



**Council on Naturopathic Medical Education**  
**P.O. Box 178**  
**244 Main Street**  
**Great Barrington, MA 01230**

## **Institutional Members' 2019 Annual Report Form • Due Jan. 15, 2020**

CNME requires accredited and candidate naturopathic medicine programs to submit an annual report following the end of each calendar year. The information requested pertains *only* to the naturopathic medicine program *unless* the wording of the question includes a reference to the “institution.” Please submit to the CNME office the following (note: specify “signature not required,” if sending materials to the CNME street address”):

- **2 bound hardcopies** of the completed Annual Report Form with attached sheets and **2 hardcopies** of your institution’s 2019-2020 academic year catalog and **2 hardcopies** of the audited financial statement for the fiscal year ending in 2019 (or an unaudited FY 2019 financial report; note that the institution must submit an audited statement as soon as it becomes available), including the auditor’s report; and
- **1 flash drive containing a PDF or Microsoft Word version** of the same materials; please combine materials into one electronic document (you may include the audited financial statement and catalog/calendar as separate documents).

(In the interest of keeping the volume of materials to a reasonable length, **please do not provide entire documents when an excerpt of a document is sufficient to provide information.**)

Institution’s Name: \_\_\_\_\_

Program’s Name: \_\_\_\_\_ Degree/Diploma Awarded: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### **PART ONE: Standards**

#### **I. Mission and Objectives**

If the **institution’s** and/or **program’s** statement of its mission and objectives were revised during calendar year 2019, please submit the revised statement(s). If no changes, check here: [ ]

#### **II. Organization and Administration**

##### **A. Changes in Administration**

On a separate sheet, list any senior institutional and naturopathic program administrators who left during calendar year 2019. If no senior administrators left, check here: [ ]

List any new senior administrators hired in calendar year 2019, and *briefly* describe their education and professional experience. If no administrators are new, check here: [ ]

B. Changes in Board of Trustees (or Directors or Governors)

Has the composition of the **institution's** Board of Trustees changed during calendar year 2019? If so, describe on a separate sheet the new composition, providing a *brief* background on any new members. If there were no changes, check here: [ ]

C. Changes in Governing Documents

Enclose a copy of the relevant sections for any changes made to the **institution's** articles of incorporation or bylaws during calendar year 2019. If none, check here: [ ]

**III. Financial Resources**

Provide the following documents with this report

1. The institution's audited financial statement for the fiscal year ending in 2019, including the auditor's report;
2. The institution's and the ND program's current (i.e., FY 2019 – 2020) budget;
3. The institution's and ND program's prior fiscal year budget; and
4. A completed copy of the CNME Financial Metrics Worksheet.

**IV. Faculty (Numbers of Naturopathic Medicine Program Faculty, Fall 2019)**

Full-time faculty with N.D. degrees:	_____	Part-time faculty with N.D. degrees:	_____
Full-time faculty with other doctorates:	_____	Part-time faculty with other doctorates:	_____
Total number of full-time faculty:	_____	Total number of part-time faculty:	_____
Full-time on-site clinical residents:	_____	Total FTE for part-time faculty:	_____

**V. Student Services (Naturopathic Medicine Program)**

**Admissions, Enrollment and Graduation Data:**

Number of applicants for admission in **2019** (all in-takes): \_\_\_\_\_

Number of applicants actually admitted in **2019** (all in-takes): \_\_\_\_\_

Number of students who matriculated during **2019** (all in-takes) **for first-year:** \_\_\_\_\_

Number of students who matriculated during **2018** (all in-takes) **for first-year:** \_\_\_\_\_

Ratio of accepted applicants to total number of applicants for first year students for **2019:** \_\_\_\_\_

Number who transferred in during all of **2019** from other ND colleges: \_\_\_\_\_

Number matriculated with advanced standing in **2019** (not ND transfers): \_\_\_\_\_

Total number of students ("headcount") enrolled during the fall **2019** semester: \_\_\_\_\_

Total full-time equivalent enrollment fall **2019:** \_\_\_\_\_

Total full-time equivalent enrollment fall **2018:** \_\_\_\_\_

Attrition rate for all enrolled students during the **2018-2019** academic year: \_\_\_\_\_

