**

**A. Program Goals and Outcomes**

There must be a written statement of the program’s goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program must include, but are not limited to, students, graduates, faculty, sponsor administration, employers, physicians, and the public.

Program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

1. Has the program made any changes in the last three years based on changes in the needs and expectations of the communities of interest?

Yes  No

If YES, complete sections 1.a – 1.k.

|  |  |
| --- | --- |
| **Community of Interest** | **Briefly describe the needs and expectations of each community of interest** |

1.a Students:

1.b Graduates:

1.c Faculty :

1.d Sponsor administration:

1.e Employers:

1.f Physicians:

1.g Public:

1.h Hospitals & clinics:

1.i Other (specify):

1.j Other (specify):

1.k Other (specify):

2. Describe how the CVT program continues to be responsive to demonstrated needs and expectations of the communities of interest.

3. State the sponsoring institution’s mission:

4. Describe how the program determines that the program goal(s) is compatible with the mission of the sponsor.

**Standard II. Program Goals**

**B. Appropriateness of Goals and Learning Domains**

The program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest.

An advisory committee, which is representative of at least each of the communities of interest named in these **Standards**, must be designated and charged with the responsibility of meeting at least annually, to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

1. List the individuals and the community of interest each represents on the Program Advisory Committee (use row 11 for additional individuals).

|  |  |
| --- | --- |
| **Community of Interest** | **Member Name & Organization** |
| 1. Employer |  |
| 2. Employer |  |
| 3. Employer |  |
| 4. Program Graduate |  |
| 5. Physician/Program Medical Director |  |
| 6. Currently enrolled student(s) |  |
| 7. Public member |  |
| 8. Faculty (*ex officio*): (List name(s) and role(s) in program) |  |
| 9. Program Director: (*ex officio*) |  |
| 10. Sponsor administration (*ex officio*) |  |
| 11. List name(s) and role(s)/communities of interest of other committee members: |  |

2. Does the Program Advisory Committee meet at least annually?  Yes  No

If NO, please explain:

3. List the dates of all Program Advisory Committee meetings in the last two calendar years:

***Place in APPENDIX B copies of the Program Advisory Committee meeting minutes for the dates listed.***

**Standard II. Program Goals**

**C. Minimum Expectations**

The program must have the following goal(s) defining minimum expectations:

 “To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for invasive cardiovascular technology ” and/or

 “To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for adult echocardiography ” and/or

 “To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for pediatric echocardiography and/or

 “To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for non- invasive vascular study” and/or

 “To prepare competent entry-level cardiovascular technologists in the cognitive

(knowledge), psychomotor (skills), and affective (behavior) learning domains for cardiac

electrophysiology.”

1. **Standard II.C** states the minimum expectation goal as: “To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for invasive cardiovascular technology” and/or “To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for adult echocardiography” and/or To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for pediatric echocardiography” and/or To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for non-invasive cardiovascular technology” and/or To prepare competent entry-level cardiovascular technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains for cardiac electrophysiology.”

Which of the minimum expectation goal(s) from the Standards have/has been established by the program?

Are there any additional goals to be reviewed for accreditation?  Yes  No

If YES, list the additional program goals and learning domains:

If YES, describe the methods/process by which the additional stated goal(s) were developed and adopted:

2. Describe how the minimum goal(s) were established and communicated to the communities of interest.

3. How will the program ensure that the goal(s) and learning domains continue to meet the needs and expectations of the communities of interest listed in Standard II.A? Check all that apply in the list below.

Advisory Committee

Employer Surveys

Graduate Surveys

Student Surveys

Other ; please describe:

**Standard III. Resources**

**A. Type and Amount**

Program resources must be sufficient to ensure the achievement of the program’s goals and outcomes. Resources must include, but are not limited to: faculty; clerical and support staff; curriculum; finances; offices; classroom, laboratory, and ancillary student facilities; clinical affiliates; equipment; supplies; computer resources; instructional reference materials, and faculty/staff continuing education.

1. Are the program resources sufficient to ensure achievement of the program’s goals and outcomes?

Yes  No

2. Describe the process used to determine that the current number of faculty is sufficient to ensure the achievement of the program’s goals and outcomes. Describe the process by which the faculty:student ratio for lecture and laboratory courses was determined.

3. ***Complete a Faculty Workload Form for each faculty who teaches in the program and insert it in APPENDIX C.***

4. Describe the type and amount of clerical/support staff designated to support the CVT program, including how it was determined that this amount of clerical/support staff adequately supports attainment of the program’s goals and outcomes. List the name of each individual who provides support to the program, and describe the responsibilities of those individuals.

