



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

Institutional Members' 2014 Annual Report Form • Due Jan. 15, 2015

For continued accreditation or candidacy, CNME requires affiliated naturopathic medicine programs to submit an annual report at 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:

- **2 bound hardcopies** of the completed Annual Report Form with attached sheets and **2 hardcopies** of your institution's 2014-2015 catalog and **2 hardcopies** of the audited financial statement for the fiscal year ending in 2014 (or the FY 2013 statement if the FY 2014 statement has not yet been issued), including the auditor's report; and
- **1 CD or 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).

(Note that the CNME gives reviewers assigned to your program the option of receiving hardcopies of the annual report instead of an electronic version; the CNME will inform you if you are required to mail a hardcopy of the report to any reviewers.)

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 2014, 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 2014. If no senior administrators left, check here: []

List any new senior administrators hired in 2014, 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 2014? 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 2014. 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 2014, including the auditor's report;
2. The institution's and the ND program's current fiscal year budget;
3. The institution's and ND program's prior fiscal year budget; and
4. A completed copy of the CNME Financial Metrics Worksheet (note that this is a relatively new annual reporting requirement adopted by the Council; please feel free to provide any feedback your institution may have on the worksheet).

IV. Faculty (Numbers of Naturopathic Medicine Program Faculty, Fall 2014)

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 **2014** (all in-takes): _____

Number of applicants actually admitted in **2014** (all in-takes): _____

Number of students who matriculated during **2014** (all in-takes) **for first-year:** _____

Number of students who matriculated during **2013** (all in-takes) **for first-year:** _____

Ratio of accepted applicants to total number of applicants for first year students for **2014:** _____

Number who transferred in during all of **2014** from other ND colleges: _____

Number matriculated with advanced standing in **2014** (not ND transfers): _____

Total number of students ("headcount") enrolled during the fall **2014** semester: _____

Total full-time equivalent enrollment fall **2014:** _____

Total full-time equivalent enrollment fall **2013:** _____

Attrition rate for all enrolled students during the **2013-2014** academic year: _____

Number of students who matriculated **for first-year studies** during **2007:** _____

Number of these same students who received an ND from your program by end of **2014:** _____

2014 graduation rate for students who matriculated in **2007:** _____

ND student loan default rate for **2012:** _____; 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 **2014** (i.e., an increase or a decrease of 25% or more over the number for **2013**), or (ii) the total FTE enrollment in the fall of **2014** (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 2014 (or for 2013, if there is no 2014 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 **2010** through **2014**. 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 2014 and any sites that have been eliminated, **including approved residency sites**. 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 2014, 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, 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 2014, *if the changes affected the ND program*. Also include information on in-progress or planned changes that may affect 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, 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

Affirming and adverse actions affecting your institution or its degree programs by other accreditors or governmental agencies must be reported to CNME within 10 days. Please review the section of the *CNME Handbook of Accreditation* entitled Actions by Other Accreditors and Public Agencies (see pages 30-31 of the 2014 edition) and indicate you have done so by checking this box: []

XV. Substantive Change

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: []

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 2013 annual report to CNME** (list courses and include the old and new credit and clock hours).

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

On a separate sheet of paper report briefly on the measures that have been taken to address all outstanding recommendations and areas of interest identified by the Council, as stated in the most recent candidacy or accreditation decision and in any subsequent Council action following an interim or focused visit. Note that if the Council has informed the program that it has satisfactorily addressed a recommendation previously adopted by the Council, then the program is not required to report further on the recommendation. **Please include the text of the recommendation as stated in the accreditation decision (or a copy of the letter from the Council noting that the recommendation as already been satisfactorily addressed).**

(Note that if your program submitted a self-study report during 2014 that addressed the recommendations stated in the most recent candidacy or accreditation decision, then you may refer reviewers to this document.)