NOMAA

National Oriental Medicine Accreditation Agency

Annual Institutional Report (AIR)
Format

2006

- **Data**
- **Assessment**
- **Documentation**

Each program or institution is required to submit an Annual Institutional Report (AIR) under the following criteria (SECTION IX, 8.5):

A program or institution that received status (Eligibility, Initial Accreditation, Renewal Accreditation) with the Commission on Accreditation between January and June shall submit its AIR by July 31 and by January 31 for a program or institution that received status between July and December of the following year (8.5.1).

A program or institution must use the standardized AIR format published by NOMAA and available on the Internet (8.5.2).

The following minimal data and information must be provided in the AIR (8.5.3):

ANNUAL INSTITUTIONAL REPORT (AIR) Format

a. Name of Institution:
      Date of Submission:
      Address of Institution:
      Individual Representing Institution:

b. General Information:
1. Phone Number
2. Fax Number
3. Website
4. State Agency Authorizing the Degree Offering
5. Control of Organization
6. Foundation Date
7. Date of most current Accreditation Status Granting
8. CEO
9. CAO
10. Person in charge of General Administration (if any)
11. Director of Clinic
12. Director of Admission
13. Director of Finance

c. Educational Program:
1. Academic System
2. Calendar of Enrollment Dates
3. Minimum Degree Completion Time
4. Maximum Degree Completion Time
5. Graduation Requirements
6. Credit or Hourly Requirements for:
    a. Basic
    b. Clinical
    c. Residency

d. Faculty Demographic Information:
1. Average FTE Load:
2. Faculty/Student Ratio:
3. Number of Full-time Faculty
4. Number of Part-time Faculty
5. Number of Faculty on overload

e. New Student Enrollments:
1. 2-Year College Education
2. 3-Year College Education
3. Bachelor Degree
4. Master's Degree & Higher
   Race/Ethnicity:
   - American Indian or Alaska Native:_____
   - Asian:_____
   - Black or African American:_____
   - Hispanic or Latino:_____
   - Native Hawaiian or Other Pacific Islander:_____
   - White:_____
   - Others (specify):_____
6. Gender: Male_____% Female_____%

f. Retention or Attrition Rates:

g. Graduation Rates:

Licensing Exam Rates:
   CALE_____
   NCCAOM_____
   Other_____

h. Summary and Findings of Direct or Indirect Assessment/Evaluation of Program Effectiveness of Student Learning:

i. Financial Aid Information:
1. Percentage of Students on Financial Aid
2. Recent Cohort Student Loan Default Rate

j. Financial Stability of Program or Institution:
1. Provide a copy of the most recent Annual Audited Financial Statement and Independent Auditor's Report
2. Provide Data for Stability Financial Ratios
3. Tuition Dependency Ratio

k. Any significant changes in the operation of the Program or Institution:

Please indicate whether the institution plans to make any substantive changes:

Change in the established mission or objectives: Yes: _____ No:_____
If yes, please explain:

Change in the legal status, from of control, or ownership of the institution.
Yes: _____ No:_____
If yes, please explain:

The addition of courses or programs that represent a significant departure,
Yes: _____ No:_____
If yes, please explain:

Change in either in content or method of delivery, from those that were offered
when the member institution was last evaluated. Yes: _____ No:_____
If yes, please explain:

The addition of courses or programs at a degree or credential level above that
which is included in the institution's current accreditation or pre-accreditation.
Yes: _____ No:_____
If yes, please explain:

A change from clock hours to credit hours, or vise versa.
Yes: _____ No:_____
If yes, please explain:

Substantial increase in the number of clock or credit hours awarded for successful
completion of a program. Yes: _____ No:_____
If yes, please explain:

The establishment of additional location geographically apart from the main
campus at which the institution offers at least 50% of an educational program.
Yes: _____ No:_____
If yes, please explain:

l. List of progress made toward solving all the issues, concerns or noncompliance areas listed in the most recent Team Report or Letter of Action by the Commission:

Three categories of information are to be provided under each issue, area of concern or area of noncompliance according to the following:

Data

This involves current and accurate information provided by the institution describing its present status with regard to each issue, area of concern or area of noncompliance cited. The institution may consult with the NOMAA review coordinator to clarify that documentation is appropriate to its circumstances.

Analysis

This requires the institution to undertake a careful and thorough evaluation of its compliance with each issue, area of concern or area of noncompliance cited and of the effectiveness of its policies and practices in the area addressed by the standard.

Plans

This part of the response is intended for the institution to present its plans to build on its strengths in the area addressed or to correct identified weaknesses or matters of non-compliance.

m. Certification Letter from the CEO for accuracy of information provided in the Air:

n. Payment of Annual Sustaining Fee: