

# 2024-25 Annual Osteopathic Medical School Questionnaire

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## Start of Block: Introduction

Q487

Welcome to the **2024-25** Annual Osteopathic Medical School Questionnaire (**Annual Survey**).

The Annual Survey is distributed to AACOM's member institutions annually and used as a component of the AOA's Commission on Osteopathic College Accreditation (**COCA**) review for accreditation. Annual Survey data are also used for reporting, research and strategic planning.

Limited and restricted data are reported in aggregated form. Data identified as restricted are student withdrawal, dismissal and leave of absence; preferential admissions agreements; repeaters, decelerated and transfer students; cohort graduation; and tuition discount agreements.

The Annual Survey is divided into **twelve** parts:

- Part 1:** Admissions Process
- Part 2:** Enrollment and Students
- Part 3:** Graduates and GME Programs
- Part 4:** Faculty and Academic Administrator Staff
- Part 5:** Curriculum
- Part 6:** Institutional Software/Systems
- Part 7:** Academic Support
- Part 8:** Campus Climate
- Part 9:** Wellness Initiatives
- Part 10:** Student Financial Aid
- Part 11:** Revenues and Expenditures
- Part 12:** Contract and Grant Activity

Use the Table of Contents to navigate throughout the survey. If at any time you would like to navigate back to the Table of Contents click: "Return to Table of Contents Page".

You may also use the "Back" arrow or "Forward" arrow to navigate throughout the survey.

Contact [Aisha Ali](#) for survey questions or technical assistance.

## End of Block: Introduction

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Start of Block: 1.1. Admissions Objectives and Educational Mission

Q459 If you are an additional location completing **Section 1.1-1. Admissions Objectives and Educational Mission**, do your additional location and parent or main campus have the same admissions objectives and educational mission? **Note: If your response is "Yes," you will be directed to Section 1.2. Strategies to Increase Diversity.** You are only required to enter data on your admissions objectives and educational mission for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (4)

*Skip To: End of Block If you are an additional location completing Section 1.1-1. Admissions Objectives and Educational... = Yes*

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**Q2 1.1-1. Admissions Objectives and Educational Mission** This survey section pertains to your admissions process and priorities. The **following question** covers the alignment of student selection priorities with your educational mission and objectives, the relative importance of students' backgrounds and lived experiences and the way in which COMs use various applicant characteristics in the admissions process. This information will be used to provide more information on student selection to applicants and COM admissions staff. Among the

many factors in your application review, how important is considering applicants for your **2024 entering class** with the following backgrounds and lived experiences?

	Not Important At All (1)	Slightly Important (2)	Moderately Important (3)	Very Important (4)
Racial and ethnic groups that are underrepresented in medicine (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From households with low-socioeconomic status (SES) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First-generation college student (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First-generation medical student (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From your COM's state or region (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a medically underserved area (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a rural area (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From an urban area (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From a Tribal area (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
With a military interest or background (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lived or worked with groups that have experienced disadvantage (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Multilingual (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

From an institution who has a relationship with your COM (e.g., a "bridging" agreement) (12)

A non-science undergraduate major (13)

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q364 You may write a comment below to further clarify your response:

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Q365 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_AdmObj\_EduMsn.**

End of Block: 1.1. Admissions Objectives and Educational Mission

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Start of Block: 1.2. Strategies to Increase Diversity

Q463 If you are an additional location completing **Section 1.2. Strategies to Increase Diversity**, do your additional location and parent or main campus have the same admissions strategies to increase diversity? **Note: If your response is "Yes," you will be directed to**

*Section 1.3. Strategies to Increase Diversity. You are only required to enter data on admissions strategies to increase diversity for your parent or main campus survey.*

- Yes (1)
- No (2)
- Not applicable (4)

*Skip To: End of Block If you are an additional location completing Section 1.2. Strategies to Increase Diversity, do yo... = Yes*

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Q5 The **following five questions** ask how you take educational opportunities into account when evaluating academic metrics in your aims to diversify your incoming class. **“Diversity” should not be understood to be synonymous with race/ethnicity in the questions below, but should be your COM's definition of diversity.** **1.2. Strategies to Increase Diversity**  
Which of the following strategies does your COM use as a part of the admission process; during

application review and in offering interview invitations; during interviews and in making acceptance offers; and in accepting waitlisted applicants? **(Select all that apply)**

