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President’s Message 2016-17

This represents my final report as President of CAAHEP. Across my three-year tenure as President, I have seen CAAHEP get stronger and our Committees on Accreditation (CoAs) continue with meaningful ways of ensuring quality education to their disciplines. The 2016-17 year has also included several meaningful actions by CAAHEP to support all of our communities of interest.

Continuing activity in our Strategic Plan:

During my first year as President, CAAHEP embarked on a strategic planning activity. The plan included several pillars or goals of activity with multiple action areas under each pillar/goal. The four strategic goals of the plan included:

1.0 Expand the Recognition of the CAAHEP Brand;
2.0 Deliver Unparalleled Services to Constituents/Stakeholders/Customer;
3.0 Influence Public Policy Regarding Programmatic Accreditation in Allied Health; and
4.0 Strengthen the Efficiency and Effectiveness of Operations Throughout CAAHEP.

In the strategic planning process, CAAHEP established priorities under each of the goals and has continued to engage the board and the CAAHEP organization in ensuring progress in each of the goals. The progress on the strategic plan has been encouraging. The engagement of the CAAHEP Board and the CAAHEP Staff has been strong. I would like to offer a few highlights of the 2016-17 year:

1.0 Expand the Recognition of the CAAHEP Brand:

Over the course of the past year, the CAAHEP Board approved the addition of Orthotic and Prosthetic Assistant and Pedorthist as related disciplines and the Commissioners welcomed a new associate member (working on the formation of a CoA), the Association of Postgraduate PA Programs. In addition, CAAHEP has been represented and actively engaged in a range of accreditation-related meetings.

2.0 Deliver Unparalleled Services to Constituents/Stakeholders/Customer:

To respond to the charge of delivering unparalleled services, CAAHEP staff were instrumental in creating an inventory of CAAHEP services and in securing input from our stakeholders in identifying new services needed by our constituents. CAAHEP has worked diligently in responding to identified needs and a review of existing services.
3.0 Influence Public Policy Regarding Programmatic Accreditation in Allied Health:

CAAHEP has cooperated and supported the efforts of the Association of Specialized and Professional Accreditors (ASPA) in responding to legislative and regulatory issues that impact accreditation. As we have reported over the past year and more, accreditation is under attack at the legislative level in the U.S. Congress and Senate. While much of the effort is focused on regional accreditation, the spotlight is also placed on the entire accreditation system. It reminds us of the on-going need to perform our charges consistent with CAAHEP Standards and Guidelines.

4.0 Strengthen the Efficiency and Effectiveness of Operations Throughout CAAHEP:

The fourth goal has been actively integrated into CAAHEP workshops across the year. Key to this goal is the work of the CAAHEP Standards Committee. This committee has been instrumental in assisting our CoAs in consistent interpretation of the Standards and Guidelines. This past year, CAAHEP has approved new or revised standards for: Advanced Cardiovascular Sonography, Anesthesiologist Assistants, Art Therapy, Assistive Technology, Clinical Research Professional, Exercise Physiology, Exercise Science, Medical Scribe Specialist, and Recreational Therapist. The Standards Committee has been very hard at work in assisting CoAs in reviewing standards for consistency across the CAAHEP CoAs.

In addition, the Standards Committee has worked hard to educate our stakeholders and to close the gaps in interpretation of standards during site visits. CAAHEP volunteers are developing training materials to assist our CoAs in the preparation of site visitors for the successful review of programs.

CAAHEP will soon be releasing electronic self-study resources for our Committees on Accreditation. The electronic self-study, in conjunction with the electronic annual reporting mechanism, will be a tremendous asset to CAAHEP.

In closing...

I must say that, as outgoing President, I am proud of my affiliation with CAAHEP and the entire CAAHEP family. The volume of work that is produced by the staff and volunteers of CAAHEP and each of our Committees on Accreditation is notable. This entire enterprise does not work without the commitment of our volunteer boards and our supporting staff. I commend all of CAAHEP for the hard work and investment in the enterprise. I have been humbled daily by the level of dedication displayed by each of the CAAHEP stakeholders.
Financial Summary

CAAHEP ended another fiscal year in good shape, assured of enough resources to accomplish our goals. You may notice a “suddenly” huge number for Depreciation in the 2016-17 Financial Statement. This was the result of a decision by our auditors to re-classify the money spent on the new database and website system from an operating expense to a capital expense. Thus, we had to “catch up” on depreciation for this “new asset.” Otherwise, everything is pretty much in line with the previous year.

STATEMENT OF ACTIVITIES FOR THE YEAR ENDING JUNE 30, 2017
(compared to June 30, 2016)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Fees</td>
<td>$962,404</td>
<td>$847,085</td>
</tr>
<tr>
<td>Annual Meeting Revenue</td>
<td>37,723</td>
<td>33,174</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>33,505</td>
<td>41,972</td>
</tr>
<tr>
<td>Net Gain (Loss) on Investments</td>
<td>-</td>
<td>1,875</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$1,033,632</td>
<td>$924,106</td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel, Consulting &amp; Professional Services</td>
<td>$650,385</td>
<td>$661,349</td>
</tr>
<tr>
<td>Publications, Dues &amp; Subscriptions</td>
<td>13,239</td>
<td>13,067</td>
</tr>
<tr>
<td>Meetings &amp; Travel</td>
<td>296,248</td>
<td>267,132</td>
</tr>
<tr>
<td>Office/Administrative Expenses</td>
<td>61,617</td>
<td>47,831</td>
</tr>
<tr>
<td>Research &amp; Special Projects</td>
<td>11,054</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation</td>
<td>42,568</td>
<td>347</td>
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<tr>
<td>Total Expenditures</td>
<td>$1,075,111</td>
<td>$989,726</td>
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<tr>
<td>Unrealized Loss (Gains)</td>
<td>(132,343)</td>
<td>61,899</td>
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<tr>
<td>Losses on Sale of Fixed Assets</td>
<td>-</td>
<td>149,521</td>
</tr>
<tr>
<td>Total Expenditures &amp; Losses</td>
<td>$942,768</td>
<td>$1,201,146</td>
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<tr>
<td>Changes in Net Assets</td>
<td>90,864</td>
<td>(277,040)</td>
</tr>
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<td>Prior Period Adjustment</td>
<td>(1633)</td>
<td>51,705</td>
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<tr>
<td>Net Assets, Beginning of Year</td>
<td>$1,812,253</td>
<td>$2,0375,88</td>
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<tr>
<td>Net Assets, End of Year</td>
<td>$1,901,484</td>
<td>$1,812,253</td>
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</tbody>
</table>
## Statement of Financial Position June 30, 2017
(with comparative financial information for June 30, 2016)

### Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash Equivalents</td>
<td>$423,833</td>
<td>$367,071</td>
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<tr>
<td>Prepaid Expenses</td>
<td>24,793</td>
<td>31,435</td>
</tr>
<tr>
<td>Total Current Assets</td>
<td>448,626</td>
<td>398,506</td>
</tr>
<tr>
<td><strong>Investments</strong></td>
<td>$1,501,246</td>
<td>$1,504,585</td>
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<tr>
<td><strong>Fixed Assets, Net</strong></td>
<td>385,461</td>
<td>352,211</td>
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<tr>
<td><strong>Total Assets</strong></td>
<td>$2,335,333</td>
<td>$2,255,302</td>
</tr>
</tbody>
</table>

### Liabilities and Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accounts Payable &amp; Accrued Liabilities</strong></td>
<td>$12,832</td>
<td>$19,982</td>
</tr>
<tr>
<td>Accrued Annual Leave</td>
<td>4,967</td>
<td>5,359</td>
</tr>
<tr>
<td>Deferred Income</td>
<td>416,050</td>
<td>421,200</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td>$433,849</td>
<td>$446,451</td>
</tr>
<tr>
<td><strong>Net Assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>1,901,484</td>
<td>1,808,761</td>
</tr>
<tr>
<td><strong>Total Net Assets</strong></td>
<td>1,901,484</td>
<td>1,808,761</td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Net Assets</strong></td>
<td>$2,335,333</td>
<td>$2,255,302</td>
</tr>
</tbody>
</table>
2016-2017 in Review

CAAHEP continued to work on behalf of all of our stakeholders throughout the 2016-2017 fiscal year, and we are proud to report on the accomplishments made. Through a plethora of dedicated, hardworking volunteers and staff, we have been able to:

