



Accreditation Commission for Acupuncture and Oriental Medicine

8941 Aztec Dr., Eden Prairie, MN 55347 || tel 952-212-2434 || fax 952-657-7068 || info@acaom.org

SELF STUDY REPORT COVER SHEET

(check one) PRE-ACCREDITATION INITIAL ACCREDITATION RE-ACCREDITATION

Table with 4 rows: Institution Name, Date Submitted, Institutional Accrutor (ACAOM/Other), Program to be Reviewed

I. BASIC INSTITUTIONAL INFORMATION

Table with 12 rows: Name of Program to be Reviewed, Corporate Name of Sponsoring Institution, Academic Unit, Mailing Address Line 1, Mailing Address Line 2, City, State, ZIP Code, Phone Number, Fax Number, Email, Location Address

Indicate all AOM-related programs and their language(s) of instruction: Please check appropriate box(es)

Table with 4 columns: Program Name, English, Chinese, Korean. Rows include Master's level diploma, Master's degree, Postgraduate doctoral degree, Professional doctoral degree, Graduate certificate program.

Does the program under review offer distance education courses at the time of this self-study submission, as defined by ACAOM policy? Yes [] No []

List by name and position title the chief administrative officers of the institution:

(Include academic official in charge of the program and the clinic coordinator/director and their titles)

Name	Position Title

II. LEGAL ORGANIZATION

1. State agency authorization:

Agency Name	
Contact Name/Title	
Address	
City/State/Zip	
Phone	
Date of initial authorization	
Date of last renewal	
Expiration of current auth.	

REQUIRED ATTACHMENT:

Copy of current state authorization to operate/award degrees, including list of state-authorized degrees/programs

2. Type of institutional control (check all applicable items; fill in text boxes as needed):

Private institution	<input type="checkbox"/>	Public institution	<input type="checkbox"/>
Not-for-profit corporation	<input type="checkbox"/>	For-profit corporation	<input type="checkbox"/>
Corporation	<input type="checkbox"/>		
<i>Type (e.g. LLC, S-Corp)</i>			
Partnership	<input type="checkbox"/>		
Sole proprietorship	<input type="checkbox"/>		

State of incorporation	
Legal name	
Corporate address (if different than program/ institution)	

3. Financial aid authorization:

Is the program/institution to be reviewed deemed by the U.S. Department of Education to be participating in Title IV Federal financial aid programs? YES NO

If YES: REQUIRED ATTACHMENT: Copy of current Program Participation Agreement for Title IV Federal financial aid



III. PROGRAM DEFINITION

PROGRAM LENGTH in:	
Academic years	
Hours	
Credits required for graduation	
CALENDAR	
<i>System (e.g. semester, quarter, trimester)</i>	
<i>Number of weeks per academic term</i>	
<i>Number of academic terms per calendar year</i>	
DISTRIBUTION OF HOURS	
<i>Total number of DIDACTIC hours</i>	
<i>Total number of CLINICAL hours</i>	
CREDENTIAL	
<i>Credential awarded (e.g. degree, diploma, cert)</i>	
<i>Credential title (e.g. title on physical diploma)</i>	
TUITION AND FEES	
<i>Tuition per academic year – full time students</i>	
<i>Fees per academic year – full time students</i>	
<i>Tuition per unit – part time students (please indicate unit: per credit, per hour, etc)</i>	
<i>Fees per academic term – part time students</i>	
FACULTY AND STAFF	
<i>Number of full-time program faculty</i>	
<i>Number of part-time program faculty</i>	
<i>Number of full-time program administrators</i>	
<i>Number of part-time program administrators</i>	
<i>Number of full-time program staff</i>	
<i>Number of part-time program staff</i>	

IV. LEGAL OR REGULATORY ACTION

1. List any adverse actions, denials or revocations of accredited or pre-accredited (candidacy) status of any programs of the institution by another accrediting body recognized by the U.S. Secretary of education, and the date of adverse action, denial or revocation.

Denial/Revocation	Accrediting Body	Date

2. Does the program or institution have unresolved lawsuits or litigation pending? Yes No

If YES, please explain fully, using an attachment to the cover sheet



V. BRIEFLY LIST THE CENTRAL ELEMENTS IN THE PROGRAM/INSTITUTION'S HISTORY FROM INCEPTION:

VI. CURRENT STUDENT STATISTICS (PRE-ACCREDITATION SELF STUDY SUBMISSIONS ONLY)

Date program first enrolled students	
Expected date of graduation of first class	
Total number of students expected to graduate on above date	
IF YOUR PROGRAM HAS ALREADY GRADUATED A CLASS, CHECK HERE ----->	

Student population--number of FT and PT (as defined by Federal Student Aid Handbook) students currently enrolled in applicable program:

FT		1st year students	
PT		2nd year students	
Males		3rd year students	
Females		4th year students	



VII. CERTIFICATION STATEMENT: COMPLIANCE WITH ACAOM ELIGIBILITY REQUIREMENTS & FEDERAL TITLE IV REQUIREMENTS

An institution/program seeking accreditation must affirm that it meets or continues to meet established Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) Eligibility Requirements and Federal requirements relating to Title IV program participation.

If it is not possible to certify compliance with all Eligibility Requirements and Federal Title IV requirements (if applicable), the institution must attach specific details to this self-study application cover sheet.

- Exceptions are noted in an attachment. Please provide a detailed explanation of the exceptions in your attachment.

THE SIGNATURES AFFIXED TO THIS SELF-STUDY APPLICATION COVER SHEET SERVE AS AFFIRMATION THAT THE INSTITUTION NOW MEETS OR CONTINUES TO MEET ESTABLISHED ACAOM ELIGIBILITY REQUIREMENTS AND FEDERAL REQUIREMENTS RELATING TO TITLE IV PROGRAM PARTICIPATION (IF APPLICABLE), EXCEPT AS NOTED BY THE INSTITUTION.

ADDITIONALLY, THESE SIGNATURES CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE INFORMATION IN THIS REPORT IS TRUE AND ACCURATE.

Chief Executive Officer Date

Chair, Board of Directors/Trustees Date

***FEE:** Please submit a check for the relevant Self-Study Report Review Fee (as specified in the *ACAOM Fees and Dues Schedule* posted on acaom.org) to: ACAOM, 8941 Aztec Drive, Eden Prairie, MN 55347.