- Provide information or training about your COM's diversity goals in admissions to those involved in the admissions process (1)
  - Provide unconscious bias or diversity training to those involved in the admissions process (2)
  - Provide information or training about the impact of educational inequities on academic achievement to those involved in the admissions process (3)
  - Include individuals from diverse backgrounds in the admissions process (4)
  - Include individuals from the local community in the admissions process (5)
  - Use performance data from your recent medical students to identify the full range of MCAT scores and UGPAs submitted by students who succeed in your curriculum (6)
  - Consider applicants' backgrounds and lived experiences prior to considering MCAT scores (7)
  - Look more closely at the applications of individuals whose backgrounds and lived experiences differ from those of most students (8)
  - Consider the alignment between applicants' backgrounds and lived experiences, and your COM's mission and goals (9)
  - Include measures of well-being, resilience or grit in the application process (10)
  - Other **(Write below the other strategies your COM uses):** (13)
-

**Q6 1.2-1. Strategies to Increase Diversity** Which of the following strategies does your COM use during application review and in making interview invitations? **(Select all that apply)**

- Use filters or scoring rubrics that consider an applicant's background or lived experiences (1)
  - Consider an applicant's performance on written tests of personal characteristics **(e.g., the Jefferson Survey of Empathy for Students, Situational Judgement Tests or similar tests)** (2)
  - Remove MCAT scores from application materials after a determination that applicants meet your academic threshold for admissions but before application review (3)
  - Use undergraduate school reputation or major (4)
  - Employ alternatives to the MCAT (5)
  - Employ alternatives to the UGPA (6)
  - Other **(Write below the other strategies your COM uses):** (7)
-



**Q7 1.2-2. Strategies to Increase Diversity** Which of the following strategies does your COM use during interviews and in making acceptance offers? **(Select all that apply)**

- Use ratings or scoring rubrics that consider an applicant's background or lived experiences (1)
- Use MMIs or other station-based interview methods (2)
- Use a structured or semi-structured interview process (3)
- Consider an applicant's performance on written tests of personal characteristics **(e.g., the Jefferson Survey of Empathy for Students, Situational Judgement Tests or similar tests)** (4)
- Remove interviewers' access to MCAT scores or UGPAs (5)
- Give balanced consideration to applicants' academic metrics, backgrounds and lived experiences and personal characteristics in making acceptance decisions (6)
- Other **(Write below the other strategies your COM uses):** (7)

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Q359 You may write a comment below to further clarify your response:

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Q360 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Diversity\_Strategies.**

End of Block: 1.2. Strategies to Increase Diversity

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Start of Block: 1.3. Strategies to Increase Diversity

Q464 If you are an additional location completing **Section 1.3. Strategies to Increase Diversity**, do your additional location and parent or main campus have the same admissions strategies to increase diversity? **Note: If your response is "Yes," you will be directed to Section 1.4. Barriers to Diversity.** You are only required to enter data for admissions strategies to increase diversity for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (4)

Skip To: End of Block If If you are an additional location completing Section 1.3. Strategies to Increase Diversity, do yo... = Yes

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Q361 **1.3. Strategies to Increase Diversity** Which of the following strategies does your COM currently use to increase the diversity of your applicant and accepted pools? **(Select all that apply)** **Note: If selecting "None," a follow-up question should appear** requesting additional information on your COM's future strategies to increase diversity.

- Offer pathway/articulation programs with undergraduate institutions that predominantly serve students from groups that are underrepresented in medicine or have

experienced disadvantage (**e.g., minority-serving institutions, Tribal colleges and/or community colleges**) (1)

- Recruit from undergraduate institutions that predominantly serve students from groups that are underrepresented in medicine or have experienced disadvantage (**e.g., minority-serving institutions, Tribal colleges and/or community colleges**) (3)
- Highlight COM's diversity in recruiting activities (5)
- Provide a pre-matriculation or bridge program (6)
- Address financial barriers to applying to medical school and interviewing (7)
- Address financial barriers to attending medical school (**e.g., scholarship funds; tuition-relief**) for students from groups that are underrepresented in medicine or have experienced disadvantage (8)
- Routinely track outcomes and refine review processes (10)
- Routinely evaluate and plan for necessary academic support resources (11)
- Provide students the option to decelerate the curriculum (12)
- Other (**Write below the strategies your COM uses**): (14)  
\_\_\_\_\_
- None (15)

