



Fostering excellence in education for the future of genetic counseling

The following survey comprises the Report of Current Status form. The deadline for submission is June 15, 2019.

If you completed this form last year, your first step is to import your 2018 RCS responses into this year's form. Please see Importing Previous Responses section below for further instructions.

You do not need to complete the survey in one sitting. The system will allow you to enter responses, save your current progress and finish the submission later.

Thank you.

Importing Previous Responses

- If you completed the 2018 RCS, you can import the majority of your responses into the 2019 RCS.
- To import your responses from the 2018 RCS:
 - Click the Exit button in the top right-hand corner of this page. This will take you to the Instrument Response Summary page.
 - At the bottom of the navigation menu on the right, click on the **Import Previous Responses** link.
 - In the Import pop-up, select Report of Current Status (2018) in the Previous Responses drop down and click Import.
 - Allow a few minutes for the system to import the data. Click the Refresh arrow button at the top of your browser to refresh your web page.
 - The 2019 RCS is now auto-filled with the majority of your responses from the 2018 RCS.
- Please Note: It was not possible to electronically transfer the 2018 RCS responses into this system. We manually entered the 2018 RCS responses to have them auto-fill on the 2019 RCS and save you time. Therefore, please confirm all auto-filled responses.
- Certain fields were not set up to auto-fill with last year's responses, because they will most likely need to be updated.
- Any documents that you uploaded for your 2018 RCS response will not auto-fill.
- You will be able to update the auto-filled responses. It is your responsibility to review all information contained herein and update accordingly.

Navigating the Survey

- Use the Previous or Next links at the bottom of each section page, the arrows next to the Save button at the top of the page, or the appropriate section links in the right navigation menu.
 - **Do not use the back button in your browser without saving your data first or it will not be saved.**
- To save your work at any point, click the Save button at the top of the page.
- Questions will be hidden, if not applicable, based on your previous answers. The survey will skip to the next relevant question number.

Uploading Attachments

- If you are required to upload any attachments, the system will allow you to upload documents in the appropriate area.
 - You can upload only one document in each field that contains an upload link.
 - If there is not a designated space to upload your specific additional documents, you may upload them under Documents on the Signature page. Use the Remarks box to note the question number for which the document is intended.
- To upload multiple documents at once:
 - On the top right navigation, click the down arrow to the right of PROGRESS and select Documents in the drop down.
 - Upload your documents.
 - For each uploaded document, navigate to the question for which the document is intended. Beneath the upload link in the question field, select the appropriate document from the list in the drop down.
- To view or remove the uploaded documents:
 - On the top right navigation, click the down arrow to the right of PROGRESS and select Documents in the drop down.
 - If you exit the survey, the Documents section may be accessed at the top of the navigation menu on the Instrument Summary Response page.

User Guide & FAQs

We recommend that you check out the User Guide and System FAQs posted [here](#). **We suggest bookmarking this page for future reference.** The User Guide and System FAQs contain helpful hints on how to navigate the system to complete the RCS.

Q-1

Does your program hold Accredited New Program status currently?

Q-2

Have you taken your first class?

Q-3

When did you start (or plan to start) your first class?

Month	Year

Q-5

Have you taken your second class?

Q-6

If yes, how many students are in your second class?

Program & Personnel Information

Q-7

Program & Personnel Information

Program Name	
Program Director	
Sponsoring Institution	
School/Division/Department	
Street Address	
City	
State	
Zip Code	
Phone	
Fax	
Program Website Address	

Q-8

Sponsoring Institution Direct Administrative Oversight

Name	
Position	
Phone	
Email	

Q-9

Has this program information changed from the previous year?

Program Leadership

All Genetic Counseling Programs accredited by ACGC must complete the information requested in the following questions.

If ACGC required additional information from your program either on your accreditation letter, annual Report of Current Status approval letter, or probation notification, it must be attached to this survey. You can attach them in the "General Documents" area at the end of the survey. If all of the required materials are not submitted, ACGC will not review your program's Report of Current Status response.

STANDARD

A2 Program Personnel/Faculty

(A2) [🔗](#)

Program leadership includes: Program Director/Co-Director, Assistant/Associate Program Director, Clinical Rotation Coordinator, Research Coordinator, Medical Director, or other program leadership position that you have identified.

