

# THE ANNUAL REPORT GUIDEBOOK

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

ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS | [WWW.ABHES.ORG](http://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 invitation link provided in the email that invites you to access the new ABHES membership portal. This will bring you to a page where you can sign up with an invitation code, click "Register". You can also access the membership portal by [clicking here](#).

The login page looks like this:

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[ABHES Website](#) [Membership Directory](#) [Sign in](#)

[Sign in](#) [Redeem invitation](#)

Welcome to the ABHES Accreditation Portal

### SIGN IN WITH AN ABHES ACCOUNT

Email

\* Password

Remember me?

[Forgot your password?](#) [Sign in](#)

Once you are at the login page, enter your Username (primary contact's email address) and Password. If you have registered already, but forgot your password, click the "Forgot your password?" link to reset it. You will enter the email address associated with the account and an email will be sent to this address so you can reset your password.

After you enter your credentials, it will bring you to your profile dashboard. To begin working on the annual report, click on the tab at the top of the page titled "Annual Reports".

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[ABHES Website](#) [Membership Directory](#) [Annual Reports](#) [Holly Doering -](#)

Home > Profile

## PROFILE

You can select the report that is available to you by clicking on the ABHES ID# on the left-hand side of the page.

Home > Annual Reports

## ANNUAL REPORTS

ABHES ID (Institution)	Institution	Report Year ↓	Accreditation Type (Institution)	Open Date	Close Date
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To log out of the membership portal, click on your name in the top right of the navigation bar and click sign out to exit.

Holly Doering ▾

- Profile
- Sign out

# ANNUAL REPORT INSTRUCTIONS



**DEADLINE:** *The Annual Report for the July 1, 2019, through June 30, 2020, reporting period is due by 5:00 p.m. ET, Tuesday, December 1, 2020.*

## 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.

The Annual Report will consist of three separate sections:

1. Program Information
2. Questionnaire
3. Financial Report

You will see each section listed and the percentage of completeness for each.

## ANNUAL REPORT

Complete the following sections and click the 'Submit' button when you are done

Annual Report - I-999 - 2019 - 2020  Closes on 12/01/2020 05:00 PM

Program Information

Questionnaire

Financial Report

# PROGRAM INFORMATION

## ANNUAL REPORT - PROGRAM INFORMATION

ABHES ID	Name	Location
I-999	ABHES Test College	Springfield, VA

### Program Documents

#### Instructions

1. Download your spreadsheet zip file by clicking the link below
2. Extract the zip and complete the program worksheets
3. Drag and drop or manually upload your worksheets
4. Once all documents are uploaded successfully, click "Verify Documents"

[Download Program Document Templates](#) ⓘ


If you need to regenerate your zip file, click [here](#)

Search:

Name	Credential	Total Clock Hours	Retention	Placement	Exam Pass Rate	Status
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Once you click into the program information, it will provide instructions on how to download the program templates. There will be one program template (Excel document) per approved program. These excel files will need to be filled out completely and then uploaded to this page.

The program templates will calculate the program outcomes listed above (Retention; Placement; and Exam Pass Rate).

 **Important Note:** The system will reject any document that is not an .xlsx file, If you try and upload a document with an error status in column B3 of the spreadsheet, you would see the status reflected accordingly and you will not be able to "Verify Documents".

## PROGRAM OUTCOMES

### Retention Statistics

Complete the for the period of July 1, 2019 to June 30, 2020.

Include all enrolled students and those who started during the period July 1, 2019, through June 30, 2020 and complete the Beginning Enrollment, Re-Entries, New Starts, Ending Enrollment and Graduates columns for each program.

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:

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

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

**EE, Ending Enrollment** - Refers to the total student enrolled population, by program, as of June 30, 2020, 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, 2019 and June 30, 2020, 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, 2018 - June 30, 2019) and is still enrolled in the program on July 1, 2019, 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, 2019 to June 30, 2020.

**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.



**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

Include all students who completed all requirements and graduated between July 1, 2019 and June 30, 2020, regardless of when they enrolled and complete the Graduated from program, Placed, Number Not Placed or Placed Out of Field, and Unavailable columns for each program.

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

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

<b>P</b>	=	Placed graduates
<b>G</b>	=	Total graduates
<b>U</b>	=	Graduates unavailable for placement
<b>P</b>	=	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, 2019 to June 30, 2020.