- Work with our sponsoring organizations and professionals in each field to maintain and continually work towards improvement of education for each profession through the CAAHEP Standards process;
- Invest in improved technology of our organization’s database, annual reporting system, electronic self-study, and web presences with the ongoing development of our inhouse systems;
- Debut a fresh, updated new website;
- Keep our programs and sponsoring organizations informed of happenings in the world of accreditation through our communication outlets and website;
- Join efforts with other accrediting organizations in the Health Professions Accreditation Collaborative (HPAC) to work together to advance Interprofessional education, practice and quality, as well as to work together on educational and research issues of common interest;
- On the request of the Society for Diagnostic Medical Sonography, voice our opposition to California Bill AB 387, which added language to the existing California minimum wage statute to include “any person engaged in a period of supervised work experience to satisfy requirements for licensure, registration, or certification as an allied health profession,” as it would mean that any time students spent in a clinical setting, the student must be paid minimum wage. As allied health educational programs work with various hospitals, clinics, physician’s offices, etc., to provide clinical experience for their students, all of these settings would have been considered “employers” under the AB 387 and would have had to pay all allied health students participating in clinical rotations. CAAHEP believes that the bill would have led to fewer clinical sites and the likely closure of some programs. The California bill was defeated;
- Continue to move forward with the 2015-2018 Strategic Plan making strides in all areas and completing several goals entirely;
- Sponsor successful meetings throughout the year including the January Leadership Workshop, the 2017 CAAHEP Annual Meeting, and the July Committee on Accreditation Workshop with quality content and interaction opportunities for our stakeholders.

Again, CAAHEP would not be able succeed without the strength of our dedicated volunteers – from the Commissioners who help report on the activities and importance of CAAHEP back to the Sponsoring Organizations; to those who serve on the Board of Directors, reviewing each and every accreditation action; to the members of our many Board committees making plans for the future by studying results from our past; to the volunteers who serve on the Committees on Accreditation Boards; and the individuals who painstakingly review self-study submissions or who conduct site visits to ensure the quality of each and CAAHEP accredited program.
Accreditation Activities:
The Recommendation Review Committee (RRC) reviewed and the CAAHEP Board acted on 425 programs this fiscal year. Among those gaining accreditation was the first-ever CAAHEP accredited Advanced Cardiovascular Sonography program at the Community Regional Medical Center in Fresno, California. Since its accreditation, CRMC has had its first cohort of students graduate.

The RRC continues to track accreditation trends and common citations, which assists CAAHEP in better defining policies in an effort to make the accreditation process run smoothly. The RRC also uses the information collected to educate the Committees on Accreditation (CoAs) on how to effectively write citations. This information has been valuable in designing workshops for the Leadership Conference and CoA Summer Workshop, where the attendees work through actual scenarios identified through this tracking process.

Administrative Activities:
This was CAAHEP’s first full fiscal year in the new rented office space, following the auction of the CAAHEP office building in Clearwater last year. The office move has yielded a continual monthly savings in building maintenance and upkeep. One of the largest administrative activities continues to be the development of the new database, annual reporting tool, and online self-study system. The development and launch of CAAHEP’s new website took place in May.

As part of the current Strategic Plan, staff developed and the Board approved a comprehensive process to review the applications for new professions to become a part of CAAHEP. Two current or past Board members will be appointed to review the application, gauge the communities of interest in accreditation of programs, review and verify potential sponsor organizations, review the history of the profession including its recognition by the Bureau of Labor Statistics, and research how many potential programs there are to accredit.

CHEA Activities:
The cornerstone of CAAHEP accreditation continues to be positive program outcomes. Reporting program outcomes is one of the requirements for CAAHEP to be recognized by the Council for Higher Education Accreditation (CHEA). Last year, CAAHEP took on the monumental task of collecting and reporting an outcomes link for all programs accredited by CAAHEP. With over 2,000 accredited programs, collecting the web address of each program’s outcome has been a lengthy process, however, in the progress report required by CHEA, CAAHEP was able to report that 94% of CAAHEP accredited programs show outcomes on their website. There are links to each of the program’s outcomes in the CAAHEP database and on the CAAHEP website.
Committees on Accreditation Relations:
Two related health professions were voted as eligible to participate in CAAHEP this past year, bringing the total number of professions under the CAAHEP umbrella to 31. The Pedorthist and Orthotic/Prosthetic Assistant are related professions under the National Commission on Orthotic and Prosthetic Education (NCOPE) committee on accreditation. The CAAHEP office continues to receive inquiries from allied health professions interested in becoming part of the Commission, and Kathleen Megivern has met with several professions and is working to cultivate these relationships.