Number of students who matriculated **for first-year studies** during **2012:** \_\_\_\_\_

Number of these same students who received an ND from your program by end of **2019:** \_\_\_\_\_

**2019** graduation rate for students who matriculated in **2012:** \_\_\_\_\_

ND student loan default rate for **2017:** \_\_\_\_\_; total number of ND students in default: \_\_\_\_\_

If the program has experienced significant growth or significant attrition in either (i) the number of first-year students who matriculated during **2019** (i.e., an increase or a decrease of 25% or more over the number for **2018**), or (ii) the total FTE enrollment in the fall of **2018** (i.e., an increase or a decrease of more than 15% in the FTE number for the entire program), describe on a

separate sheet of paper the reasons for the increase (or the decrease) and the steps, if any, that the program has taken to accommodate the increased (or decreased) size of the student body.

Describe on a separate sheet what data is collected regularly on graduates to document their success as practitioners (e.g., number of practitioners who have become licensed/entered practice, survey information on graduates' satisfaction with their ND training, etc.) and provide a summary/report on the data obtained in **2019** (or for **2018**, if there is no **2019** data).

## **VI. NPLEX Exam Results Data**

Please provide NPLEX exam results data for both the February and August examination administrations pertaining to your institution for the five-year period from **2015** through **2019**. If possible, provide the data in both table and graph formats.

## **VII. Clinical Education**

Describe on a separate sheet any significant administrative or policy changes that may affect student clinicians or the clinical faculty, as well as any changes in clinical training facilities. List any new training sites established during calendar year **2019** and any sites that have been discontinued. If there were no changes in training sites, check here: [  ].

## **VIII. Continuing Education and Certificate Programs**

If the institution is—or has plans for—offering practicing naturopathic physicians continuing education or certificate programs, either in partnership with other organizations or independently, briefly describe on a separate sheet of paper each program. If no programs are offered or planned, check here: [  ]

## **IX. Library and Information Resources**

If the adequacy and use of the library and information resources were evaluated during calendar year 2019, please provide a summary of the results on a separate sheet. If no evaluation was conducted this past year, check here: [  ]

## **X. Research**

Briefly describe on a separate sheet of paper recently completed, current, planned, and/or proposed research projects related to the field of naturopathic medicine, including funding information and the level of student involvement.

## **XI. Physical Resources**

Briefly describe on a separate sheet of paper any major changes in the institution's physical plant during calendar year 2019, *if the changes impacted the ND program*. Also include information on in-progress or planned changes that may impact the ND program.

## **XII. Policy on Complaints against Institutional Members or the Council**

Under the Council's policies, the CNME *Handbook of Accreditation* must be made available to the institution's community through an administrative office or the library. If a copy of the *Handbook* is made available, check here: [  ]

### **XIII. Policy on Student Complaints**

Under the Council’s Policy on Student Complaints on page 91 the *Handbook*, a program must have published procedures for receiving complaints from students and must maintain a record of these complaints. Check the box if your program complies with this policy: [ ]

### **XIV. Actions by Other Accreditors or Public Agencies**

Actions/Decisions affecting your institution and/or its degree programs by other accreditors or governmental agencies must be reported to CNME within 10 days. Please review the section “Actions by Other Accreditors and Public Agencies” on page 31 of the *CNME Handbook of Accreditation* (2017 edition), and indicate you have done so by checking this box: [ ]

### **XV. Substantive Change Policy**

Accredited and candidate programs agree to notify CNME of any plans for a substantive change. Please review the Substantive Change section of the *Handbook* (pages 27-28) and indicate you have done so by checking here: [ ]

### **XVI. Recognized Residency Sponsor – Database Updating Requirements**

Under Section 6.2 of the *CNME Residency Handbook* (2017 edition), accredited ND programs recognized by the CNME to sponsor a residency training program “**must annually update** existing information that has changed—and input new information—in its section of the CPNME online database by the dates set by the CPNME, and must make sure that the database covers all of its approved residency sites, whether currently active or not.” The documents that must be uploaded to the database include the applicable (i) Affiliation Agreement, (ii) Residency Manual, and (iii) Master Document for the site. For more information on the required content of these documents, refer to the *CNME Residency Handbook*.