*Display This Question:*

*If 1.3. Strategies to Increase Diversity Which of the following strategies does your COM currently u...  
= None*

**Q362 1.3-1. Strategies to Increase Diversity** You indicated that your COM does **NOT** currently use the following strategies to help you increase the diversity of your applicant and accepted pools. Which of these strategies are you planning to use in the future? (**Select all that apply**)

- Offer pathway/articulation programs with undergraduate institutions that predominantly serve students from groups that are underrepresented in medicine or have

experienced disadvantage (**e.g., minority-serving institutions, Tribal colleges and/or community colleges**) (1)

- Recruit from undergraduate institutions that predominantly serve students from groups that are underrepresented in medicine or have experienced disadvantage (**e.g., minority-serving institutions, Tribal colleges and/or community colleges**) (2)
- Highlight COM's diversity in recruiting activities (3)
- Provide a pre-matriculation or bridge program (4)
- Address financial barriers to applying to medical school and interviewing (5)
- Address financial barriers to attending medical school (**e.g., scholarship funds; tuition-relief**) for students from groups that are underrepresented in medicine or have experienced disadvantage (6)
- Routinely track outcomes and refine review processes (7)
- Routinely evaluate and plan for necessary academic support resources (8)
- Provide students the option to decelerate the curriculum (9)

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Q366 You may write a comment below to further clarify your response:

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Q367 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Diversity\_Strategies13.**

End of Block: 1.3. Strategies to Increase Diversity

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Start of Block: 1.4. Barriers to Diversity

Q470 If you are an additional location completing **Section 1.4. Barriers to Diversity**, do your additional location and parent or main campus experience the same general barriers when diversifying incoming classes? **Note: If your response is "Yes," you will be directed to Section 1.5. Preferential Admissions Agreements. You are only required to enter data for the general barriers when diversifying incoming classes for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (4)

*Skip To: End of Block If If you are an additional location completing Section 1.4. Barriers to Diversity, do your addition... = Yes*

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**Q9 1.4. Barriers to Diversity** The question below asks about general barriers your COM experiences when diversifying its incoming classes. **Again, in the question below, broadly consider "diversity" as it aligns with your COM's educational mission and goals.** Which

of the following barriers does your school face in diversifying its entering class? **(Select all that apply)**

- Our applicant pool lacks enough individuals from diverse backgrounds (1)
- On average, our applicants from groups that are underrepresented in medicine or that have experienced disadvantage have lower MCAT scores and UGPAs than other applicants (2)
- Our recruiting efforts are not robust enough (3)
- Our institution is not seen as very welcoming to students from diverse backgrounds (4)
- Our mission is less attractive to students from diverse backgrounds (5)
- Our student body lacks diversity (6)
- Our faculty lacks diversity (7)
- Our school has less scholarship money than some of our competitor schools (8)
- Our school has higher tuition than some of our competitor schools (9)
- Our school is in a high-cost area (10)
- Our institution has not yet made a system-wide investment into transforming medical education to achieve its desired diversity aims (11)

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Q357 You may write a comment below to further clarify your response:

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Q358 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Diversity\_Barriers.**

End of Block: 1.4. Barriers to Diversity

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Start of Block: 1.5. Preferential Admissions Agreements

Q326 **1.5. Preferential Admissions Agreements** Indicate what type of preferential admissions agreement(s) your COM offers. **Guaranteed** Interviews are agreements between a COM and an undergraduate program (at the same or, more commonly, a different institution) that guarantee either all students or a certain number of students from that undergraduate program an interview conditional upon criteria met (e.g., GPA or MCAT minimums). These agreements provide more transparency for the applicant during the interview process, prestige for the undergraduate program through affiliation and an applicant pool more likely to select the COM. **Bridge** (or **Bridging**) programs offer preparatory support to students from disadvantaged and/or underrepresented backgrounds by assisting them through the transition to a COM during the year prior to admissions. These programs help students navigate the transition to medical school by offering tutoring and academic coaching, mentorship, as well as classroom and workplace experience. If students meet program requirements during this transitional year, they will matriculate to the COM. **Dual Graduate Degree** programs accept students into two degree programs simultaneously that can be completed in sequence or, in fewer cases, with some shared credits. This would include programs like DO/PhD or DO/MPH. **Joint Admissions** programs are an alliance or partnership between a COM and an undergraduate institution whereby students (including those from disadvantaged and/or underrepresented backgrounds) are admitted to both institutions to assist in their transition from undergraduate to osteopathic medical school. Students are often provided many of the resources available to current osteopathic medical students such as advising and mentorship, as well as a transfer guide for their intended specialty area once matriculating to the COM. **Early Admissions** programs allow high-performing students to apply and be accepted into a COM program by the end of their second or beginning of their third year of an undergraduate program, often prior to taking the MCAT. These students may or may not be required to complete their undergraduate degree prior to matriculation to the COM, often taking the form of dual degree programs like BS/DO or BA/DO. **Shortened Curriculum** programs allow students who matriculate to medical school after finishing an undergraduate degree, to either start in or transfer into a COM program where the student can finish the COM's program requirements for graduation in less than four years. This may include, for example, 3-year primary care programs. At the end of the program, pre-admission to a residency program may or may not be part of the shortened degree program. **Note: When selecting any of the**