The 23 Committees on Accreditation do the day-to-day work of accreditation, reviewing programs in their specific professional area, working with programs as they move through the CAAHEP accreditation process, and formulating accreditation recommendations, which are then considered by the CAAHEP Board of Directors. There are four CoAs providing these services to more than one profession. CAAHEP staff continues to assist several of the smaller or new CoAs that have no paid staff with one-on-one guidance and support from CAAHEP staff at no charge to the CoA. CAAHEP also continues to offer support to all of the CoAs with services such as legal guidance, free use of Go to Meetings/Go to Webinar services, access to Survey Monkey services, promotion of accreditation in new professions to institutions already in the CAAHEP database, monthly newsletters, and a webpage on the CAAHEP website to name just a few. CAAHEP also continued to support the CoAs with the scholarship fund for CoA staff to attend the meetings of the Association of Specialized and Professional Accreditors (ASPA).

Program Support:
In December 2016, CAAHEP conducted the webinar “CAAHEP Accreditation – From Beginning to End,” for programs just beginning the accreditation process or for those wishing to know more about CAAHEP and how the process works. The hour-long webinar was presented by Board Member Kathryn Kuntz and Executive Director Kathleen Megivern, free of charge. The webinar walked nearly 200 participants through the steps of the CAAHEP accreditation process from reviewing the profession’s Standards to preparing a self-study, to what to expect on a site visit, to how the accreditation process culminates in Board action.

CAAHEP Standards:
The CAAHEP Standards Committee had one of its busiest years in the review of Standards and analysis of policies and processes. The Committee, chaired by Jennifer Anderson Warwick, with members Kate Feinstein, Jeffrey Hill, Katie Kuntz, M. LaCheeta McPherson, Keith Orloff, and Julie O’Sullivan Maillet, met monthly via teleconference and held two face-to-face meetings, culminating in the approval of eight sets during the 2016-2017 fiscal year. They include:
New CAAHEP Standards:

- Standards and Guidelines for the Accreditation of Educational Programs in Clinical Research
- Standards and Guidelines for the Accreditation of Educational Programs in Art Therapy
- Standards and Guidelines for the Accreditation of Educational Programs in Assistive Technology

Updated CAAHEP Standards:

- Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant
- Standards and Guidelines for the Accreditation of Educational Programs for Exercise Physiology
- Standards and Guidelines for the Accreditation of Educational Programs in Exercise Science
- Standards and Guidelines for the Accreditation of Educational Programs for Medical Scribe Specialists
- Standards and Guidelines for the Accreditation of Educational Programs in Recreational Therapy

2017 CAAHEP Annual Meeting:

The 2017 Annual Meeting was held April 23-24 at the JW Marriott Buckhead Hotel in Atlanta, Georgia. Under a theme of “Quality Improvement vs. Quality Assurance: Can be both Counselors and Cops?“ the program was kicked off with a keynote address by Dr. Judith Eaton, President of the Council for Higher Education Accreditation (CHEA). The Atlanta meeting had such an influx of new attendees, a “First Timers” orientation was offered prior to the beginning of the meeting. Workshop topics and speakers included:

- Washington Update with Vince Sampson, JD, Special Counsel, Washington, DC office of Cooley, LLP;
- “AMA’s Accelerating Change in Medical Education Initiative: Current Themes of Innovative UME Curricular Change” Mellie Villahermosa Pouwels, MA, Director, Medical Education Collaborations, American Medical Association
- A panel on “What do Employers Want? What do they Need? What is their role in Accreditation?” moderated by Steven L. Moyers, M.A., NRP, EMS Vice President of Operations and Dean of Education, Grady EMS Academy and featuring Densley M. Coke, BSTM, CST, CRCST, CHL, SME, Kaiser Permanente, Supervisor Central Sterile Processing, Patrick Green, Executive Director Cardiovascular Services, Diagnostic Cardiology, Grady Health System, and Phillip Merck, M.B.A., NRP, Battalion Chief-of-Training, Gwinnett Fire Academy.
There was also a highlight of two new professions to CAAHEP: Clinical Research Professional, and Postgraduate Physician Assistant Programs. Program representative attendees attended the breakout question and answer sessions with CoA representatives from Surgical Technology, Medical Assisting, Diagnostic Medical Sonography, and EMS – Paramedic. President Skalko reviewed the progress made on the strategic plan, and led an interactive discussion on Interprofessional Education. Attendees also saw a preview of the new CAAHEP website design.

As usual, the Opening Reception, which included music and karaoke, was enjoyed by all!

2017 Annual Business Meeting of the Commission
During the 23rd Annual Business Meeting of the Commission Kathleen Megivern presented the Postgraduate Physician Assistant group as a possible new associate member. She reported that CAAHEP’s legal counsel indicated that there was no need to vote on the eligibility of the profession, as Physician Assistants were voted into CAHEA/CAAHEP many years ago. Treasurer Barry Eckert presented the financial report for the organization and President Skalko gave a brief report on CAAHEP activities, stating that there has been a lot of work done and much accomplished over the past year, and that CAAHEP remains a strong organization. Executive Director, Kathleen Megivern, provided an update on CAAHEP’s recognition process by CHEA, which included two progress reports submitted over the last year. She recognized CAAHEP staff member, Katie Davis, for her work in tracking outcome links of CAAHEP accredited programs to meet CHEA requirements. Deborah Agustin, CAAHEP’s Recent Graduate Commissioner and Board Member, shared a report highlighting her time as Commissioner and Board Member. She developed a reference tool for future Recent Graduate Commissioners to aid in orienting them to CAAHEP policies and processes.
William W. Goding Award for Exceptional Service

During the Annual Meeting in Atlanta, CAAHEP bestowed its highest honor, the William W. Goding Exceptional Service Award to Jennifer Anderson Warwick, MA. Ms. Anderson Warwick is the Executive Director of the Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) and a consultant for the Committee on Accreditation of Emergency Medical Services Professions (CoA-EMSP). She is a former CAAHEP Commissioner and formerly on the CAAHEP Board of Director. She currently Chairs the CAAHEP Standards Committee and serves as an alternate Commissioner for the ARC-AA. She has presented at numerous CAAHEP Leadership Conferences and Summer Workshops, as well provided guidance and assistance to new Committees on Accreditation in CAAHEP. She is formerly the liaison to the CoA-SBBT.

Presenting the award, President Thomas Skalko said, “The dedication and service Jennifer has given to CAAHEP to further its mission is tremendous. She has proven time and again that she has the wherewithal and dedication to move CAAHEP forward. Jennifer epitomizes the true meaning of the CAAHEP Exceptional Service Award.”

During the Awards Luncheon President Skalko also recognized outgoing CAAHEP Board members, Barry Eckert, Cameron Harris, and Cheryl Harris, thanking them for their dedicated service to CAAHEP.

CAAHEP Communication

CAAHEP’s electronic communication distributions continue to be well received and read, as is indicated by the above-average open and click through rates of electronic media in “Education and Services” type organizations. For organizations in the same category as CAAHEP, the average electronic publication open rate is 24.8% and click through rate 9.3% (meaning, the reader clicked one or more links in the newsletter to get additional information). CAAHEP’s averages are 33% open rate and 12%. For the third year, CAAHEP was recognized by Constant Contact as an “All Star” for our ability to reach our constituents.

Social Media

CAAHEP’s social media presence increased over the past year by sharing school news from CAAHEP accredited programs, accreditation statuses following each Board meeting, and photos from schools, sponsoring organizations, and meetings. CHEA news is also covered, as is general accreditation news. Demographics of our FB followers remain unchanged - primarily women (69%) with the majority in the United States with New York being the largest population, then followed by countries such Pakistan,
India, Egypt, and then Saudi Arabia. With continued use of Hootsuite, CAAHEP’s presence in all our social media outlets (Twitter, LinkedIn, and Facebook) has increased. This fiscal year, 318 Tweets were sent giving CAAHEP 100,358 impressions. CAAHEP follows all Sponsoring Organizations and shares relatable information and has begun following individual programs. CAAHEP’s LinkedIn account has 333 followers and has made 24,150 impressions. CAAHEP’s YouTube Channel has had 5,143 views to date.

