

THE ANNUAL REPORT GUIDEBOOK

THIS GUIDEBOOK HAS BEEN CREATED TO ASSIST SCHOOLS IN NAVIGATING, COMPLETING AND SUBMITTING THE ANNUAL REPORT.

ABHES

ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | WWW.ABHES.ORG
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TECHNICAL SPECIFICATIONS

For best results:



The Annual Report Platform works best in the latest version of Google Chrome.

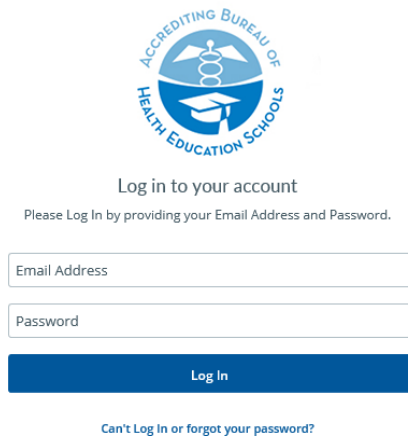
Other options:

You will be able to navigate through using the most updated version of Mozilla Firefox and some versions of Internet Explorer.

LOGGING IN/OUT

To log into your institution’s dashboard, click the link provided to you in one of the two emails inviting you to complete your verification report or annual report. You can also access your dashboard by [clicking here](#).

The login page looks like this:



ACCREDITING BUREAU OF
HEALTH EDUCATION SCHOOLS

Log in to your account

Please Log In by providing your Email Address and Password.

Email Address

Password


Log In

[Can't Log In or forgot your password?](#)

Once you are at the login page, enter your Username (primary contact’s email address) and Password. You must click the "forgot your password?" to reset it the first time you log in. You will enter the email address associated with the account and an email will be sent to this address and you can reset your password.

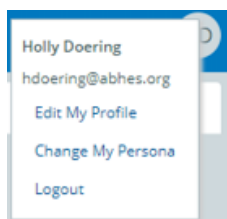
After you enter your credentials, click on “Organizational Representative”. This will bring you to your dashboard where you can select the report to be completed.

 [2018-2019 Verification Report](#)

 [2018-2019 Annual Report](#)

Once you’ve selected the report, click on the first page over on the right-hand side of the screen, “Institutional Information”. From there you can enter in the required information and navigation through the rest of the pages.


To log out of your institution, click the circle in the top right corner and click logout to exit your institution.



VERIFICATION REPORT INSTRUCTIONS

The institution must submit the required Verification Report prior to gaining access to the 2018 – 2019 ABHES Annual Report. The primary contact will be sent access to the Verification Report to confirm institutional and program information before the Annual Report launches in August. The institution's primary contact can be found by searching at: <https://ams.abhes.org/directory/>. If the primary contact information is incorrect, submit the appropriate Change in Campus Leadership form, which can be found at <http://www.abhes.org/forms>, in addition to contacting annualreport@abhes.org to ensure the verification report is sent to the institution.

DEADLINE: Please complete this verification by Wednesday, July 31, 2019 to avoid a delay in accessing your 2018-2019 Annual Report. This verification is to confirm the institutional information, approved separate educational center(s), contact information and program information is correct in order to properly populate your annual report.

 **Important Note:** If any of the information listed in the verification report is incorrect, please contact ABHES at annualreport@abhes.org.

INSTITUTIONAL INFORMATION

This section requires you to confirm general information about your institution including name, ABHES ID, address, phone/fax numbers, and website address.

APPROVED SEPARATE EDUCATIONAL CENTER(S)

This section requires you to confirm, if any, approved separate educational center(s) that the institution is utilizing. If your institution does not have a previously approved separate educational centers, this section will be not applicable and greyed out.


CONTACT INFORMATION

This section requires you to confirm the institution's primary contact information.

PROGRAM INFORMATION

This section requires you to confirm the program information for any program approved and active as of June 30, 2019. Any changes to the program information that occurred after June 30, 2019 will not be displayed here. Please confirm the Program Name, Credential Awarded, CIP Code, In Class Clock Hours, Recognized Outside Clock Hours, Total Clock Hours, Academic Credit Hours (Quarter/Semester) and Method of Delivery.

