



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.

Introduction

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-4

How many students are in your first class?

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

Applies to: [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

Applies to: [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

Applies to: [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:

null

Program Design

A1.1.2

Applies to: [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

Applies to: [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:

null

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:

null

Q-21

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

STANDARD

Applies to: [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:

null

Program Statistics

STANDARD

Applies to: [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
	null

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
	null	null

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:

null

Instructional Faculty/Staff

A2.2

Applies to: [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
		null	null

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
		null	

Q-33

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

Q-34

Explain how this is being addressed:

null

Curriculum Changes

STANDARD

Applies to: [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
	null	null

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

Applies to: [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:

null

STANDARD

Applies to: [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:

null

STANDARD

Applies to: [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:

null

STANDARD

Applies to: [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:

null

STANDARD

Applies to: [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

Applies to: [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:

null

STANDARD

Applies to: [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:

null

STANDARD

Applies to: [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:

null

B3.2

Applies to: [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:

null

Program Evaluation

Advisory Board

STANDARD

Applies to: 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:

null

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
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Q-59

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

Q-60

Please describe why not:

null

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?

null

Evaluation Methods

STANDARD

Applies to: [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:

null

STANDARD

Applies to: [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:

null

C2.1.5 EVALUATION OF CLINICAL TRAINING/ FIELDWORK EXPERIENCE

Applies to: [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:

null

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	N	NP	R	RP	N	NP	R	RP	N	NP	R	RP	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	New	Repeat	Overall	New	Repeat	Overall	New	Repeat	Overall	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.

null

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:

null

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.

null

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-78

Please explain how the change in the budget has impacted your programs.

null

Q-79

If there has been no change in your budget, please explain if there is any impact, negative or positive, on your program.

null

Q-80

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

Q-81

Please explain:

null

Physical Resources

Physical Resources

STANDARD

Applies to: [A1.2.2](#)

Q-82

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

Q-83

Please explain:

null

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)?

Q-85

Please explain:

null

Signature

Q-86

Please add any additional comments or changes not noted elsewhere.

null

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](#)