**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

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 the only pathway to employment in the program attempting and passing a license or credential examination within six months or less of program completion as required by a regulatory body (e.g., state or other governmental agencies) in the state in which the student or program is located; or is the program accredited by another agency that requires graduates to participate in a license or credentialing exam?**

Select “yes” or “no.”

If you selected **yes**, complete the additional questions in the Excel spreadsheet, which 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, 2019 to June 30, 2020 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%.

# QUESTIONNAIRE

The Annual Report Questionnaire will walk you through a series of questions related to your institution. After each section, you will need to check the box and the bottom of the page confirming the information displayed or entered is correct.

I confirm that the information above is accurate as of today.

If this information is not correct, please contact [AnnualReport@abhes.org](mailto:AnnualReport@abhes.org)

I confirm that the information above is accurate as of June 30, 2020.

If this information is not correct, please contact [AnnualReport@abhes.org](mailto:AnnualReport@abhes.org)

The questionnaire consists of eight separate sections:

1. Institution Information
2. Contacts
3. Separate Educational Centers
4. Programs
5. Ownership
6. Legal Status
7. Enrollment
8. Surgical Technology (if applicable)

## INSTITUTION INFORMATION

Please confirm your institution's information. You may update information if any changes are needed. Sections that will allow updates include the phone number, fax number, website URL and OPE ID#. 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 is locked. If you need to make changes to any other information you will need to contact the Annual Report Team at [annualreport@abhes.org](mailto:annualreport@abhes.org).

## CONTACTS

Please confirm your institution's contacts. You may add, update or remove institution contacts if there are any changes needed. First name, last name, email address and title are required when adding a new contact.

## SEPARATE EDUCATIONAL CENTERS

Please confirm your institution's separate education centers. The information in this section is locked. If you need to make changes you will need to contact the Annual Report Team at [annualreport@abhes.org](mailto:annualreport@abhes.org).

## OWNERSHIP

### The institution is considered:

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

### Indicate the ownership type by selecting one of these eight 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.

## LEGAL STATUS

**Since July 1, 2019 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.**

## ENROLLMENT

### **Provide the total student enrollment per program.**

In the table, list the total student enrollment for the 2018-2019\* reporting period and the total student enrollment for the 2019-2020\*\* reporting period for each program. The last column “% of Increase/Decrease from 2018-2019 to 2019-2020” is calculated automatically.

\*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.

\*\* Total student enrollment for July 1, 2019 through June 30, 2020 is calculated by adding to the July 1, 2019 beginning enrollment (BE), all new starts (NS), and re-entries (RE) for each ABHES accredited program.

If your program had no enrollment in either 2018-2019 or 2019-2020 enter (0) zero in that column.

### **What percentage of the institution's (all campuses) students are enrolled in active health programs?**

Provide the percentage.

### **What percentage of its active programs (all campuses) are in the health education field?**

Provide the percentage.

### **Is the institution (all campuses) currently in the process of developing any non-allied health programs?**

Select “yes” or “no.”



## SURGICAL TECHNOLOGY

### **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, 2019 – June 30, 2020.**

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.

### **Using first-time and all attempt scores, identify the pass rate for students who took the Certified Surgical Technologist Exam (CST) during the period of July 1, 2019 – June 30, 2020.**

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 and those who passed (all attempts) who graduated during the period July 1, 2019 - June 30, 2020.

### **Provide the pass rate percentage for the CST exam (first attempt) for the previous three reporting periods and provide the pass rate percentage for the CST exam (all attempts) for the previous three reporting periods.**

The institution is to report the pass rate percentages for July 1, 2016 - June 30, 2017, July 1, 2017 - June 30, 2018 and July 1, 2018 - June 30, 2019.

### **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, 2019 – June 30, 2020.**

### **Using first-time and all attempt scores, identify the pass rate for students who took the TS-C exam during the reporting period July 1, 2019 – June 30, 2020.**

The institution should review the TS-C exam score report outlining first-time takers and those who passed (all attempts) who graduated during the period July 1, 2019 - June 30, 2020.