The CAAHEP Website
The CAAHEP website went through a drastic redesign this past year, changing function, organization, and overall look. Staff worked with our design contractors to create a bold, fresh new look for the organization. The site has been re-organized with the most requested information appearing front and center on the home page. The new CAAHEP website debuted May 15, 2017, which was 45 days prior to the end of the fiscal year. From the time it went “live” to the end of the fiscal year, the site received 50,020 visits, with 87.7% being new visitors and 12.3% being returning visitors. The transition from the old site to the new was extremely smooth, with very few glitches or errors.

Google Grant
The visibility CAAHEP receives from the Google Grant, which is an advertising campaign made possible by a grant from Google, continues to perform well in driving visitors to the website. The Google Grant provides CAAHEP advertising when Google searches are conducted using keywords related to the professions in which CAAHEP accredits programs. For example, if a search is conducted on Google for a cardiovascular technology program, an ad for CAAHEP accreditation may appear in the right column of the Google search results. The ad is linked to the CAAHEP website, where individuals can find out more about the profession, accreditation in general, and search for an accredited program. The last fiscal year (7/1/16-6/30/17), there were 221,132 interactions and 5,611,892 impressions at a value of $109,593.76.
Searches for an Accredited Program
The following chart shows the number of searches conducted for accredited programs on the CAAHEP website by profession this past fiscal year.

<table>
<thead>
<tr>
<th>PROFESSION</th>
<th>TOTAL SEARCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Cardiovascular Sonography</td>
<td>35,336</td>
</tr>
<tr>
<td>Anesthesia Technology</td>
<td>19,908</td>
</tr>
<tr>
<td>Anesthesiologist Assistant</td>
<td>37,549</td>
</tr>
<tr>
<td>Art Therapy</td>
<td>7,214</td>
</tr>
<tr>
<td>Assistive Technology</td>
<td>4,462</td>
</tr>
<tr>
<td>Cardiovascular Technology</td>
<td>68,076</td>
</tr>
<tr>
<td>Clinical Research Professional</td>
<td>8,664</td>
</tr>
<tr>
<td>Cytotechnology</td>
<td>11,299</td>
</tr>
<tr>
<td>Diagnostic Medical Sonography</td>
<td>230,807</td>
</tr>
<tr>
<td>Emergency Medical Technician-Paramedic</td>
<td>54,690</td>
</tr>
<tr>
<td>Exercise Physiology</td>
<td>9,202</td>
</tr>
<tr>
<td>Exercise Science</td>
<td>9,882</td>
</tr>
<tr>
<td>Intraoperative Neurophysiologic Monitoring</td>
<td>8,675</td>
</tr>
<tr>
<td>Kinesiotherapy</td>
<td>8,264</td>
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<tr>
<td>Lactation Consultant</td>
<td>13,654</td>
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<tr>
<td>Medical Assisting</td>
<td>85,861</td>
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<tr>
<td>Medical Illustrator</td>
<td>3,956</td>
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<tr>
<td>Medical Scribe Specialist</td>
<td>8,377</td>
</tr>
<tr>
<td>Neurodiagnostic Technology</td>
<td>20,680</td>
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<tr>
<td>Orthotic and Prosthetic Technician</td>
<td>5,546</td>
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<tr>
<td>Orthotist/Prosthetist</td>
<td>10,577</td>
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<tr>
<td>Perfusion</td>
<td>65,827</td>
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<tr>
<td>Personal Fitness Training</td>
<td>3,625</td>
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<tr>
<td>Polysomnographic Technology</td>
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</tr>
<tr>
<td>Recreational Therapy</td>
<td>4,697</td>
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<tr>
<td>Specialist Blood Bank Technology/Transfusion Medicine</td>
<td>6,360</td>
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<tr>
<td>Surgical Assisting</td>
<td>58,947</td>
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<tr>
<td>Surgical Technology</td>
<td>60,316</td>
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<tr>
<td>TOTAL SEARCHES</td>
<td>877,232</td>
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</table>
Summary of Accreditation Actions