Please review the requirements published in the *CNME Residency Handbook* (2017 edition) for a CNME-recognized sponsor in regard to annually uploading, updating, and maintaining information and documentation in CPNME database, and indicate that your institution’s database section is currently up-to-date by checking here: [ ]

## **PART TWO: Curriculum Information**

Please provide the curriculum information requested below. The information requested pertains only to the naturopathic medicine program.

1. Your program’s academic year is divided into:

- Semesters. Number of weeks in each semester: \_\_\_\_\_ Number of semesters per year: \_\_\_\_\_
- Quarters. Number of weeks in each quarter: \_\_\_\_\_ Number of quarters per year: \_\_\_\_\_
- Other: \_\_\_\_\_ Number of weeks in each: \_\_\_\_\_

2. Your program uses the following measurement unit in quantifying its students' study and training:

- Semester Credit Hour: \_\_\_\_\_
- Quarter Credit Hour: \_\_\_\_\_
- Other: \_\_\_\_\_

3. For **classroom** work, the number of **clock hours** for students to earn one measurement unit of credit (e.g., 15 clock hours equals one semester credit): \_\_\_\_\_

For **laboratory** work: \_\_\_\_\_

For **clinical** work: \_\_\_\_\_

4. Minimum number of **clock hours** required for graduation:

In the classroom and lab courses: \_\_\_\_\_

In electives: \_\_\_\_\_ (Total clock hours offered in electives: \_\_\_\_\_ )

In the clinical internship: \_\_\_\_\_

5. In the spaces provided below, **enter any changes that have been made in the curriculum since the submission of the 2018 annual report to CNME** (list courses and include the old and new credit and clock hours).

Course	Measurement	Clock Hours in	Clock Hours in
	Units Required	the Classroom	the Laboratory
	Old / New	Old / New	Old / New
<b>I. Biomedical Sciences</b>			
_____	_____	_____	_____
_____	_____	_____	_____
<b>II. Naturopathic Philosophy, History, and Principles</b>			
_____	_____	_____	_____
_____	_____	_____	_____
<b>III. Clinical Sciences Curriculum (Diagnostic Sciences)</b>			
_____	_____	_____	_____
_____	_____	_____	_____
<b>IV. Integrative Clinical Studies</b>			
_____	_____	_____	_____
_____	_____	_____	_____

**V. Therapeutic Modalities**

_____	_____	_____	_____
_____	_____	_____	_____

**VI. Psychology or Mind/Body Medicine**

_____	_____	_____	_____
_____	_____	_____	_____

**VII. Practice Management**

_____	_____	_____	_____
_____	_____	_____	_____

**VIII. Other Required Courses**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Describe any other significant changes to the ND program not noted above that were implemented since submission of last year's annual report, and indicate the reason for those changes (e.g., changes in how the clinical training program is delivered, changes in scheduling, switching required courses to electives, etc.):

_____
_____
_____
_____

8. What is the expected length of time it takes for a full-time student to complete your ND program?: \_\_\_\_\_. What is the maximum length of time a student may take to complete your ND program?: \_\_\_\_\_.

### **PART THREE: Ongoing Self-Study Process and Quality Improvement**

Under U.S. Department of Education regulations, a CNME-accredited or candidate ND program is required to address any outstanding CNME recommendations within a period of time not to exceed two years, unless the Council for good cause extends the period for achieving compliance; otherwise, the CNME must take steps to sanction the program.

Append to the annual report the following:

1. **A report summarizing the steps** that have been taken to address all outstanding recommendations and areas of interest identified by the Council in the most recent candidacy or accreditation decision and/or in any subsequent Council action. Note that if the Council has informed the program that it has satisfactorily remediated a recommendation or area of interest previously adopted by the Council, then the program is not required to report further on the recommendation or area of interest.
2. **Relevant supporting documentation** that demonstrates that the outstanding recommendations have been partially or fully remediated. **(Providing relevant supporting documentation is essential for the Council to determine whether a program has satisfactorily remediated outstanding recommendations; this documentation will enable the Council to remove outstanding recommendations as may be warranted. Note that the program should NOT submit lengthy documents when relevant excerpts can be provided.)**

**Please include the text of the outstanding recommendations and areas of interest as stated in the applicable accreditation decisions.**