**choices below with the exception of "Not Applicable," a follow-up question should appear requesting additional information on your COM's preferential admissions agreement(s).**

- Not applicable (7)
- Guaranteed Interviews (9)
- Bridge (or Bridging) (1)
- Dual Graduate Degree (8)
- Joint Admissions (4)
- Early Admissions (2)
- Shortened Curriculum (6)
- Other (List/describe below what other partnerships or agreements your COM has with other institutions intended to facilitate student matriculation): (5)

*Skip To: End of Block If 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Not applicable*

*Display This Question:*

*If 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Guaranteed Interviews*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Bridge (or Bridging)*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Dual Graduate Degree*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Joint Admissions*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Early Admissions*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Shortened Curriculum*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Other (List/describe below what other partnerships or agreements your COM has with other institutions intended to facilitate student matriculation):*



Q396 Does your COM perceive any intangible value in meeting its missions from any of the aforementioned programs in which your COM participates?

- Yes (2)
- No (3)
- Unsure (4)
- Other (**Specify below**) (5)
- 

*Display This Question:*

*If 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Guaranteed Interviews*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Bridge <strong>(or Bridging)</strong>*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Dual Graduate Degree*

QID34

**1.5-1-A. Preferential Admissions Agreements** Indicate the state of each medical school with which you have a current preferential admissions agreement. Then, list all undergraduate institutions with which your COM has an agreement, providing the number of first-year students for academic year **2024-25. Include all institutions even if no first-year students are currently enrolled from those institutions.** **Guaranteed** Interviews are agreements between a COM and an undergraduate program (at the same or, more commonly, a different institution) that guarantee either all students or a certain number of students from that undergraduate program an interview conditional upon criteria met (e.g., GPA or MCAT minimums). These agreements provide more transparency for the applicant during the interview process, prestige for the undergraduate program through affiliation and an applicant pool more likely to select the COM. **Bridge (or Bridging)** programs offer preparatory support to students from disadvantaged and/or underrepresented backgrounds by assisting them through the transition to a COM during the year prior to admissions. These programs help students navigate the transition to medical school by offering tutoring and academic coaching, mentorship, as well as classroom and workplace experience. If students meet program requirements during this transitional year, they will matriculate to the COM. **Dual Graduate Degree** programs accept students into two degree programs simultaneously that can be completed in sequence or, in fewer cases, with some shared credits. This would include programs like DO/PhD or DO/MPH. **Note: If a response is provided for this section, a**

***follow-up question should appear requesting additional information on first-year students currently enrolled.***

State/Territory Response	Guaranteed Interviews		Bridge (or Bridging)		Dual Graduate Degree	
Yes (1)	Undergraduate Institution (1)	Number of Students (2)	Undergraduate Institution (1)	Number of Students (2)	Undergraduate Institution (1)	Number of Students (2)

Alabama (1)	<input type="checkbox"/>						
Alaska (2)	<input type="checkbox"/>						
Arizona (3)	<input type="checkbox"/>						
Arkansas (4)	<input type="checkbox"/>						
California (5)	<input type="checkbox"/>						
Colorado (6)	<input type="checkbox"/>						
Connecticut (7)	<input type="checkbox"/>						