5. Describe the procedures used to review and revise the program’s curriculum, including how the current curriculum has been determined to support achievement of the program’s goals and outcomes.

6. Describe how the budget has been determined to be sufficient to support achievement of the program’s goals and outcomes. ***Place in APPENDIX D the program’s budget for the most recent three fiscal years, including the current fiscal year.***

7. Describe administrative offices, classrooms, laboratories, and other facilities used by the program, including how it has been determined that the space is adequate to support the achievement of the program’s goal and outcomes.

8. Describe ancillary facilities available to students (e.g., student union, food service, campus café).

9. Describe the equipment/supplies, computer resources, and instructional reference materials available to students, and the process by which it has been determined that these resources are sufficient to support the achievement of the program’s goals and outcomes.

11. Describe the resources available for faculty/staff continuing education, including an analysis of how the planned faculty/staff continuing education activities will contribute to the achievement of the program’s goals and outcomes.

12. How many total active clinical affiliates are used by the program?

13. Describe the procedures used to determine that the clinical education sites are sufficient in number to provide parallel learning experiences for each student and provide sufficient variety to permit each student to achieve the program’s goals and outcomes.

Complete a Clinical Affiliate Institutional Data form for each active affiliate in listed on the Clinical Affiliates Form. Place these in **Appendix E.**

**Standard III. Resources**

**B. Personnel**

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program’s stated goals and outcomes.

1. **Program Director**

**(a) Responsibilities**

The Program Director must assure achievement of the program’s goals and outcomes, and is responsible for all aspects of the program, including the organization, administration, continuous review, planning, development and general effectiveness of the program. The Program Director must provide supervision, administration and coordination of the instructional staff in the academic and clinical phases of the educational program.

1. **(b) Qualifications**

The Program Director must be a qualified faculty member and possess a higher level of education and/or professional experience than that for which the students in the program are being prepared. The Program Director must be registered in at least one of the cardiovascular specialties for which they assume a primary teaching role.

1. Is the program director responsible for continuous review, planning, development, and general effectiveness of the program and professional content?  Yes  No

2. Does the program director have sufficient non-teaching time to complete all of the responsibilities identified in Standard III.B.1.a(1)?  Yes  No

***If the answer to either question #1 or #2 is NO, please explain the NO answer:***

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Director** | | | | | | | | | | | |
| Name and Credentials/Certifications: | | | | |  | | | | | | |
| Title: | | | | |  | | | | | | |
| Date of appointment to position: | | | | |  | | | | | | |
| Status: | | | | | Full time: | | | | Part time: | | |
| Total number of hours employed by school per week: | | | | | | |  | |  | |  |
|  | Percent of time assigned to teaching responsibilities: | | | | | |  | | *Enter a number or 0* | | |
|  | Percent of time assigned to CVT program administrative responsibilities: | | | | | |  | | *Enter a number or 0* | | |
|  | Percent of time assigned to all other responsibilities (e.g., student academic advising, institutional governance or committees): | | | | | |  | | *Enter a number or 0* | | |
|  | *TOTAL* | | | | | |  | | *Note: The percentages of time allocated to each activity MUST add up to 100%* | | |
| **Credentials/Certifications:** | | | | | | | | | | | |
| **Credential/Certification** | | | | **Awarding Agency** | | | | | **Date Obtained (Month/Year)** | | |
|  | | | |  | | | | |  | | |
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|  | | | |  | | | | |  | | |
| **Post-Secondary Education:** | | | | | | | | | | | |
| **Name of institution** | | **Address of institution** | | | | **Dates attended** | **Major Area of Study** | | **Certificate or Degree Awarded** | | **Date Awarded** |
|  | |  | | | |  |  | |  | |  |
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| **Clinical Experience** | | | | | | | | | | | |
| **Name of Employer** | | | **Address of Employer** | | | | | **Dates Employed** | | **Title and Duties** | |
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|  | | |  | | | | |  | |  | |
| **Teaching Experience** | | | | | | | | | | | |
| **Name of Employer** | | | **Address of Employer** | | | | | **Dates Employed** | | **Title and Duties** | |
|  | | |  | | | | |  | |  | |
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***Place the following documents related to the program director in Appendix F, labeled F-1:***

***1) job description;***

***2) curriculum vitae;***

***3) copy of each certification (a screen shot of the verification page from the issuing agency is acceptable); and,***

***4) copy of the individual’s academic transcript showing the date upon which the degree was conferred by the conferring institution.***

**Standard III. Resources**

**3. Medical Director**

**(a) Responsibilities**

The Medical Director of the program must provide the input necessary to ensure that the medical components of the curriculum, both didactic and supervised practice, meets current standards of medical practice.