Q-10

Has there been any change in program leadership since the time of your last Annual Report of Current Status or Full Accreditation?

You must attach a current biosketch for each new position (using the ACGC biosketch template).

Q-11

When attaching a biosketch, please use the template provided here: <https://www.gceducation.org/forms/>

STANDARD

a. Program Leadership full time equivalent (FTE) requirements

- There should be an institutionally supported minimum of 1.0 FTE dedicated to Program Leadership. In addition to standard administrative responsibilities as defined above, Program Leadership activities may include course instruction, thesis/research committee participation and departmental responsibilities related to faculty appointment, but not direct clinical supervision
- There should be a minimum ratio of paid FTE Program Leadership per total student enrollment (full or part time):
 - 1.0 FTE o 11-15 students:
 - 1.0 -1.25 FTE o 16-20 students:
 - 1.25-1.5 FTE o 21-25 students:
 - 1.5-1.75 FTE o ≥26 students:
 - 1.75-2.0 FTE

ANNOTATIONS:

- ACGC will consider, on a case-by-case basis, program requests to have less than the required FTE dedicated to Program Leadership. Such requests must be submitted in writing. The request must include description of current activities of Program Leadership, total student enrollment, and justification for the request.
- The above ratio requirement for an individual program may be increased if, based on the judgment of ACGC, the above-listed ratios are insufficient to meet the needs of a specific program.

b. Program Leadership Personnel Change Policy The program has a responsibility to communicate to the ACGC, in a timely manner, all personnel changes involving Program Leadership positions. When such a change occurs, the Program Director or program administration must notify the ACGC in writing and include the following items:

- The expected date of the personnel change
- Formal plan and timeline for replacement
- The person or persons who will be responsible for fulfilling the duties of the position – if more than one, designate primary contact for communications with ACGC
- The time commitment (FTE) of each interim/replacement individual
- The CV of the responsible person(s) to confirm his/her qualifications

ANNOTATION: Except in the cases of an emergency change in personnel, the ACGC must be notified at least 30 days prior to commencement of the change. The failure to comply with any aspect of this policy places a program in noncompliance with the Standards and at risk for probation or revocation of accreditation status. In the case of sudden, unplanned loss of Program Leadership personnel, ACGC must be notified within 2 weeks of the occurrence, and a plan/timeline for replacement must be provided.

c. Program Director/Co-Director Leave of Absence Policy

- A leave of absence is defined as being absent from the position of Program Director for 30 or more consecutive days. A leave of absence may be anticipated, e.g. due to a maternity leave, or unanticipated, e.g. due to illness.
- The program administration must notify the ACGC in writing of the Program Director's leave of absence in a timely fashion. Except in the case of an emergency leave of absence, the ACGC must be notified at least 30 days prior to commencement of the leave. This notification must include:
 - The expected length of time the Program Director will be absent
 - The anticipated date of return
 - The person or persons who will be responsible for fulfilling the specific duties of the Program Director as the Interim Director(s)
 - The CV of the Interim Director(s)
 - The time commitment (FTE) and specific responsibilities of this/these individual(s) during the Director's absence
 - If more than one person will be Interim Director, one person must be designated as the primary contact for communications with the ACGC

ANNOTATION: During the leave of absence, the total FTE for the Director position is still expected to account for at least 1.0 FTE and total program leadership should be maintained at minimum requirements for size. The program is expected to have a current, operational plan in place at all times for sustaining the activities handled by the Program Director(s) during extended absences. This plan must be outlined in every accreditation application. Failure to comply with any aspect of the leave of absence policy places a program in noncompliance with the Standards and at risk for probation or revocation of accreditation status.

[\(A2.1.1 Program Leadership Policies\)](#) 

Total Program Leadership FTE (Std A2.1.1a)

There should be a minimum ratio of paid FTE Program leadership per total student enrollment full or part time. (e.g. 1.10 FTE with 14 students enrolled)

Up to 10 students	1.0 FTE
11-15 students	1.00 - 1.25 FTE
16-20 students	1.25 - 1.50 FTE
21-25 students	1.50 - 1.75 FTE
26 or more students	1.75 - 2.00 FTE

Q-12

Please provide the total program leadership FTE.

