



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | ABHES

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# **2018-2019 ANNUAL REPORT**

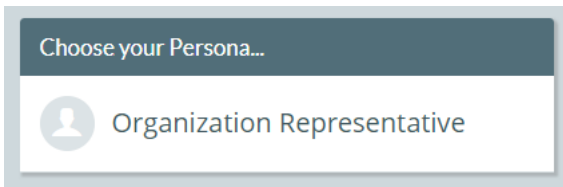
## **VERIFICATION INSTRUCTIONS**

**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](mailto:annualreport@abhes.org) to ensure the verification report is sent to the institution.

**Please complete this verification by Wednesday, July 31, 2019 in order 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.**

**\*\*IF ANY OF THE INFORMATION LISTED IN THE VERIFICATION REPORT IS INCORRECT, PLEASE CONTACT ABHES AT [ANNUALREPORT@ABHES.ORG](mailto:ANNUALREPORT@ABHES.ORG).\*\***

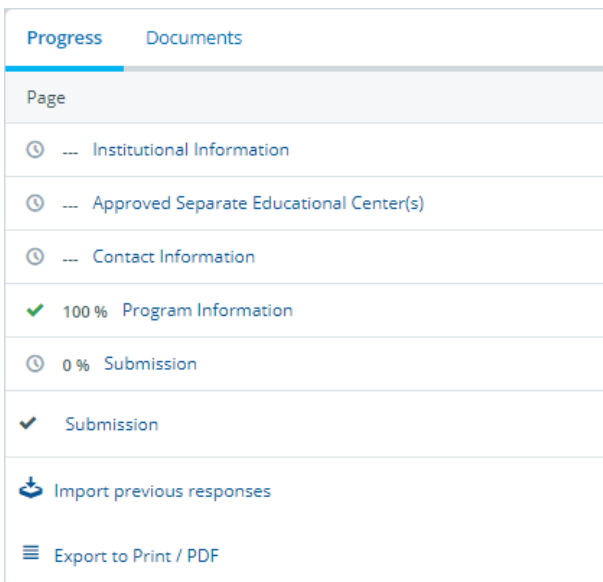
**Once your institution has reset the password, please log into the annual report platform using the link in your email. Once you log in, please select “Organization Representative”.**



**Once you’re logged in, you will select the 2018-2019 Verification Report for your institution under “Scheduled Items”. After you’ve selected the verification report, please navigate each of the below sections to confirm the data is correct.**

### NAVIGATION

To navigate from one section of the report to another, you can select the page on the right-hand side of the screen:



## INSTITUTIONAL INFORMATION

This section requires you to confirm general information about your institution including name, ABHES ID, address, phone/fax numbers, and website address. Once this information is confirmed, please click the “next” button on the bottom right hand side.

## 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 center, this section will be blank. Click on the “next” button on the bottom right hand side to continue.

## CONTACT INFORMATION

This section will list the contact information for institution’s primary contact. Once this information is confirmed, please click on the “next” button on the bottom right hand side.

## PROGRAM INFORMATION

This section provides a program synopsis for any program active and approved during the 2018-2019 reporting year (July 1, 2018 – 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, Length in Weeks (Day, Evening, and Weekend), Academic Credit Hours (Quarter, Semester) and Method of Delivery.

Each program will be displayed similar to the below. To access the full program information, please click on the icon located on the right-hand side of the table.

### PROGRAM INFORMATION

Please verify the program synopsis for each program offered during the reporting year, July 1, 2018 - June 30, 2019:

Medical Assisting	Certificate	51.0801	
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### Program Information

Please verify the program synopsis for each program offered during the reporting year, July 1, 2018 - June 30, 2019:

Program Name			Credential Awarded		CIP Code
Medical Assisting			Certificate		51.0801
Number of Clock Hours			Academic Credit Hours		Method of Delivery
In Class	Recognized Outside	Total	Quarter	Semester	
1300	0	1300			• Residential

**The fields that you are able to edit on the verification page will be the CIP Code. You must enter information into the CIP Code column. Information will only appear in the Recognized Outside Hours column only if your institution has on file with ABHES approval for Recognized Outside Hours. All other information will be read only.**

It is important that this information is 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@abhес.org](mailto:annualreport@abhес.org) immediately. Please remember that this information listed is what was approved as of June 30, 2019. Once this information is confirmed, please click on the “next” button on the bottom right hand side.

## **SUBMISSION**

This section will display the percentage of completeness for the Program Information section 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](mailto:annualreport@abhes.org) before submitting the verification report.

Once the program information is listed as 100% complete and you have verified that all the information is correct, please continue to the submission page where you will enter the name and title of the individual submitting the report and check the box at the bottom of the page acknowledging that you have verified all the information being submitted and click the submission button.

Once the verification report has been submitted, the primary contact will receive an email confirming submission within 24 hours. If you have completed the verification report and have not received confirmation, please contact ABHES immediately.