



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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2016-2017

INITIAL OUTCOMES REPORT

INSTRUCTION MANUAL

This report covers the period beginning July 1, 2016, and ending June 30, 2017. It is to be completed and submitted by email on the date provided in the initial email directing your institution to provide the report. Failure to file the report timely may result in a late fee.

A separate report, **MUST** be completed for each main, non-main and satellite campus. Under no circumstances should campuses be combined into one report.

Students taking a portion of training at an independently approved separate classroom are to be reported with the campus to which the classroom is affiliated.

The institution must submit the following required documents to ABHES in order for the report to be considered complete:

Initial Outcomes Report (PDF)

Credentialing/Licensure Back-Up Documentation, if applicable (Microsoft Excel)*

Placement Back-Up Documentation (Microsoft Excel)*

Retention Back-up Documentation (Microsoft Excel)*

*Institutions and programs must use the ABHES back-up documentation forms found at www.abhes.org/annualreport. Failure to utilize the current ABHES back-up forms will cause the submission to be automatically unverifiable. At the same web address, there are tutorial videos to assist in walking through the use of the ABHES Back-Up Documentation forms. These tutorials are available on the following subjects: Getting Started, Pasting Data, Adding / Deleting Rows, Data Entry – Retention, Data Entry – Placement, Data Entry – Credentialing, Corrections – Retention, Corrections – Placement, and Corrections – Credentialing.

Each required document needs to be saved and uploaded individually. It is important to name each of your files with your ABHES ID#. For example, when submitting the Retention Back-Up Documentation Form it should be named:

I-560_retention_back-up_doc_form_2016-2017.

GUIDELINES TO INITIAL OUTCOMES REPORT QUESTIONS

INSTITUTION INFORMATION

Enter the following information:

Institution Name

ABHES ID#

Address

Phone Number

Fax Number

Website Address

OPE ID# if your institution has approval to participate in Federal Student Financial Aid Programs.

APPROVED SEPARATE CLASSROOMS

Enter the address of any separate classroom location utilized by the institution.

CONTACT INFORMATION

Enter the primary contact information for the institution including Individuals Name, Title, and Email Address.

Provide Personal Alternate Contact Information for the Institution, including first name, last name, title, address, email, and telephone number.

The information should not be the address of the institution, telephone number of the institution, or an institution issued email address; provide an address, telephone number, and email not currently on file with ABHES.

PROGRAM INFORMATION

Enter the following information for each program currently offered by the institution:

Program Name

Credential Awarded

CIP Code

In Class Clock Hours

Recognized Outside Hours, if applicable

Total Clock Hours

Number of Instructional Weeks – Day

Number of Instructional Weeks – Evening

Number of Instructional Weeks - Weekend

Credit Hours – Quarter, if applicable

Credit Hours – Semester, if applicable

Method of Delivery

Please do not leave any column blank, instead include n/a in the cell if it is not applicable to the program.

DISCONTINUED PROGRAMS OR METHOD OF DELIVERY

The following program(s) or methods of delivery have been discontinued by ABHES since July 1, 2017. Note: Discontinuation of program(s) or method of delivery requires the institution to submit the Notice of Discontinuation form.

A program must be formally discontinued when it has not been in operation for a continuous twelve-month period, in which case reapplication for program approval is required, in accordance with the Accreditation Manual. To discontinue an inactive program, send in the Notification for Discontinuation of a Program and/or Delivery Method, which can be found at <http://www.abhes.org/forms>.

If the institution has discontinued a program since July 1, 2017, it must complete the chart including the program name, credential awarded, total clock hours, lengths in weeks, academic credits (if applicable), and method of delivery as it was approved by ABHES. The date of the last graduating class must also be provided.

NEW PROGRAMS

The following new program(s) have been approved by ABHES and added since July 1, 2017. Note: Approval of new programs requires the institution to submit the New Program Application.

If the institution has added new programs since July 1, 2017, it must complete the chart including the program name, credential awarded, in class clock hours, recognized outside clock hours, lengths in weeks, academic credits (if applicable), the date the program was approved, and the method of delivery as it was approved by ABHES. Please enter "0" for any numeric column that is not applicable.

ENROLLMENT

Provide the total student enrollment per program.

In the table, list the program name, credential awarded, total student enrollment for the 2015-2016* reporting period, the total student enrollment for the 2016-2017** reporting period for each program, the % of Increase/Decrease from 2015-2016 to 2016-2017 for each program, and the totals for each.

*Total student enrollment for July 1, 2015 through June 30, 2016 is calculated by adding to the July 1, 2015 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

** Total student enrollment for July 1, 2016 through June 30, 2017 is calculated by adding to the July 1, 2016 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

If your program had no enrollment in either 2015-2016 or 2016-2017, enter (0) zero in that column.

ENROLLMENT AND GRADUATION DATES

Provide the most recent enrollment and graduation date for each of the programs offered by the institution.

In the table, provide the most recent enrollment date, and most recent graduation date for each program listed.

PROGRAM OUTCOMES

Retention Statistics

Enter the Program Name, Credential Awarded, CIP Code, Beginning Enrollment, Re-Entries, New Starts, Ending Enrollment and Graduates columns for each program for the period of July 1, 2016 to June 30, 2017.

Include all enrolled students and those who started during the period July 1, 2016, through June 30, 2017.

All categories listed here apply to students who are enrolled during this period.

The following formula is used to calculate a program's retention rate:

$$(EE + G) / (BE + NS + RE) = R \%$$

EE= Ending Enrollment
G= Graduates
BE= Beginning Enrollment
NS= New Starts
RE= Re-entries
R% = Retention Percentage

EE, Ending Enrollment - Refers to the total student enrolled population, by program, as of June 30, 2017, including students in class, on clinical experience and/or leave of absence.

G, # of Graduates - Refers to students who graduated from the program between July 1, 2016 and June 30, 2017, including any clinical experience requirements, and are no longer at the institution.

BE, Beginning Enrollment - Refers to the total student population, by program, which remained from the previous reporting period (July 1, 2015 - June 30, 2016) and is still enrolled in the program on July 1, 2016, including students in class, on clinical experience and/or leave of absence.

NS, # of New Starts - Refers to any new student enrolling in the program during the enrollment period July 1, 2016 to June 30, 2017.

RE, # of Re-entries - Refers to any student who has left the program (i.e. terminated, voluntarily withdrawn) during a previous annual reporting period and re-enrolled during the current reporting annual reporting period.

R, Retention Percentage - Refers to the program's student retention rate. This will be automatically calculated based on your entries.

The information listed in this table must match the information provided in the submitted ABHES Retention Back Up Documentation spreadsheet.

Important Note: Enrollment is defined as students actually starting and completing at least 10 days.

Placement Statistics

Enter the Program Name, Credential Awarded, CIP Code, Number of Grads, Number Placed in Field, Number Placed in Related Field, Number Not Placed or Placed Out of Field, and Unavailable columns for each program for the period of July 1, 2016 to June 30, 2017.

Include all students who completed all requirements and graduated between July 1, 2016 and June 30, 2017, regardless of when they enrolled.

The following formula is used to calculate a program's placement rate:

$$(F + R) / (G - U) = P \%$$

F =	Graduates placed in their field of training
R =	Graduates placed in a <i>related</i> field of training
G =	Total graduates
U =	Graduates unavailable for placement
P =	Placement percentage

F, # of graduates placed in their field of training (placed by title) - Refers to graduates gaining employment in the field for which the student was specifically trained. For any graduate categorized as self-employed, the institution must have on file additional documentation and rationale to justify the placement and the institution may be requested to submit additional documentation to support that job title.

R, # of graduates placed in a related field of training - Refers to a position wherein the majority of the graduate's job functions require the use of skills and knowledge acquired through successful completion of the training program.

For any graduate categorized as placed in a related field, the institution must have on file additional documentation and rationale to justify the placement and the institution may be requested to submit additional documentation to support that job title.

Example: A Medical Assisting program graduate who obtains a job as a Medical Coder. Rationale and additional documentation, such as a job description showing program skills as duties or employer verification that the graduate was hired due to the program's training may be requested to support a related field placement categorization.

Important Note: The Commission will not accept graduates placed as Certified Nurse Assistants, Nurse Assistants, or Home Health Aides as a related field to a Medical Assistant/Medical Assisting program.

G, Total # of graduates - Refers to any student who has met all completion requirements and has received their diploma, certificate, or degree during the enrollment period July 1, 2016 to June 30, 2017.

U, # of graduates unavailable for placement - Refers to graduates who are unavailable for placement due one of the following reasons, health-related issues, military obligations, incarceration, continuing education status, or death.

Important Note: Institutions may not count a graduate as unavailable for placement if the graduate has signed a "waiver" declining placement assistance. Such graduates must be counted in the "not placed" category unless the institution is able to validate that the graduates are working "in field" or "in a related field."

In instances where a graduate maintains the same employment throughout the program and upon program completion, the institution may count the graduate as placed provided the institution can evidence that the graduate has benefitted from

the program training (e.g., evidence of promotion, fulfillment of job requirement, letter from the employer, etc.).

P, Placement Percentage - Refers to the program's placement rate. This will be automatically calculated based on your entries

The information listed in this table must match information provided in the submitted ABHES Placement Back Up Documentation spreadsheet.

Credentialing Statistics

Is a license or credential required by a regulatory body (e.g., state or other governmental agencies) in the state in which the student or program is located, or by a programmatic accrediting body?

Answer "yes" or "no" for each program.

If you answer no, this section does not need to be completed.

If you answer yes, in the table, please enter the program name, credential awarded, CIP code, examination name (acronyms are acceptable), the number of graduates who took the exam, the number of graduates who passed the examination (any attempt), the number of graduates who failed the examination, and the number of graduates' whose results are pending for the period of July 1, 2016 to June 30, 2017 for each program requiring credentialing. The examination pass rate will be automatically calculated based on your entries.

The credentialing rates are based upon the following formula:

GP/GT = Examination Pass Rate

GP= Total graduates passing examination (any attempt)

GT= Total graduates taking examination

Examination Pass Rate = Percentage of students passing examination

Additional questions, if you answered yes, a credential or license is required to work in the field.

Please state which programs require a state mandated examination and if each program is in compliance with the state requirements.

In the table, please answer "yes" in the first column for those programs that have a state mandated examination. For those programs that you select "yes" also state "yes" or "no" in the column that asks if the program is in compliance with the state requirement. If you answer "no" that the program is not in compliance with the state requirement, you must also complete the column requesting you to include the most recent correspondence with the state agency with your institutions report.

INITIAL OUTCOMES REPORT SUBMISSION

Please enter the name, title of the individual, and email address for the individual submitting the 2016-2017 ABHES Initial Outcomes Report. If ABHES has any questions once the report has been submitted, we will reach out to this individual.