Delaware (8)	<input type="checkbox"/>						
District of Columbia (9)	<input type="checkbox"/>						
Florida (10)	<input type="checkbox"/>						
Georgia (11)	<input type="checkbox"/>						
Hawaii (12)	<input type="checkbox"/>						
Idaho (13)	<input type="checkbox"/>						
Illinois (14)	<input type="checkbox"/>						

Indiana (15)	<input type="checkbox"/>						
Iowa (16)	<input type="checkbox"/>						
Kansas (17)	<input type="checkbox"/>						
Kentucky (18)	<input type="checkbox"/>						
Louisiana (19)	<input type="checkbox"/>						
Maine (20)	<input type="checkbox"/>						
Maryland (21)	<input type="checkbox"/>						

Massachusetts (22)	<input type="checkbox"/>						
Michigan (23)	<input type="checkbox"/>						
Minnesota (24)	<input type="checkbox"/>						
Mississippi (25)	<input type="checkbox"/>						
Missouri (26)	<input type="checkbox"/>						
Montana (27)	<input type="checkbox"/>						
Nebraska (28)	<input type="checkbox"/>						

Nevada (29)	<input type="checkbox"/>						
New Hampshire (30)	<input type="checkbox"/>						
New Jersey (31)	<input type="checkbox"/>						
New Mexico (32)	<input type="checkbox"/>						
New York (33)	<input type="checkbox"/>						
North Carolina (34)	<input type="checkbox"/>						
North Dakota (35)	<input type="checkbox"/>						

Ohio (36)	<input type="checkbox"/>						
Oklahoma (37)	<input type="checkbox"/>						
Oregon (38)	<input type="checkbox"/>						
Pennsylvania (39)	<input type="checkbox"/>						
Puerto Rico (40)	<input type="checkbox"/>						
Rhode Island (41)	<input type="checkbox"/>						
South Carolina (42)	<input type="checkbox"/>						



South Dakota (43)	<input type="checkbox"/>						
Tennessee (44)	<input type="checkbox"/>						
Texas (45)	<input type="checkbox"/>						
US Virgin Islands (46)	<input type="checkbox"/>						
Utah (47)	<input type="checkbox"/>						
Vermont (48)	<input type="checkbox"/>						
Virginia (49)	<input type="checkbox"/>						

Washington (50)	<input type="checkbox"/>						
West Virginia (51)	<input type="checkbox"/>						
Wisconsin (52)	<input type="checkbox"/>						
Wyoming (53)	<input type="checkbox"/>						

*Display This Question:*

*If 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Joint Admissions*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Early Admissions*

*Or 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Shortened Curriculum*

QID34

**1.5-1-A. Preferential Admissions Agreements (Continued)** Indicate the state of each medical school with which you have a current preferential admissions agreement. Then, list all undergraduate institutions with which your COM has an agreement, providing the number of first-year students for academic year **2024-25**. **Include all institutions even if no first-year students are currently enrolled from those institutions.** **Joint Admissions** programs are an alliance or partnership between a COM and an undergraduate institution whereby students (including those from disadvantaged and/or underrepresented backgrounds) are admitted to both institutions to assist in their transition from undergraduate to osteopathic medical school.

Students are often provided many of the resources available to current osteopathic medical students such as advising and mentorship, as well as a transfer guide for their intended specialty area once matriculating to the COM. **Early Admissions** programs allow high-performing students to apply and be accepted into a COM program by the end of their second or beginning of their third year of an undergraduate program, often prior to taking the MCAT. These students may or may not be required to complete their undergraduate degree prior to matriculation to the COM, often taking the form of dual degree programs like BS/DO or BA/DO. **Shortened Curriculum** programs allow students who matriculate to medical school after finishing an undergraduate degree, to either start in or transfer into a COM program where the student can finish the COM's program requirements for graduation in less than four years. This may include, for example, 3-year primary care programs. At the end of the program, pre-admission to a residency program may or may not be part of the shortened degree program.