Q-3180

Please provide the total number of all students currently enrolled in the program.*

**Current students includes those students you have accepted for the new cohort in the fall*

Administrative Support

STANDARD

The program must have adequate administrative support staff to provide for the administrative needs of the program, with an institutionally supported minimum of 0.5 FTE strongly recommended. The person(s) assigned to provide administrative support report to the Program Leaders who will define his/her specific responsibilities. The ACGC may determine that the FTE allotted to program administrative support may need to be more than the 0.5 FTE based on the number of students, academic and administrative complexity of the program and responsibilities required. [\(A2.4 Administrative Support Staff\)](#) 

Q-13

Does your program have at least 0.5 FTE total administrative support?

Q-14

If no, please explain:

Program Design

A1.1.2

The graduate degree-granting institution is the sponsoring institution that applies for accreditation. This institution assumes primary responsibility for the program, although it can partner with other institutions that are responsible for providing one or more core program components.

The graduate degree-granting institution is responsible for:

- Complying with the ACGC Accreditation Standards and policies
- Hiring and maintaining faculty and staff in sufficient numbers, and with the expertise and experience required to fulfill ACGC requirements
- Supporting the planning by program faculty of curriculum design, course selection and program assessment
- Permanently maintaining student transcripts
- Conferring the credential and/or academic degree which documents satisfactory completion of the educational program
- Ensuring that all genetic counseling program personnel and student policies are consistent with federal and state statutes, rules and regulations
- Addressing appropriate security and personal safety measures for genetic counseling students and faculty in all locations where instruction occurs
- Ensuring fiscal stability of the program

[\(A1.1.2\) ↗](#)

Q-15

Title of degree granted (e.g. MS/MSc in Genetic Counseling/Human Genetics, etc.):

Has this information changed from the previous year?

STANDARD

All graduate programs in genetic counseling are required to provide training over a minimum of 21 months or 2 academic years.

[\(A3.2.5 Length of Training: \) ↗](#)

Q-16

Length of program in months:

Has this information changed from the previous year?

Q-17

Please explain why the program is less than 21 months:

Q-18

Total number of academic periods:

Specify period type:

Has this information changed from the previous year?

Q-19

Total required credit hours:

Has this changed from the previous year?

Q-20

Please explain the change:

Q-21

Total Program Tuition and Fees - Resident	
Total Program Tuition and Fees - Non-Resident	
Website Link to Program Tuition and Fees	

STANDARD

The institution must publish and make readily available a general bulletin or catalogue (web and/or paper-based) about the educational program. It must include:

- All admission requirements
- Current accreditation status
- Estimation of all cost (tuition, fees, etc.) related to the program
- Degree requirements

(A3.1.2) [↗](#)

Q-22

Does your students' average actual cost differ significantly from the above (e.g. scholarships/financial aid)?

Has this information changed from the previous year?

Q-23

Please explain:

Program Statistics

STANDARD

Documentation must be maintained for all students who withdraw or are dismissed from the program including reasons, retention efforts and/or dismissal procedures followed. (C3.2.8) [↗](#)

Enter information below for the cohort of students that started the program in the calendar year specified. Answer questions below regarding attrition. Attrition refers to students who permanently left the program, either for voluntary or involuntary reasons.

Q-24

For students leaving the program in the current academic year, describe the reason(s) for each departure.

Number of Students Leaving	Reason(s) for Leaving the Program
----------------------------	-----------------------------------

No students left the program

Q-25

If any students were dismissed from the program in the current academic year for academic, clinical, or professional reasons, describe the remediation actions taken to maximize the likelihood of retention.

Number of Students Dismissed	Reason for Dismissal	Remediation Actions Taken

No students were dismissed from the program

Q-26

Program Statistics

Year of Matriculation	# of Applicants	# of Slots	# Enrolled and Matriculated	Attrition* (n)	Percent Retention (0-100)	# of Graduates to Date
2019						
2018						
2017						
2016						
2015						
2014						
2013						

Q-27

Did any student in the current graduating cohort require more than the minimum number of months (reported program length) to complete their required training?

Q-28

Please provide further details:

Instructional Faculty/Staff

A2.2

A2.2 Instructional Faculty/Staff

(A2.2) [↗](#)

Q-29

Do you have any instructional faculty/staff departures to report?

Q-30

Primary* Instructional Faculty/Staff departures since last annual report.