The fields that you can edit on the verification page will be the CIP Code. Information will only appear in the Recognized Outside Hours column if your institution has an ABHES approval for Recognized Outside Hours. All other information will be read only.

 **Important Note:** This information is must be correct so that our internal records as well as the public listing of ABHES accredited schools and programs on our website is accurate. If there is any discrepancy with the information listed in this table, please contact ABHES at annualreport@abhes.org immediately. Please remember that this information listed is what was approved as of June 30, 2019.

SUBMISSION

This section will display the percentage of completeness for the sections listed above. If the verification report is less than 100% complete, you will need to return to input the missing or incorrectly formatted information. If any of the information is incorrect, please contact ABHES at annualreport@abhes.org before submitting the verification report.

ANNUAL REPORT INSTRUCTIONS



DEADLINE: *The Annual Report for the July 1, 2018, through June 30, 2019, reporting period is due by 5:00 p.m. ET, Tuesday, November 5, 2019.*

MAIN AND NON-MAIN CAMPUS REPORTING

A separate Annual Report, with the appropriate sustaining fee **MUST** be completed for each main and non-main campus. Under no circumstances should campuses be combined into one report. As a reminder, this includes the calculation of the sustaining fee. Each campus must submit sustaining fees and must be calculated based on the gross annual tuition charged per campus and not combined.

Students taking a portion of training at an independently approved separate educational center are to be reported with the campus to which the center is affiliated.

INSTITUTION INFORMATION

Please enter your OPE ID# if your institution has approval to participate in Federal Student Financial Aid Programs. The rest of the information in this section was verified in the Verification Report and is locked. If you need to make changes to any other information you will need to contact the ABHES office and reset your Annual Report.

APPROVED SEPARATE EDUCATIONAL CENTER(S)

The information in this section was verified in the Verification Report and is locked. If you need to make changes you will need to contact the ABHES office and reset your Annual Report.

CONTACT INFORMATION

The primary contact information in this section was verified in the Verification Report and is locked. If you need to make changes you will need to contact the ABHES office and reset your Annual Report.

Provide Alternate Contact Information for the Institution, including first name, last name, title, address, email, and telephone number.

The information should not be the address of the institution, telephone number of the institution, or an institution issued email address; provide an address, telephone number, and email not currently on file with ABHES.

LEGAL STATUS

Indicate the ownership type by selecting one of these five options:

- Limited Liability Company
- Limited Liability Partnership Company
- Limited Partnership Company
- Non-Profit Organization
- Privately Held Business Corporation
- Publicly Held Business Corporation
- Sole Proprietorship Business
- Other

Once you have made your selection, complete the section that corresponds to that ownership **type**.

If you selected [Limited Liability Company](#), [Limited Liability Partnership Company](#), [Limited Partnership Company](#) or [Other](#), explain your selection.

If you selected [Non-Profit Organization](#), complete the following:

- List all the members and officers of the board of directors/trustees including name, title, and if they are a voting member or not.
- Has this organization been officially recognized by the Internal Revenue Service as an exempt organization under Section 501 (c) (3)? Select “yes” or “no.”

If you selected [Privately Held Business Corporation](#), complete the following:

- List the exact ownership structure, including all levels of subsidiaries under the parent corporation and any subsidiary corporations operating as non-main campuses:
- Provide the ownership percentage breakdown of each entity in the chain of ownership, up to and including the individual(s) who control the ultimate ownership entity in the chain of ownership.
- Provide descriptions for each level that include all individuals, partnerships, LLCs, corporations, trusts, or other forms of ownership (for publicly traded corporations, this includes shareholders that directly own 10% of the stock.)
- List all corporate officers including name and title.

If you selected [Publicly Held Business Corporation](#), complete the following:

- List the exact ownership structure, including all levels of subsidiaries under the parent corporation and any subsidiary corporations operating as non-main campuses:
- Provide the ownership percentage breakdown of each entity in the chain of ownership, up to and including the individual(s) who control the ultimate ownership entity in the chain of ownership.
- Provide descriptions for each level that include all individuals, partnerships, LLCs, corporations, trusts, or other forms of ownership (for publicly traded corporations, this includes shareholders that directly own 10% of the stock.)
- List all corporate officers including name, title, and if they are a voting member or not.

- Indicate how the stock is traded by selecting one of the below options.

If publicly held business corporation, the stock is traded on the:

- NASDAQ
- NYSE
- ASE
- OTC
- Regional Exchange

If you selected [Sole Proprietorship Business](#), complete the following:

- Provide legal name and address.
- List name, title, and address of individual(s) responsible for operations of the sole proprietorship business that owns the institution.

The institution is considered:

- Private For-Profit
- Private Non-Profit
- Public

[ADDITIONAL LEGAL STATUS, OWNERSHIP OR FORM OF CONTROL QUESTIONS](#)

Since July 1, 2018 have there been any changes in legal status, ownership or form of control?

Select "yes" or "no."

If yes, complete the chart documenting the changes.

Include the previous owners, new owners, and date of the change. Add additional rows as necessary.

Were these changes considered a change in legal status, ownership or form of control by ABHES?

Select "yes" or "no."

Did the U.S. Department of Education consider these changes a change of legal status, ownership, or form of control?

Select "yes" or "no."

Does the institution or sponsoring institution for the program(s) have pending litigation?

Select "yes" or "no."

If yes, explain.

[OTHER ACCREDITATION](#)

Does your institution hold institutional or programmatic accreditation in addition to ABHES accreditation?

Select "yes" or "no."

If you answered yes to the above questions, provide the below additional information for each accreditation held:

- Name of Accrediting Agency
- Type of Accreditation – Institutional or Programmatic
- If the type of accreditation is programmatic, list the program name
- Expiration of Current Grant of Accreditation with each agency
- Explanation of any current disciplinary actions with each agency (probation, reporting, etc.)

PROGRAM INFORMATION

The program information in this section was verified in the Verification Report and is locked. If you need to make changes you will need to contact the ABHES office and reset your Annual Report.

The following new program(s) have been approved by ABHES and added since July 1, 2018. Note: Approval of new programs requires the institution to submit a New Program Application.


If the institution has added new programs between July 1, 2018 and June 30, 2019, it must complete the chart including the program name, credential awarded, in class clock hours, recognized outside clock hours, lengths in weeks, academic credits (if applicable), the date the program was approved, and the method of delivery as it was approved by ABHES. Please enter "0" for any numeric column that is not applicable.

ENROLLMENT

Provide the total student enrollment per program.

In the table, list the total student enrollment for the 2017-2018* reporting period and the total student enrollment for the 2018-2019** reporting period for each program. The last column "% of Increase/Decrease from 2017-2018 to 2018-2019" is calculated automatically.

To enter this information, click on the edit button on the right-hand side of the table as shown below.


Program Name	Credential Awarded	Enrollment Change Rate	
Medical Assisting	Certificate		

*Total student enrollment for July 1, 2017 through June 30, 2018 is calculated by adding to the July 1, 2017 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

** Total student enrollment for July 1, 2018 through June 30, 2019 is calculated by adding to the July 1, 2018 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

If your program had no enrollment in either 2017-2018 or 2018-20189 enter (0) zero in that column.

The bottom row with the TOTAL for each column will be **automatically** added based on entries.

 **Important Note:** For each program reported with an enrollment increase of 50% or greater, you are required to complete the enrollment increase appendix to explain how the increase impacts each of the following:

- Availability of resources including class sizes, classroom facilities, and laboratories
- Faculty
- Student services, including orientation, educational guidance, and financial services
- Availability of clinical education experiences, including contracts
- Program retention

- Graduate results on required licensing or credentialing exams
- Program placement in the field of study

Provide the most *recent* enrollment and graduation date for each of the programs offered by the institution prior to or including June 30, 2019.

In the table, provide the most recent enrollment date, and most recent graduation date for each program listed.

What percentage of the institution's students are enrolled in active health programs?

Provide the percentage.

What percentage of its active programs are in the health education field?

Provide the percentage.

Is the institution currently in the process of developing any non-allied health programs?

Select “yes” or “no.”

Ability to Benefit (ATB)

Does your institution enroll [Ability to Benefit \(ATB\)](#) students?

Select “yes” or “no.”

If you answered yes to the above question, please provide the total Ability to Benefit (ATB) student enrollment per program.

In the table, list the program name, credential awarded, total ATB student enrollment for the 2017-2018* reporting period and the total ATB student enrollment for the 2018-2019** reporting period for each program. The last column “% of Increase/Decrease from 2017-2018 to 2018-2019” is calculated automatically.

*Total ATB student enrollment for July 1, 2017 through June 30, 2018 is calculated by adding the ATB students for July 1, 2016 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

** Total ATB student enrollment for July 1, 2018 through June 30, 2019 is calculated by adding all ATB students for July 1, 2018 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

If your program had no enrollment in either 2017-2018 or 2018-2019, enter (0) zero in that column.

The bottom row with the TOTAL for each column will be automatically added based on entries.

PROGRAM OUTCOMES

Retention Statistics

Complete the Beginning Enrollment, Re-Entries, New Starts, Ending Enrollment and Graduates columns for each program for the period of July 1, 2018 to June 30, 2019.

Include all enrolled students and those who started during the period July 1, 2018, through June 30, 2019.

All categories listed here apply to students who are enrolled during this period.

The following formula is used to calculate a program's retention rate:

$$(EE + G) / (BE + NS + RE) = R \%$$

EE	=	Ending Enrollment
G	=	Graduates
BE	=	Beginning Enrollment
NS	=	New Starts
RE	=	Re-entries
R%	=	Retention Percentage

EE, Ending Enrollment - Refers to the total student enrolled population, by program, as of June 30, 2019, including students in class, on clinical experience and/or leave of absence.

G, # of Graduates - Refers to students who graduated from the program between July 1, 2018 and June 30, 2019, including any clinical experience requirements, and are no longer at the institution.


BE, Beginning Enrollment - Refers to the total student population, by program, which remained from the previous reporting period (July 1, 2017 - June 30, 2018) and is still enrolled in the program on July 1, 2018, including students in class, on clinical experience and/or leave of absence.

NS, # of New Starts - Refers to any new student enrolling in the program during the enrollment period July 1, 2018 to June 30, 2019.

RE, # of Re-entries - Refers to any student who has left the program (i.e. terminated, voluntarily withdrawn) during a previous annual reporting period and re-enrolled during the current reporting annual reporting period.

R, Retention Percentage - Refers to the program's student retention rate. This will be automatically calculated based on your entries.

The information listed in this table must match the information provided in the submitted ABHES Retention Back-Up Documentation spreadsheet.

 **Important Note:** Enrollment is defined as students *actually* starting and completing at least 10 days.

If the retention rates in one or more program falls below 70% for the reporting period, the institution will be required to submit an action plan as part of its annual report. The action plan section will appear automatically for each outcome reported below 70%.

Placement Statistics

Complete the Number of Graduates, Number Placed, Number Not Placed or Placed Out of Field, and Unavailable columns for each program for the period of July 1, 2018 to June 30, 2019.

Include all students who completed all requirements and graduated between July 1, 2018 and June 30, 2019, regardless of when they enrolled.

The following formula is used to calculate a program's placement rate:

$$(P) / (G-U) = P \%$$

P = Placed graduates

G = Total graduates

U = Graduates unavailable for placement

P = Placement percentage

P, # of placed graduates- Refers to a position wherein the majority of the graduate's job functions require the use of skills and knowledge acquired through successful completion of the training program.

An institution must maintain additional documentation and rationale to justify graduates placed, when the graduate's job title does not match the title of the approved program. If the institution utilizes a graduate attestation, it must have a policy at the campus level to validate the attestation in place. All graduate attestations must be signed and dated by the graduate.

Example: A Medical Assisting program graduate who obtains a job as a Medical Coder. Rationale and additional documentation, such as a job description showing program skills as duties or employer verification that the graduate was hired due to the program's training may be requested to support the placement categorization.

G, Total # of graduates - Refers to any student who has met all completion requirements and has received their diploma, certificate, or degree during the enrollment period July 1, 2018 to June 30, 2019.

U, # of graduates unavailable for placement - Refers to graduates who are unavailable for placement due one of the following reasons, health-related issues, military obligations, incarceration, continuing education status, or death.

Continuing Education Status

A graduate is categorized as unavailable due to the graduate being enrolled in and attending another program of study.

Types of documentation to support the categorization could include but is not limited to an enrollment agreement, acceptance letter, NSLDS information on the graduate, transcript, or graduate attestation.

Death

A graduate is categorized as unavailable due to death when the graduate is no longer living.

Types of documentation to support the categorization could include but is not limited to a death certificate or obituary notification.

Health-Related Issues

A graduate is categorized as unavailable due to a health-related issue preventing the ability for the graduate to work due to a medical reason that was not pre-existing, or the graduate is the sole caregiver of an individual who has a disability or medical issue requiring full-time care.

Types of documentation to support the categorization could include but not limited to a doctor's note, state documentation showing the graduate is the sole caregiver, or graduate attestation.

Incarceration


A graduate is categorized as unavailable due to the graduate being imprisoned.

Types of documentation to support the categorization could include but is not limited to arrest documentation, county records, or graduate attestation.

Military Obligations

A graduate is categorized as unavailable due to military obligation when the graduate or the graduate's spouse/partner has received military orders to report to an assignment outside of their current location.

Types of documentation to support the categorization could include but not limited to military orders or graduate attestation.

 **Important Note:** Institutions may not count a graduate as unavailable for placement if the graduate has signed a "waiver" declining placement assistance. Such graduates must be counted in the "not placed" category unless the institution is able to validate that the graduates are working.

In instances where a graduate maintains the same employment throughout the program and upon program completion, the institution may count the graduate as placed provided the institution can evidence that the graduate has benefitted from the program training (e.g., evidence of promotion, fulfillment of job requirement, letter from the employer, etc.).

P, Placement Percentage - Refers to the program's placement rate. This will be automatically calculated based on your entries

The information listed in this table must match information provided in the submitted ABHES Placement Back-Up Documentation spreadsheet.

If the placement rates in one or more program falls below 70% for the reporting period, the institution will be required to submit an action plan as part of its annual report. The action plan section will appear automatically for each outcome reported below 70%.

Credentialing Statistics

Is a license or credential required by a regulatory body (e.g., state or other governmental agencies) in the state in which the student or program is located, or by a programmatic accrediting body for graduates to work in the field?

Select “yes” or “no.”

If you selected **no**, this section does not need to be completed.

If you selected **yes**, in the table, please include the examination name (acronyms are acceptable), the number of graduates who took the exam, the number of graduates who passed the examination (any attempt), the number of graduates who failed the examination, and the number of graduates’ whose results are pending for the period of July 1, 2018 to June 30, 2019 for each program requiring credentialing. The examination pass rate will be automatically calculated based on your entries.

The credentialing rates are based upon the following formula:

$$GP / GT = \text{Examination Pass Rate}$$

GP = Total graduates passing examination (any attempt)

GT = Total graduates taking examination

Examination Pass Rate = Percentage of students passing examination


If the credentialing or licensure rate in one or more program falls below 70% for the reporting period, the institution will be required to submit an action plan as part of its annual report. The action plan section will appear automatically for each outcome reported below 70%.

Please list any program requiring compliance with state mandated results for credentialing or licensure, the name of the credentialing or licensure exam, the state requirement, and if each program listed is in compliance with the state requirements. If the program is not in compliance, the institution must upload the most recent correspondence with the state agency.

In the table, please list the program name, credential awarded, name of credentialing or licensure exam, and state requirement. Select *Yes* or *No* to whether the program is in compliance with the state requirement. If you answer *No* that the program is not in compliance with the state requirement, you must also complete the column requesting you to upload the most recent correspondence with the state agency.

The information listed in this table must match information provided in the submitted ABHES Credentialing Back-Up Documentation spreadsheet.

DISTANCE EDUCATION

 **Important Note:** Provide statistics for programs offered through distance delivery methods. If a program is ONLY offered residentially, the distance education section will not appear for completion.

When was the distance delivery method originally approved by ABHES?

Provide the date that ABHES first approved distance delivery for any of your programs.

Provide the student enrollment for programs with any portion offered via Distance Education. Separate the students into full distance education, blended, and residential, as applicable.


(Full DE = entire program minus remote externships or labs, if applicable. Blended DE = combination of on-campus and distance courses. See the Accreditation Manual Glossary for full definitions.)

In the table, list the total student enrollment for the 2017-2018* reporting period and the total student enrollment for the 2018-2019** reporting period for each program. The last column % of Increase/Decrease from 2017-2018 to 2018-2019 is calculated automatically.


*Total student enrollment for July 1, 2017 through June 30, 2018 is calculated by adding to the July 1, 2017 beginning enrollment (BE) all new starts (NS) and re-entries (RE) for each ABHES accredited program.

** Total student enrollment for July 1, 2018 through June 30, 2019 is calculated by adding to the July 1, 2018 beginning enrollment (BE) all new starts (NS) and re-entries (RE) for each ABHES accredited program.

If your program had no enrollment in either 2017-2018 or 2018-2019, enter zero (0) in that column.


 **Important Note:** If a program is delivered utilizing more than one method or format (i.e. full distance education and blended distance education), separate the enrollment based upon the delivery format. Therefore, if the program is offered utilizing both methods noted above, list the program two times, and then record the students separately by the delivery method.

Provide retention statistics for the period July 1, 2018 to June 30, 2019 for programs with any portion offered via distance education. Separate the students into full distance education, blended, and residential, as applicable.

 **Important Note:** If a program is delivered utilizing more than one method or format (i.e. full distance education and blended distance education), separate the enrollment based upon the delivery format. Therefore, if the program is offered utilizing both methods noted above, list the program two times, and then record the students separately by the delivery method.

See ABHES formula on retention above in the Program Outcomes section.

Provide placement statistics for the period of July 1, 2018 to June 30, 2019 for programs with any portion offered via distance education. Separate the students into full distance education, blended, and residential, as applicable.

 **Important Note:** If a program is delivered utilizing more than one method or format (i.e. full distance education and blended distance education), separate the enrollment based upon the delivery

format. Therefore, if the program is offered utilizing both methods noted above, list the program two times, and then record the students separately by the delivery method.


See ABHES formula on placement above in the Program Outcomes section.

Is a license or credential required by a regulatory body (e.g., state or other governmental agencies) in the state in which the student or program is located, or by a programmatic accrediting body for graduates to work in the field?

Select “yes” or “no.”

Answer this section as it pertains to your distance education offerings only.

Provide credentialing and/or licensure statistics for the period of July 1, 2018 to June 30, 2019, for programs with any portion offered via distance education. Separate the students into full distance education, blended, and residential, as applicable.

 **Important Note:** If a program is delivered utilizing more than one method or format (i.e. full distance education and blended distance education), separate the enrollment based upon the delivery format. Therefore, if the program is offered utilizing both methods noted above, list the program two times, and then record the students separately by the delivery method.

See ABHES formula on credentialing above in the Program Outcomes section.

SURGICAL TECHNOLOGY PROGRAM ASSESSMENT AND OUTCOMES INDICATORS

Identify basic demographic information about the program.

Provide program chair name, email address, current Surgical Technology certification number, and certification expiration date.

Identify all class completion dates providing the number of graduates by cohort during the period of July 1, 2018 – June 30, 2019.

If the institution has both a certificate/diploma program and an associate degree program, information must be entered in both columns throughout this section of the report.

Identify the pass rate for the first-time takers of the Certified Surgical Technologist Exam (CST) or Comprehensive (Secure) CST Exam during the period of July 1, 2018 – June 30, 2019.

The institution is to report the results of the exam used for purposes of curricular assessment. The institution should review the Applied Measurement Professionals (AMP) report outlining first-time takers who graduated during the period July 1, 2018 - June 30, 2019. When calculating the pass rate, only include (1) first time-takers, (2) students who graduated during the reporting period, and (3) students who sat for and completed the exam (absentee “takers” do not count).

How does the current pass rate percentage compare with the previous three reporting periods?

Provide an analysis of the pass rate and trends, including any curricular changes made as a result of exam performance. If the current pass rate is below 70%, then an action plan must be submitted.

Upload the program’s Applied Measurement Professionals (AMP) Pass/Fail Roster with Content Scores Reported by cohort for the period July 1, 2018 - June 30, 2019.

Reminder: Graduates from a previous reporting period should not be included in the July 1, 2018 - June 30, 2019 reported pass rate percentages.

Provide the survey participation rates for graduate and employer satisfaction surveys administered during the period of July 1, 2018 – June 30, 2019.

Survey Participation Rate = SP/NS

SP = Survey Participation (those who actually filled out the survey)

NS = Number Surveyed (total number of surveys sent out)

Provide the satisfaction rates for graduate and employer satisfaction surveys administered during the period of July 1, 2018 – June 30, 2019.

The institution should provide an average of the reported satisfaction rates for each question identified for both graduate and employer satisfaction.

How do the graduate and employer satisfaction survey results compare with the previous three years?

Provide an analysis of how the current satisfaction rates compare with the last three reporting periods identifying areas in which curricular changes have been made as a result of satisfaction rates. If the current satisfaction rate is below 70% in any required area, an action plan must be submitted.

FINANCIAL DELINEATION FORM

(INSTITUTIONAL MEMBERS ONLY)

Institutional members must complete this section. This information must be based on the institution's most recently completed fiscal year. If you have any questions, email financial@abhes.org.

Provide fiscal year end date.

Based on most recent fiscal year prior to the Annual Report due date, provide the following:

- Total current assets
- Total current liabilities
- Current ratio (formatted 2:1)
- Equity
- Net income
- Cash end year
- Total revenue
- Profit at year end (if applicable)
- Loss at year end (if applicable)
- Retained earnings

Does your institution participate in Title IV programs?

Select "yes" or "no."

If **yes** was selected, provide the information for the remainder of the Financial Delineation Form, including:

Cohort Default Rates

Provide the institution's official 3-year annual cohort default rates provided by the Secretary for 2014, 2015, and 2016. The numbers listed should be the exact numbers provided to your institution.

Once the annual reports have been received by the ABHES office, the annual cohort default rates will be reviewed. If it is determined that submission of an action plan is necessary, the institution will be notified and the guidelines for responding and the date for the response will be provided.

Do you believe the above rates are accurate?

Select "yes" or "no."

Are these rates in compliance with the United States Department of Education requirements?

Select "yes" or "no."

Do you have an appeal pending with the United States Department of Education?

Select "yes" or "no."

If **yes** was selected, provide a narrative explanation and submit copies of all correspondence with the USDOE pertaining to the appeal.

Provide Financial Responsibility Composite Score and 90/10 Revenue Percentages for 2016, 2017, and 2018.

Is the institution on Heighten Cash Monitoring with the Department?

Select "yes" or "no."

If "yes," please choose the appropriate level. HCM1 or HMC2

Has the institution posted a letter of credit?

Select "yes" or "no."

If "yes", please enter the amount and expiration date.

Is the institution's certification with the department provisional?

Select "yes" or "no."

To complete the Financial Delineation Form, provide the date the form was completed and the name of the individual completing the form. Check the box to attest to the provided information's accuracy.

CALCULATION OF SUSTAINING FEES

Institutional Members

Your institution's sustaining fees are based on the total gross annual tuition charged. Provide the total gross annual tuition from July 1, 2018 to June 30, 2019.

	Gross Annual Tuition	Fee
Group I	\$0 – \$199,999	\$2,200
Group II	\$200,000 – \$399,999	\$2,700
Group III	\$400,000 – \$599,999	\$3,800
Group IV	\$600,000 – \$799,999	\$5,500
Group V	\$800,000 – \$999,999	\$6,500
Group VI	\$1,000,000 – \$2,999,999	\$8,200
Group VII	\$3,000,000 – \$4,999,999	\$8,700
Group VIII	\$5,000,000 – \$7,999,999	\$10,400
Group IX	\$8,000,000 – \$9,999,999	\$12,000
Group X	\$10,000,000 and up	\$15,000

Programmatic Members

Your program's sustaining fees are based on the total number of students enrolled in the program(s). Provide the total number of students enrolled in the program(s) from July 1, 2018 to June 30, 2019. The total number of students enrolled is calculated by adding your programs beginning enrollment, new starts and re-entries.