At the conclusion of the 2016-2017 fiscal year, CAAHEP had 2,211 accredited programs in 24 professions. Committees on Accreditation from four of the newer professions continue to work on procedures in preparation for reviewing programs or are still drafting Standards. The chart below shows the number of accreditation actions that were taken this year (July 1, 2016-June 30, 2017), detailed by profession and accreditation status. Please note that, Art Therapy, Assistive Technology, Clinical Research, and Medical Scribe Specialist are relatively new professions in CAAHEP and did not have any programs accredited this year.

<table>
<thead>
<tr>
<th>Professions</th>
<th>Initial</th>
<th>Continuing</th>
<th>Probation</th>
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<td><strong>118</strong></td>
<td><strong>278</strong></td>
<td><strong>15</strong></td>
<td><strong>9</strong></td>
<td><strong>5</strong></td>
<td><strong>425</strong></td>
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Voluntary Withdrawal

With the closure of several for-profit schools, the total number of programs that exercised the right to voluntarily withdraw from accreditation during the 2016-2017 fiscal year increased from the previous year, as seen in the chart below.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Voluntary Withdrawals</th>
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<td>2004-2005</td>
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<tr>
<td>2005-2006</td>
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<tr>
<td>2016-2017</td>
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The number of programs, by profession, that exercised the right to voluntarily withdraw from CAAHEP in 2016-2017 is outlined as follows:

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<tr>
<th>Profession</th>
<th>Number of Programs Withdrawn</th>
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<td>Cytotechnology</td>
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<tr>
<td>Diagnostic Medical Sonography</td>
<td>5</td>
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<tr>
<td>Emergency Medical Services-Paramedic</td>
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<tr>
<td>Medical Assisting</td>
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<tr>
<td>Neurodiagnostic Technology</td>
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</tr>
<tr>
<td>Specialist in Blood Bank Technology</td>
<td>1</td>
</tr>
<tr>
<td>Surgical Technology</td>
<td>12</td>
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</tbody>
</table>
Accredited Programs by Professions
The following reports the number of accredited programs by each profession and sorted by accreditation status as of June 30, 2017, the end of the fiscal year. The Emergency Medical Services—Paramedic profession has 154 programs under Letter of Review status as they work toward initial accreditation.

<table>
<thead>
<tr>
<th>Professions</th>
<th>Initial</th>
<th>Continuing</th>
<th>Probation</th>
<th>Inactive</th>
<th>Withhold/Withdraw</th>
<th>Total</th>
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**TOTAL:** 511 1615 25 11 9 2211
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Kate Feinstein, MD, FACR
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M. LaCheeta McPherson, PhD, MLS(ASCP)CM
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Gordon Kokx, PhD, NRP
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<table>
<thead>
<tr>
<th>Advanced Cardiovascular Sonography</th>
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</thead>
<tbody>
<tr>
<td>Thomas K. Skalko, PhD, LRT/CTRS</td>
<td>Kathryn (Katie) Kuntz, Med, RT(R), RDMS, RVT, FSDMS</td>
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<thead>
<tr>
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<tr>
<td>Cameron Harris, RPSGT*</td>
<td>Kate Feinstein, MD</td>
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<td>Susan Muller, PhD</td>
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<th>Art Therapy</th>
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<td>Elizabeth (Betsy) Slagle, MS, RN, CST</td>
<td>Paulettta Brown Bracy, PhD, MLS</td>
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<tr>
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<th>Neurodiagnostic Technologist</th>
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</thead>
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<td>Douglas K. York, NREMT-P, PS, (NAEMT)</td>
<td>Kalyani Naik, MS, SCT(ASCP)*</td>
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<thead>
<tr>
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</thead>
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<td>M. LaCheeta McPherson, PhD, MT(ASCP), CLS(NCA)*</td>
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</tbody>
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<tbody>
<tr>
<td>Bernard Allan Cohen, PhD, FASNM*</td>
<td>Kathleen Jung, M.S., F(AMI), CMI*</td>
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<thead>
<tr>
<th>Cytotechnology</th>
<th>Polysomnographic Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kerry Weinberg, MPA, RDMS, RDCS, RT *</td>
<td>Cynthia Butters, EdD*</td>
</tr>
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<table>
<thead>
<tr>
<th>Diagnostic Medical Sonography</th>
<th>Recreational Therapy</th>
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</thead>
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<tr>
<td>Carolyn O’Daniel, EdD, RRT</td>
<td>John Padgett, Jr., PhD*</td>
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<thead>
<tr>
<th>Exercise Sciences</th>
<th>Specialist in Blood Bank Technology</th>
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</thead>
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<td>Gregory Ferenchak, EdD, RT(R)(QM)</td>
<td>Barry S. Eckert, PhD., FASAHP</td>
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<table>
<thead>
<tr>
<th>Emergency Medical Services-Paramedic</th>
<th>Surgical Technology/Surgical Assistant</th>
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<td>Susan Fuchs, MD</td>
<td>Greg Frazer, PhD, FASAHP*</td>
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<thead>
<tr>
<th>Kinesiotherapist</th>
<th>*Non-Board Liaison</th>
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<tr>
<td>Deborah Agustin, AA-C</td>
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CAAHEP Sponsoring Organizations and Commissioners