** Refers to the person(s) who have the primary responsibility for leading/coordinating the course, not individual lecturers.*

Name	Date Departed	Course(s)/Subject(s) Taught	Describe how the program is addressing the impact of the vacancy

Q-31

Did you have any Faculty/Staff additions since last annual report?

Q-32

Primary* Instructional Faculty/Staff additions since last annual report.

** Refers to the person(s) who have the primary responsibility for leading/coordinating the course, not individual lecturers.*

Please attach a biosketch for each new faculty member using the ACGC biosketch template (<https://www.gceducation.org/forms/>), limited to 2 pages.

Name	Date Added	Course(s)/Subject(s) Taught	Biosketch

Q-33

Are there currently any unfilled positions among required instructional faculty/staff?

Q-34

Explain how this is being addressed:

Curriculum Changes

STANDARD

Instructional Content

(B2) [↗](#)

For each section, describe how any changes align with the Standards and student achievement of the Practice-Based Competencies.

Q-35

Do you have any curriculum changes?

Q-36

New Required Courses

Please provide a description and attach a syllabus for each new course.

Title of New Course	Please upload course syllabus

No New Courses

Q-37

Discontinued Courses

Please list and explain where material from discontinued courses is now covered. If not covered, please explain.

Title of Discontinued Course	Where is Course Content Now Covered?	If Not Covered, Explain Why

No Discontinued Courses

Q-38

Are any required courses offered through distance learning, online or blended format?

Has this information changed from last year?

Q-39

Please list/describe course(s)

Course Title	Format	Description
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Clinical Encounters, Training, & Fieldwork

STANDARD

Clinical Training/Fieldwork Experience

(B3) [↗](#)

Q-40

Clinical Training/Fieldwork Experience

Have there been any changes in the design/structure of clinical and fieldwork placements (e.g. number/length of clinical rotations, types of fieldwork placements) since your last reporting period?

Q-41

Please explain:

STANDARD

Teaching Experience

(B4.1) [↗](#)

Q-42

Student Teaching Experience

Have there been any changes in the student teaching opportunities provided by the program since your last reporting period?

Q-43

Please explain:

STANDARD

Laboratory Experience (B4.2) [↗](#)

Q-44

Laboratory Experience

Have there been any changes in laboratory learning experiences provided by the program since your last reporting period?

Q-45

Please explain:

STANDARD

Research and Scholarly Endeavors

(B4.3) [↗](#)

Q-46

Thesis/Capstone

Have there been any changes in thesis/capstone process/requirements since your last reporting period?

Q-47

Please explain:

STANDARD

Clinical Training/Fieldwork Experience

(B3) [↗](#)

Q-48

Clinical/Fieldwork Training Experiences

Upload the program's rotation schedule for the current academic year (both first and second year students) that includes the following information:

- Student Name (or unique identifier of 2-digit year of graduation and .1, .2, .3, etc. [e.g. 14.1, 14.2])
 - Clinical Site* (Name/City)
 - Practice Setting (Cancer, Peds, etc.)
-

STANDARD

The program must ensure that the students have sufficient access to clinical supervision by board-certified genetic counselors and geneticists who represent a broad range of genetic counseling techniques and styles. The Standards below are specific to those supervisors who are involved in the 50 required core clinical cases (see B3.2.4).

For non-core clinical case or field experiences, the participating faculty and staff may also include social workers, psychologists, non-genetics physicians, and other health professionals with adequate training, experience, and credentials in their respective fields. [\(A2.3 Clinical Supervisors\)](#)

Q-49

Confirmation that there is at least one board-certified genetic counselor/medical geneticist who provides clinical supervision at each site listed.

Q-49A

Please explain:

STANDARD

- Current certification in genetic counseling (ABGC, ABMG, CAGC) or medical genetics (ABMG or Canadian equivalent).
- Sufficient experience as a clinical genetic counselor or medical geneticist
 - At least one year experience as clinical genetic counselor or medical geneticist is recommended.
 - If a clinical supervisor has less than one year of experience, he or she must have a mentorship relationship with a genetic counselor/medical geneticist with supervision experience.
- Adequate preparation in clinical supervision

[\(A2.3.1 Qualifications\)](#)

Q-50

Confirmation that clinical supervisors with less than 1 year experience are in a mentorship relationship.

Q-50A

Please explain:

STANDARD

Affiliation agreements are strongly encouraged when other institutions contribute significantly to the program.