	Number of Students Enrolled	Fee
Group I	1 – 75	\$1,500
Group II	76 – 200	\$3,200
Group III	201 – 300	\$4,000
Group IV	301 – 500	\$5,500
Group V	501 – 750	\$6,500
Group VI	751 – 900	\$7,500
Group VII	901 – 1200	\$8,500
Group VIII	1201 – 2500	\$9,500
Group IX	2501 – 3500	\$10,500
Group X	3501 – 4500	\$11,500
Group XI	4501 – 6000	\$12,500
Group XII	6001 and up	\$14,000

The sustaining fee owed will display on the dashboard once you've submitted your report.

Sustaining Fee

The below amount is the calculated sustaining fee. Please submit the sustaining fee to the ABHES office.

The sustaining fee must be received no later than 5:00 p.m. on Tuesday, November 5, 2019.

REQUIRED DOCUMENTS TO BE SUBMITTED

The institution must upload/send the following required documents to ABHES in addition to the annual report document in order for the annual report to be considered complete:

Sent to The ABHES Office:



Annual Sustaining Fee Check

Uploaded via the Annual Report Management System:

- Annual Sustaining Fee (copy of check for proof of payment)
- Current Catalog
- Credentialing/Licensure Back-Up Documentation (if applicable)*
- Placement Back-Up Documentation*
- Retention Back-up Documentation*

*Institutions and programs must use the ABHES back-up documentation forms found at www.abhes.org/annualreport. Failure to utilize the current ABHES back-up forms will cause the submission to be automatically unverifiable. At the same web address, there are tutorial videos to assist in walking through the use of the ABHES Back-Up Documentation forms. These tutorials are available on the following subjects: Getting Started, Pasting Data, Adding / Deleting Rows, Data Entry – Retention, Data Entry – Placement, Data Entry – Credentialing, Corrections – Retention, Corrections – Placement, and Corrections – Credentialing.

The following sections are potentially required:

- Appendix for Increase(s) of Enrollment
- Retention Action Plan(s)
- Placement Action Plan(s)
- Credentialing Action Plan(s)
- Distance Education Action Plan(s)

Each required document needs to be saved and uploaded individually. It is important to name each of your files with your ABHES ID#. For example, when submitting the Retention Back-Up Documentation Form it should be named:

I-560_retention_back-up_doc_form_2018-2019.

ACTION PLANS

If you report a retention, placement or credentialing/licensure rate below 70%, you are required to complete an action plan. The action plan must be completed for each program and each outcome below 70%. The action plans are located on the page where you entered the program outcome information.

ENROLLMENT INCREASE APPENDIX

For any program with an enrollment increase of 50% or greater, you are required to complete an appendix. This section is located on the page where you entered the enrollment information.

ANNUAL REPORT SIGNATURE


Please enter the name and title of the individual submitting the 2018-2019 ABHES Annual Report.

SUBMISSION PAGE

Once all of the required sections are complete and error free, you will be required to check the box and verify all the information being submitted is correct to your knowledge. Once you select the box, the “submit annual report” button will activate. You must select that in order to submit your online portion of the annual report.

The Annual Report is complete when you have successfully submitted the annual report online and your check for the annual sustaining fee has been received in the ABHES office. Once your annual report has been submitted, you will receive an email confirming the submission.

Failure to file the Annual Report or promptly pay the annual sustaining fees will result in a \$2,500 annual report delinquency fee and a show-cause directive may be issued if your submission remains incomplete 10 days following the due date. Your Annual Report will be considered late if your sustaining fee is not received by 5:00 p.m. ET, November 5, 2019. Any fees received postmarked November 5, 2019 or not sent November 4, 2019 for overnight delivery will be considered late and result in a \$2,500 annual report delinquency fee.

 **Important Note:** Subsequent correspondence regarding the Annual Report and submitted rates will be sent to the institution’s primary contact via email from annualreport@abhes.org. It is imperative that your email settings be configured to accept email from annualreport@abhes.org.

QUESTIONS

If you have any questions concerning the annual report, please contact the Annual Report Team at annualreport@abhes.org.