### **You will be prompted to upload TS-C exam score reports (including reports from all credentialing agencies utilized) for the period July 1, 2019 - June 30, 2020. Identify those graduates who may appear on the report but who were from a previous reporting period.**

**Reminder:** Graduates from a previous reporting period should not be included in the July 1, 2019 – June 30, 2020 reported pass rate percentages.

**Provide the survey participation rates for graduate and employer satisfaction surveys administered during the period of July 1, 2019 – June 30, 2020.**

*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, 2019 – June 30, 2020.**

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 REPORT

## *(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](mailto:financial@abhes.org).

### **Provide fiscal year end date.**

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

- Cash end year
- Total current assets
- Total current liabilities
- Current ratio
- Equity or total net assets (non-profit)
- Total revenue
- Net income or change in net assets (non-profit)

### **Enter your institution's gross annual tuition.**

#### **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 report, including:

#### **Provide complete OPE ID number.**

#### **Upload your financial audit determination letter.**

### *Cohort Default Rates*

Provide the institution's official 3-year annual cohort default rates provided by the Secretary for 2015, 2016, and 2017. 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."

#### **Is the institution owned by a parent company?**

Select "yes" or "no."

**Has a default management plan been submitted in the last 12 months?**

Select "yes" or "no."

**Have you filed an appeal or have a pending appeal with the United State Department of Education in the last 12 months?**

Select "yes" or "no."

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

Select "yes" or "no."

**Provide Financial Responsibility Composite Score and 90/10 Revenue Percentages for 2018, 2019, and 2020.**

**Has the institution been on Heightened Cash Monitoring with the Department in the last 12 months?**

Select "yes" or "no."

**Has the institution posted a letter of credit?**

Select "yes" or "no."

**Is the institution's certification with the department provisional?**

Select "yes" or "no."

## 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, 2019 to June 30, 2020.

	<b>Gross Annual Tuition</b>	<b>Fee</b>
<b>Group I</b>	\$0 – \$199,999	\$2,200
<b>Group II</b>	\$200,000 – \$399,999	\$2,700
<b>Group III</b>	\$400,000 – \$599,999	\$3,800
<b>Group IV</b>	\$600,000 – \$799,999	\$5,500
<b>Group V</b>	\$800,000 – \$999,999	\$6,500
<b>Group VI</b>	\$1,000,000 – \$2,999,999	\$8,200
<b>Group VII</b>	\$3,000,000 – \$4,999,999	\$8,700
<b>Group VIII</b>	\$5,000,000 – \$7,999,999	\$10,400
<b>Group IX</b>	\$8,000,000 – \$9,999,999	\$12,000
<b>Group X</b>	\$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, 2019 to June 30, 2020. The total number of students enrolled is calculated by adding your programs beginning enrollment, new starts and re-entries.

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

**An invoice for the sustaining fee owed will be generated once the annual report has been submitted.**

## ADDITIONAL INFORMATION REQUIRED

### 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 address the following questions.

1. Why does the institution believe the rate is below benchmark? Please include an analysis detailing the trends that are affecting the rate.
2. What activities or initiatives is the institution taking to improve the rate based on its analysis? What is the timeline for implementation and reassessment? When does the institution plan to achieve compliance?
3. Please upload supporting documentation for this action plan.

### ENROLLMENT INCREASE APPENDIX

For any program with an enrollment increase of 50% or greater, you are required to complete an appendix. The appendix will require you to explain how the increase impacts each of the following:


1. Availability of resources including:
  - a. class sizes
  - b. classroom facilities
  - c. laboratories
  - d. faculty
  - e. student services
  - f. clinical education experiences
2. Program retention
3. Graduate results on required licensing or credentialing exams
4. Program placement in the field of study

## SUBMISSION PAGE

Once all of the required sections are complete and error free, a “Submit and Invoice” button will activate. You must select that in order to submit your online portion of the annual report and retrieve your annual sustaining fee invoice.

The Annual Report is complete when you have successfully submitted the annual report online and your annual sustaining fee has been received. 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, December 1, 2020. Any fees received postmarked December 1, 2020 or not sent November 30, 2020 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](mailto:annualreport@abhes.org). It is imperative that your email settings be configured to accept email from [annualreport@abhes.org](mailto:annualreport@abhes.org).

## QUESTIONS

If you have any questions concerning the annual report, please contact the Annual Report Team at [annualreport@abhes.org](mailto:annualreport@abhes.org).