- For permanent and temporary clinical placements that are not part of the sponsoring institution, the program is responsible for obtaining formal affiliation agreement(s) whenever the sponsoring institution requires them.
- Affiliation agreements may also be required when outside institutions assist the program in research, laboratory, or other types of activities
- When formal affiliation agreements are not required, it may be useful for the sponsoring institution to draft a Memorandum of Understanding specifying the agreement for services between the program and the outside institution

[\(A1.1.3\)](#)

Q-51

Confirmation that program has met the requirements of its institution, as well as the requirements of the clinical training sites, for the expectations and protection of students, patients, and institutions. Further, that both parties have agreed in writing (either via an affiliation agreement or other document) to provide clinical training for students of this program.

Q-51A

Please explain:

B3.2

Specific Requirements for Core Cases (B3.2) [↗](#)

Q-52

Clinical Encounters

Complete the table below for your most recent graduating cohort of students with respect to Core Cases (**Logbook Eligible Cases**).

Average Total Number of Clinical Encounters	Average Number of Clinical Encounters per Specialty			
	General Pediatrics	Prenatal	Cancer	Other (Adult/Specialty)

Q-53

Has the graduation of any student in the current cohort been delayed due to inability to complete the required clinical training within reported program length?

Q-54

Please explain:

Program Evaluation

Advisory Board

STANDARD

Advisory Board

(C1) [↗](#)

Q-55

Composition of Advisory Board

Please attach a list of the current members of your Advisory Board that includes the following information: Name, Credential, Affiliation and Expertise.

Q-56

Did you hold an advisory board meeting during the last academic year (Aug [or Sept] - July [or Aug])?

Q-57

Please explain why not:

Q-58

Attach detailed minutes of each meeting since June 1 of last year*

**Please ensure no sensitive identifiable student information is included.*

Meeting End Date	Minutes
------------------	---------

Q-59

Do you have a plan to address advisory board recommendations or identified improvements?

Q-61

Please attach the plan:

Q-62

What is the estimated start date of the implementation of the plan and how long do you anticipate it will take to complete if not already included in plan information?

Evaluation Methods

STANDARD

Programs must define a process for evaluating the performance of key program personnel including Program Leadership and primary instructional faculty/course directors that provides measurement of delineated job responsibilities.

a. Program Leadership (Director, Assistant/Associate Director, Medical Director, Clinical Practicum Coordinator or equivalent):

- Evaluations should include input from multiple stakeholders, such as students, primary faculty, clinical supervisors, department chair, and/or fellow program leaders, as appropriate for the roles of each position
- Evaluations should include self-reflection, goal setting and measurable performance objectives

b. Instructional Faculty/Primary Course Directors Program Leadership should review the performance of primary instructional faculty/course directors including teaching methods and effectiveness conducted as part of the standard course evaluations. Where concerns are noted, a meeting with the faculty member that includes plans for modification/improvement should be documented.

[\(C2.1.3 Personnel Evaluations\)](#) 

Q-63

Have there been any changes in your program evaluation measures methods for Personnel (Directors/Faculty) since your last reporting period (including both administrative and teaching evaluations)?

Q-64

Please explain:

STANDARD

a. Course evaluations must be completed for each course taught within the genetic counseling program. The evaluations must be reviewed by both the Program Leadership and the teaching faculty involved. There must be appropriate documentation of assessment and plans for modification/improvement.

b. The Program Leadership should obtain copies or summaries of evaluations for required courses that students take through other schools or departments. Alternatively, the program may conduct internal assessments of these external courses to ensure that they are meeting the expectations of the students and program.

[\(C2.1.4 Course Evaluations\)](#) 

Q-65

Have there been any changes in your program evaluation measures methods for Courses since your last reporting period?

Q-66

Please explain:

C2.1.5 EVALUATION OF CLINICAL TRAINING/ FIELDWORK EXPERIENCE

The program must define, maintain and document effective processes for the initial and ongoing evaluation of all clinical rotation/fieldwork experiences to ensure that sites and supervisors meet program defined expectations for learning outcomes and performance evaluation measures.

a. Rotation sites:

- The program must document that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience.
- Site evaluation involves Program Leadership monitoring the sites used for supervised clinical practice experiences, and modifying them as necessary to ensure that each student will complete the expected learning outcomes by program completion.
- Students must be provided the opportunity to evaluate each clinical rotation site.

b. Clinical supervision:

- Program Leadership must document that clinical supervisors are providing direct supervision of student performance in accordance with each individual student's skill level and needs, as well as providing appropriate feedback and mentoring throughout the student's clinical training experience.
- Students must be provided with the opportunity to evaluate the primary clinical supervisor(s) for each rotation experience.

[\(C2.1.5 Evaluation of Clinical Training/ Fieldwork Experience\)](#) 

Q-67

Have there been any changes in your program evaluation measures methods for Clinical Training since your last reporting period?

Q-68

Please explain:

Graduates and Performance

Instructions

Use the table below to report on the performance of program graduates on the ABGC Certification Examination for the indicated years.

At the top of the table, enter the number of graduates for each class year.

Then enter:

- the number of new examinees (N)
 - number of new examinees who passed the exam (NP)
 - number of repeat examinees (R)
 - number of repeat examinees who passed the exam (RP)
-

Q-69

	Students Matriculating in 2012				Students Matriculating in 2013				Students Matriculating in 2014				Students Matriculating in 2015				Students Matriculating in 2016			
	Graduates=				Graduates=				Graduates=				Graduates=				Graduates=			
	N	NP	R	RP																
Aug 2014																				
Feb 2015																				
Aug 2015																				
Feb 2016																				
Aug 2016																				
Feb 2017																				
Aug 2017																				
Feb 2018																				
Aug 2018																				
Feb 2019																				

Q-70

Calculate the percentage of graduates for each year that passed the exam as a new or repeat examinee and the overall pass rate **for each matriculating class**.

In calculating the overall pass rate, please include only the pass rate for graduates that attempted the examination.

** Percentage Pass Rate includes only the students who attempted the examination*

	Percentage Pass Rates* Class of 2012			Percentage Pass Rates* Class of 2013			Percentage Pass Rates* Class of 2014			Percentage Pass Rates* Class of 2015			Percentage Pass Rates* Class of 2016		
	New	Repeat	Overall												
% Pass Rate															

Q-71

Upload a copy of your program board performance report for this report cycle only (August 2018 exam and Feb 2019 exam; names removed).

Q-72

Comment on your students' exam performance in relation to previous years as well as the national average - both overall and in specific content areas. If deficiencies are noted, outline your plan for addressing these issues. If you did not have any students sit for the board exam yet, please note that.

Q-73

Were there any eligible graduates among the cohorts listed on the table above who did not sit for the certification exam within three exam cycles?

Q-74

Please explain:

Q-75

Canadian Association of Genetic Counseling (CAGC) Exam:

If any program graduates from the cohorts listed above have attempted the CAGC Exam only, please include performance information below. Include information about the year of graduation / date of exam / number of graduates who attempted the exam / number of graduates who passed the exam.

Q-76

Please upload a copy of CAGC exam reports (names removed) if these are available.

No reports available

Budget and Resources

Budget Information

Q-77

Has there been significant change in the total program budgeted operating expenses in the past year?

Q-80

Is the current budget for the next fiscal year considered adequate to meet the program needs and obligations?

Physical Resources

Physical Resources

STANDARD

Physical Resources (A1.2.2) [↗](#)

Q-82

Are there any significant changes to the program's physical facilities?

Q-83

Please explain:

Q-84

Are there significant changes to the program's learning resources (e.g. computer and audio/visual equipment; instructional materials; full text of current books, journals, periodicals and other reference materials)?

Signature

Q-86

Please add any additional comments or changes not noted elsewhere.

Q-87

Signature:

Please type your name and select today's date.

Name:

Date:

Q-11

When attaching a biosketch, please use the template provided here: <https://www.gceducation.org/forms/>

Position Title

Name & Degrees

Faculty Rank (if applicable)

Program Leadership-related FTE

Phone

Email

ABGC/ABMG certification/re-certification specialty and year

Start Date in Position

Please attach the current biosketch of the new program leadership individual (using the ACGC biosketch template)

[Upload](#)

Is this an interim position?

- Yes
- No
- [Clear](#)

Please comment on plans for hiring a permanent position (if not an interim position, answer "N/A")

Has the position been interim for longer than six (6) months?

- Yes
- No
- N/A
- [Clear](#)

Please attach an interim report on progress towards filling the position

[Upload](#)