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Linda Cantu

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Janet Kempf

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Victoria Reyes

American Society of Anesthesiologists
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American Society of Cytopathology
Robert Goulart

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Christopher Kramer

American Society of ExtraCorporeal Technology
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Betsy Kemeny

American Thoracic Society
Vacant

ASET - The Neurodiagnostic Society
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Association of Medical Illustrators
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Association of Surgical Technologists
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Committee on Accreditation for Anesthesia Technology Education
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Thomas Skalko

Committee on Accreditation of Specialist in Blood Bank Technology Schools
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Society for Vascular Ultrasound  
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Society of Cardiovascular Anesthesiologists  
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Society of Diagnostic Medical Sonography  
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Society of Invasive Cardiovascular Professionals  
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Vocational Technical Education  
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Staff - Mary Alice Dilday

Committee on Accreditation for Anesthesia Technology Education (CoA-ATE)
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Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA)
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Staff - Jennifer Anderson Warwick, MA

Accreditation Council for Art Therapy Education (ACATE)
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Joint Review Committee on Education in Cardiovascular Technology (JRC-CVT)
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Staff – Jackie L. Long-Goding, PhD, RRT-NPS

Committee on Accreditation of Academic Programs in Clinical Research (CAAPCR)
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Cytotechnology Programs Review Committee (CPRC)
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Joint Review Committee on Education in Diagnostic Medical Sonography (JRC-DMS)
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Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoA-EMSP)
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Committee on Accreditation for the Exercise Sciences (CoA-ES)
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Committee on Accreditation for Education Programs for Kinesiotherapy (CoA-KT)
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Lactation Education Accreditation and Approval Review Committee (LEAARC)
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Staff - Judith Lauwers, BA, IBCLC, FILCA

Medical Assisting Education Review Board (MAERB)
Chair - Mary L. Dey, CMA-AC (AAMA), CPC
Staff – Sarah Marino, PhD

Accreditation Review Committee for the Medical Illustrator (ARC-MI)
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No Staff

Medical Scribe Specialist Review Board (MSSRB)
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Committee on Accreditation for Education in Neurodiagnostic Technology (CoA-NDT)
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Staff – Jackie L. Long-Goding, PhD, RRT-NPS

National Commission on Orthotic and Prosthetic Education (NCOPE)
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Accreditation Committee-Perfusion Education (AC-PE)
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Committee on Accreditation for Polysomnographic Technologist Education (CoA-PSG)
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Staff – Karen Monarchy Rowe, BS, AAS, RPSGT

Committee on Accreditation of Recreational Therapy Education (CARTE)
Chair - Bryan McCormick, PhD, CTRS
No Staff

Committee on Accreditation of Specialist in Blood Bank Technology Schools (CoA-SBBT)
Chair – Vacant
Staff – Meredith Eller, MBA MT(ASCP)SBBCM

Accreditation Review Council on Education in Surgical Technology and Surgical Assisting (ARC/STSA)
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Staff – Ronald Kruzel, CST, MA, CAE
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