**Note: If a response is provided for this section, a follow-up question should appear requesting additional information on first-year students currently enrolled.**

	State/Territory Response	Joint Admissions		Early Admissions		Shortened Curriculum	
	Yes (1)	Undergraduate Institution (1)	Number of Students (2)	Undergraduate Institution (1)	Number of Students (2)	Undergraduate Institution (1)	Number of Students (2)

Alabama (1)	<input type="checkbox"/>						
Alaska (2)	<input type="checkbox"/>						
Arizona (3)	<input type="checkbox"/>						
Arkansas (4)	<input type="checkbox"/>						
California (5)	<input type="checkbox"/>						
Colorado (6)	<input type="checkbox"/>						
Connecticut (7)	<input type="checkbox"/>						

Delaware (8)	<input type="checkbox"/>						
District of Columbia (9)	<input type="checkbox"/>						
Florida (10)	<input type="checkbox"/>						
Georgia (11)	<input type="checkbox"/>						
Hawaii (12)	<input type="checkbox"/>						
Idaho (13)	<input type="checkbox"/>						
Illinois (14)	<input type="checkbox"/>						

Indiana (15)	<input type="checkbox"/>						
Iowa (16)	<input type="checkbox"/>						
Kansas (17)	<input type="checkbox"/>						
Kentucky (18)	<input type="checkbox"/>						
Louisiana (19)	<input type="checkbox"/>						
Maine (20)	<input type="checkbox"/>						
Maryland (21)	<input type="checkbox"/>						

Massachusetts (22)	<input type="checkbox"/>						
Michigan (23)	<input type="checkbox"/>						
Minnesota (24)	<input type="checkbox"/>						
Mississippi (25)	<input type="checkbox"/>						
Missouri (26)	<input type="checkbox"/>						
Montana (27)	<input type="checkbox"/>						
Nebraska (28)	<input type="checkbox"/>						

Nevada (29)	<input type="checkbox"/>						
New Hampshire (30)	<input type="checkbox"/>						
New Jersey (31)	<input type="checkbox"/>						
New Mexico (32)	<input type="checkbox"/>						
New York (33)	<input type="checkbox"/>						
North Carolina (34)	<input type="checkbox"/>						
North Dakota (35)	<input type="checkbox"/>						



Ohio (36)	<input type="checkbox"/>						
Oklahoma (37)	<input type="checkbox"/>						
Oregon (38)	<input type="checkbox"/>						
Pennsylvania (39)	<input type="checkbox"/>						
Puerto Rico (40)	<input type="checkbox"/>						
Rhode Island (41)	<input type="checkbox"/>						
South Carolina (42)	<input type="checkbox"/>						

South Dakota (43)	<input type="checkbox"/>						
Tennessee (44)	<input type="checkbox"/>						
Texas (45)	<input type="checkbox"/>						
US Virgin Islands (46)	<input type="checkbox"/>						
Utah (47)	<input type="checkbox"/>						
Vermont (48)	<input type="checkbox"/>						
Virginia (49)	<input type="checkbox"/>						

Washington (50)	<input type="checkbox"/>						
West Virginia (51)	<input type="checkbox"/>						
Wisconsin (52)	<input type="checkbox"/>						
Wyoming (53)	<input type="checkbox"/>						

*Display This Question:*

*If 1.5. Preferential Admissions Agreements Indicate what type of preferential admissions agreement(s... = Other <strong>(</strong><strong>List/describe below what other partnerships or agreements your COM has with other institutions intended to facilitate student matriculation):</strong>*

QID34

**1.5-1-A. Preferential Admissions Agreements (Continued)**

Indicate the state of each medical school with which you have a current preferential admissions agreement that are classified as "Other". Then, list all undergraduate institutions with which your COM has an agreement, providing the number of first-year students for academic year **2024-25**. **Include all institutions even if no first-year students are currently enrolled from those institutions.** **Note: If a response is provided for this section, a**

***follow-up question should appear requesting additional information on first-year students currently enrolled.***

	State/Territory Response	Other	
	Yes (1)	Undergraduate Institution (1)	Number of Students (2)

Alabama (1)	<input type="checkbox"/>		
Alaska (2)	<input type="checkbox"/>		
Arizona (3)	<input type="checkbox"/>		
Arkansas (4)	<input type="checkbox"/>		
California (5)	<input type="checkbox"/>		
Colorado (6)	<input type="checkbox"/>		
Connecticut (7)	<input type="checkbox"/>		

Delaware (8)	<input type="checkbox"/>		
District of Columbia (9)	<input type="checkbox"/>		
Florida (10)	<input type="checkbox"/>		
Georgia (11)	<input type="checkbox"/>		
Hawaii (12)	<input type="checkbox"/>		
Idaho (13)	<input type="checkbox"/>		
Illinois (14)	<input type="checkbox"/>		

