

## PROGRAM DATA SHEET

1.	Official	Name o	of Pr	ogram
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Official Name of Program	
Mailing Address	
City	
State	
Zip Code	
Program Telephone Number	

## 2. Specify the following:

Length of professional program in months	
Length of professional program in credit hours (if applicable)	
Maximum number of students admitted per cohort	
Number of cohorts admitted per year	
Number of Cohorts that overlap in clinical at any given point	
Program Maximum Enrollment Capacity [= the maximum number of students admitted per cohort <i>multiplied by</i> the number of cohorts admitted per year]	
Month(s) in which each cohort begins	
Total number of students currently enrolled in professional program	
Certificate or degree awarded	
Tuition and fees – Resident	
Tuition and fees – Non-resident	

## 3. Program Director

Name	
Credentials	
Title	
Mailing Address	
City	
State	
Zip Code	
Telephone Number	
Fax Number (optional)	
Institutional Email Address	

4.	Department Chair or Administrator (If	different from number	3)				
	Name						
	Credentials						
	Title						
	Mailing Address						
	City						
	State						
	Zip Code						
	Telephone Number						
	Fax Number (optional)						
	Institutional Email Address						
5.	Does the institution have a tenure sys	stem?			YES	NO	Not applicable
6.	Are all full-time faculty in this program	eligible for tenure trac	k appointme	ents?	YES	NO	Not applicable
7.	How many of the full-time faculty are	tenured?	ALL	NONE		SOME	Not applicable
	If Some, please explain:						
8.	The institution provides which of the following for professional development of the faculty?						
	Release time Continuing or in-service education at the institution					stitution	
	Travel Tuition remission/reimbursement and/or registration funds Other				istration funds		
	If Other, please explain:						
9.	Specify the following:						
	Number of full-time faculty assigned	to the program					
	Number of part-time faculty assigne	d to the program					
Number of clinical faculty employed by the sponsoring institution							
	Number of clinical instructors provid	ed by affiliates					
10.	Does the program/institution have wri	tten health/safety polici	ies for stude	ents?	YES	NO	
11.	Counseling for students in academic	difficulty and other edu	cational guid	dance is p	rovideo	d by:	
	Program Administration			Institution	n's guid	ance center	
	Program faculty			Referral			
12.	Personal counseling for students is a	vailable from:					
	Program Administration			Institution	n's guid	ance center	
	Program faculty			Referral			