**(b) Qualifications**

The Medical Director must be a licensed physician, Board certified in the field that he or she is practicing, with recognized qualifications (by training and/or experience) in the diagnosis of cardiac and/or vascular disease and must be knowledgeable in teaching the subjects assigned.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical Director** | | | | | |
| Name and Credentials: | |  | | | |
| Title: | |  | | | |
| Date of appointment to position: | |  | | | |
| Total number of hours employed by/volunteered to school per week: | | |  |  |  |
|  | Percent of time assigned to teaching responsibilities: | |  | *Enter a number or 0* | |
|  | Percent of time assigned to CVT program administrative responsibilities: | |  | *Enter a number or 0* | |
|  | Percent of time assigned to all other responsibilities (e.g., student academic advising, institutional governance or committees): | |  | *Enter a number or 0* | |
|  | *TOTAL* | |  | *Note: The percentages of time allocated to each activity MUST add up to 100%* | |
| **Licensure and Credentials:** | | | | | |
| **License / Credential** | | **Awarding Agency** | | **Date Obtained (Month/Year)** | |
|  | |  | |  | |
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***Place the following documents related to the medical director in Appendix F, labeled F-2:***

***1) job description;***

***2) curriculum vitae; and,***

***(3) copy of each credential and license (a screen shot of the verification page from the issuing agency is acceptable).***

**B. Personnel**

1. **(a) Responsibilities**

In classrooms, laboratories, and all clinical facilities where a student is assigned, there must be (a) qualified individual(s) clearly designated as liaison(s) to the program to provide instruction, supervision, and timely assessments of the student’s progress in meeting program requirements.

* 1. **Qualifications**

Instructors must possess appropriate credentials and knowledge in subject matter by virtue of training and experience, in teaching their assigned subjects.

1. Describe the procedures used by the program to determine that all faculty are qualified to provide instruction, supervision, and timely assessments of the students’ progress in meeting program requirements.

2. Describe how the program determines that clinical instructors/clinical preceptors demonstrate competence in the area of practice in which they are providing clinical instruction. Include a description of how the program determines that clinical instructors/preceptors have the ability to be effective clinical instructors, including the ability to assess student performance and to document student performance as it relates to achieving the program’s goals and outcomes.

***Place the following documents related to the faculty and clinical instructional staff in Appendix F, labeled F-3:***

***1) job description;***

***2) curriculum vitae; and,***

***3) copy of each credential or certification (a screen shot of the verification page from the issuing agency is acceptable.)***

**NOTE: These documents are not required for support academic faculty (e.g., basic sciences, social sciences, liberal arts, computer science).**

**C. Curriculum**

The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, and clinical activities. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation.

1. How has the program determined that the curriculum meets the minimum expectations goal and learning domains, thus leading to the achievement of the program goals and learning objectives?

**2. Complete Appendix G, which is the Program Course Requirements table.**

3. Describe the instructional methodologies used in each type of course in the CVT curriculum (didactic, laboratory, and clinical). Include a description of how the faculty determined the appropriateness of each instructional methodology.

4. Describe how the faculty determined that the instructional plan includes an appropriate sequence of classroom, laboratory, and clinical activities. Describe how the clinical and laboratory activities are integrated with the didactic portion of the program.

5. What is the the type and minimum number of clinical cases required to complete the CVT program? How has the program determined these are adequate to allow each student to achieve the competencies for CVT included in the curriculum?

***Place in Appendix H a Clinical Rotation Schedule, showing each student enrolled in the program, for at least the first clinical course. Clearly label each clinical rotation (e.g., invasive, non-invasive, adult echo, pediatric echo, cardiac electrophysiology).***

6. ***Complete Appendix I, which is the Curriculum/Competency Matrix to document where the program’s curriculum meets the content requirements of the curriculum.***

7. ***Place in Appendix J all CVT-specific syllabi for didactic, laboratory, and clinical courses, including those courses included in any add-on. (Syllabi for general education classes are not required, UNLESS the content in a general education course is used to demonstrate curriculum compliance with the CVT curriculum.)***

**D. Resource Assessment**

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these Standards. The results of resource assessment must be the basis for ongoing planning and appropriate change. An action plan must be developed when deficiencies are identified in the program resources. Implementation of the action plan must be documented and results measured by ongoing resource assessment.

1. Describe how the program’s resources are assessed on an annual basis and to record these activities in the JRC-CVT Resource Assessment Matrix (RAM). **Insert the RAM for the previous two calendar years in Appendix K**. The [RAM template](http://www.jrccvt.org/documents/APPENDIX%20A.doc) can be downloaded from the JRC-CVT website.

1. I am aware that the site visitors will review the raw data used to develop the program’s resource assessment matrix (RAM) during thee site visit.  Program Director’s Initials:

**IV. Student and Graduate Evaluation/Assessment**

**A. Student Evaluation**

**1. Frequency and Purpose**

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the student’s progress toward and achievement of the competencies and learning domains stated in the curriculum.

1. Describe the type and frequency of evaluations of students that are conducted in the didactic, laboratory, and clinical courses in the program.

2. Describe how student progress is tracked through the didactic, laboratory, and clinical courses and how students are regularly informed of their academic status throughout the program.

3. Describe the process the program uses to assure that each student achieves all competencies.

***Provide a copy of each clinical evaluation form used by the program, in Appendix L, labeled L-1.***

***Place sample evaluations (e.g., tests, quizzes, skills check lists) from each didactic and laboratory course, labeled L-2.***

***NOTE: If actual student evaluation forms are submitted, please redact all student identifying information.***

**IV. Student and Graduate Evaluation/Assessment**

**A. Student Evaluation**

**2. Documentation**

Records of student evaluations must be maintained in sufficient detail to document learning progress and achievements.

1. Are records of student evaluations maintained in sufficient detail to document learning progress and achievements?

Yes  No

2. Are records maintained for all students enrolled in the program, whether they complete the program or not?

Yes  No

If the answer is NO, please explain the basis upon which it was determined that records will not be maintained for students who do not complete the program (e.g., is there an institutional policy governing student record retention?).

3. Location(s) where student records are stored:

4. How many years are records stored before disposal?

**IV. Student and Graduate Evaluation/Assessment**

**B. Outcomes**

**1. Outcomes Assessment**

The program must periodically assess its effectiveness in achieving its stated goals and learning domains. The results of this evaluation must be reflected in the review and timely revision of the program.

Outcomes assessment must include, but are not limited to: national credentialing examination(s) performance, programmatic retention/attrition, graduate satisfaction, employer satisfaction, job (positive) placement, and programmatic summative measures. The program must meet the outcomes assessment thresholds.

1. Describe how the program monitors and reports success on the professionally recognized credentialing examination(s).

2. Describe the process by which the program tracks retention/attrition for each entering cohort of students.

3. Describe how the program tracks and monitors positive job placement for each graduating cohort.

4. Describe how the program surveys its graduates and their employers using the standardized JRC-CVT Graduate and Employer Survey within 12 months following graduation for each graduating cohort.

5. Describe how the program uses the outcomes data (e.g., retention; graduate surveys; employer surveys; credentialing examinations) in program evaluation and revision (if warranted).

**IV. Student and Graduate Evaluation/Assessment**

**B. Outcomes**

**2. Outcomes Reporting**

The program must periodically submit its goal(s), learning domains, evaluation systems (including type, cut score, appropriateness), outcomes, its analysis of the outcomes and an appropriate action plan based on the analysis.

Programs not meeting the established thresholds must begin a dialogue with the JRC- CVT to develop an appropriate plan of action to respond to the identified shortcomings.

1. Who is responsible for preparing and submitting the Annual Report and any follow-up documentation to the JRC-CVT?

2. If this individual is not the program director, how does the program director participate in collecting and analyzing data, and incorporating the findings into program improvement?

**V. Fair Practices**

**A. Publications and Disclosure**

1. Announcements, catalogs, publications, and advertising must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students: the sponsor’s institutional and programmatic accreditation status as well as the name, mailing address, web site address, and phone number of the accrediting agencies; admissions policies and practices, including technical standards (when used); policies on advanced placement, transfer of credits, and credits for experiential learning; number of credits required for completion of the program; tuition/fees and other costs required to complete the program; policies and processes for withdrawal and for refunds of tuition/fees.

3. At least the following must be made known to all students: academic calendar; student grievance procedure; criteria for successful completion of each segment of the curriculum and graduation; and policies and processes by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain, and make available to the public, current and consistent information about student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**.

Does the institution/consortium publish a general catalogue/bulletin for its educational programs?

Yes  No

If yes, year(s) of the latest edition:

Insert a hyperlink(s) to the online catalogue/bulletin and other web-based documents related to Standard V, A-E, if applicable:

2.Complete the following table listing the location(s) of the disclosures identified in Standard V.A.2.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclosures** | **Source Document(s)** | **URL** | **Page # (please bookmark)** |
| Accreditation status of the sponsor with address, website address, and telephone number |  |  |  |
| Accreditation status of the program with address, website address, and telephone number |  |  |  |
| Admission policies and practices |  |  |  |
| Technical Standards, if used by the program |  |  |  |
| Policies on advanced placement in the program |  |  |  |
| Policies on transfer of credits |  |  |  |
| Policy on credits for experiential learning |  |  |  |
| Number of credits required to complete the program |  |  |  |
| Tuition/fees and other costs associated with the program |  |  |  |
| Processes for withdrawal from the program/institution, and for refunds of tuition/fees |  |  |  |

2. Complete the following table listing the location(s) of the disclosures specified in Standard V.A.3.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclosures** | **Source Document(s)** | **URL** | **Page #** |
| Academic calendar |  |  |  |
| Student grievance procedure |  |  |  |
| Admission policies and practices |  |  |  |
| Criteria for successful completion of each segment of the curriculum and graduation |  |  |  |
| Policies and procedures by which students may perform clinical work while enrolled in the program. |  |  |  |

3. What is the process by which the sponsor maintains, and makes available to the public, current and consistent information related to student/graduate achievement that includes the results of one or more of the outcomes assessments required in these **Standards**? (***NOTE: The JRC-CVT requires the program to publish, at a minimum, results of the Retention, Positive Placement and Credentialing Success outcomes.***)

If the program publishes the outcomes results on the college/program website, please insert the link here:

**V. Fair Practices**

**B. Lawful and Non-discriminatory Practices**

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations. There must be a faculty grievance procedure made known to all paid faculty.

1. Describe how the program ensures that all activities associated with the program are non-discriminatory and in compliance with federal and state statues, rules, and regulations.

2. What is the method by which all paid faculty are informed about the faculty grievance procedure?

3. Complete the following table listing the location(s) of the disclosures specified in Standard V.B.

|  |  |  |  |
| --- | --- | --- | --- |
| **Disclosures** | **Source Document(s)** | **URL** | **Page #** |
| Non-discrimination policy for student admissions |  |  |  |
| Non-discrimination policy for faculty employment |  |  |  |
| Policies and procedures for processing faculty grievances |  |  |  |

**V. Fair Practices**

**C. Safeguards**

The health and safety of patients, students, faculty, and other participants associated with the

educational activities of the students must be adequately safeguarded.

All activities required in the program must be educational and students must not be substituted

for staff.

1. How does the sponsor ensure that health and safety is adequately safeguarded for:

Patients:

Students:

Faculty:

2. Describe how the program determines that each student is competent prior to being assigned to perform procedures on patients in the clinical environment.

3. Describe the processes used by the program to ensure that all activities during clinical education courses are designed to promote student achievement of the learning outcomes?

3. How does the program ensure that students are not substituted for staff during clinical education hours?

4. State the program policy related to students receiving pay (salary or honorarium) during the clinical experience.

**V. Fair Practices**

**D. Student Records**

Satisfactory records must be maintained for student admission, advisement, counseling and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.

1. Are grades and credits for courses recorded on the student transcript and permanently maintained?

Yes  No

2. If NO, how many years are transcripts stored before disposal?

Is there either a state or institutional policy governing the disposal of records?  Yes  No

If YES, insert the relevant policy:

2. Where is the student transcript stored?

**V. Fair Practices**

**E. Substantive Changes**

The sponsor must report substantive change(s) as described in Appendix A to CAAHEP/JRC-CVT in a timely manner. Additional substantive changes to be reported to the JRC-CVT within the time limits prescribed include:

Changes to the institution's mission or objectives if these will affect the program; the institution's legal status or form of control; the addition or deletion of courses that represent a change in content or in method of delivery; the degree or credential level; clock hours to credit hours or vice versa; an increase or decrease in clock or credit hours for successful completion of a program or in the length of a program.

1. Who is responsible for reporting substantive changes to the JRC-CVT?

**V. Fair Practices**

**F. Agreements**

There must be a formal affiliation agreement or memorandum of understanding between the sponsor and all other entities that participate in the education of students describing the relationship, roles, and responsibilities of the sponsor and that entity.

1. Is there a formal affiliation agreement or memorandum of understanding with all entities that participate in the education of students?

Yes  No

***Place in APPENDIX M complete, signed copies of all clinical affiliation agreements (in alphabetical order by affiliate).***