Indiana (15)	<input type="checkbox"/>		
Iowa (16)	<input type="checkbox"/>		
Kansas (17)	<input type="checkbox"/>		
Kentucky (18)	<input type="checkbox"/>		
Louisiana (19)	<input type="checkbox"/>		
Maine (20)	<input type="checkbox"/>		
Maryland (21)	<input type="checkbox"/>		

Massachusetts (22)	<input type="checkbox"/>		
Michigan (23)	<input type="checkbox"/>		
Minnesota (24)	<input type="checkbox"/>		
Mississippi (25)	<input type="checkbox"/>		
Missouri (26)	<input type="checkbox"/>		
Montana (27)	<input type="checkbox"/>		
Nebraska (28)	<input type="checkbox"/>		



Nevada (29)	<input type="checkbox"/>		
New Hampshire (30)	<input type="checkbox"/>		
New Jersey (31)	<input type="checkbox"/>		
New Mexico (32)	<input type="checkbox"/>		
New York (33)	<input type="checkbox"/>		
North Carolina (34)	<input type="checkbox"/>		
North Dakota (35)	<input type="checkbox"/>		

Ohio (36)	<input type="checkbox"/>		
Oklahoma (37)	<input type="checkbox"/>		
Oregon (38)	<input type="checkbox"/>		
Pennsylvania (39)	<input type="checkbox"/>		
Puerto Rico (40)	<input type="checkbox"/>		
Rhode Island (41)	<input type="checkbox"/>		
South Carolina (42)	<input type="checkbox"/>		

South Dakota (43)	<input type="checkbox"/>		
Tennessee (44)	<input type="checkbox"/>		
Texas (45)	<input type="checkbox"/>		
US Virgin Islands (46)	<input type="checkbox"/>		
Utah (47)	<input type="checkbox"/>		
Vermont (48)	<input type="checkbox"/>		
Virginia (49)	<input type="checkbox"/>		

Washington (50)	<input type="checkbox"/>		
West Virginia (51)	<input type="checkbox"/>		
Wisconsin (52)	<input type="checkbox"/>		
Wyoming (53)	<input type="checkbox"/>		

*Display This Question:*

*If 1.5-1-A. Preferential Admissions Agreements Indicate the state of each medical school with which... : State/Territory Response = Yes*

*Or 1.5-1-A. Preferential Admissions Agreements (Continued) Indicate the state of each medical school... : State/Territory Response = Yes*

*Or 1.5-1-A. Preferential Admissions Agreements (Continued) Indicate the state of each medical scho... : State/Territory Response = Yes*

**QID35 1.5-2. Preferential Admissions Agreements** Select the program(s) below for which first-year students are admitted after the third year of college before receiving their bachelor's degree. **Guaranteed** Interviews are agreements between a COM and an undergraduate program (at the same or, more commonly, a different institution) that guarantee either all students or a certain number of students from that undergraduate program an interview conditional upon criteria met (e.g., GPA or MCAT minimums). These agreements provide more transparency for the applicant during the interview process, prestige for the undergraduate program through affiliation and an applicant pool more likely to select the COM. **Bridge** (or **Bridging**) programs offer preparatory support to students from disadvantaged and/or underrepresented backgrounds by assisting them through the transition

to a COM during the year prior to admissions. These programs help students navigate the transition to medical school by offering tutoring and academic coaching, mentorship, as well as classroom and workplace experience. If students meet program requirements during this transitional year, they will matriculate to the COM. **Dual Graduate Degree** programs accept students into two degree programs simultaneously that can be completed in sequence or, in fewer cases, with some shared credits. This would include programs like DO/PhD or DO/MPH. **Joint Admissions** programs are an alliance or partnership between a COM and an undergraduate institution whereby students (including those from disadvantaged and/or underrepresented backgrounds) are admitted to both institutions to assist in their transition from undergraduate to osteopathic medical school. Students are often provided many of the resources available to current osteopathic medical students such as advising and mentorship, as well as a transfer guide for their intended specialty area once matriculating to the COM. **Early Admissions** programs allow high-performing students to apply and be accepted into a COM program by the end of their second or beginning of their third year of an undergraduate program, often prior to taking the MCAT. These students may or may not be required to complete their undergraduate degree prior to matriculation to the COM, often taking the form of dual degree programs like BS/DO or BA/DO. **Shortened Curriculum** programs allow students who matriculate to medical school after finishing an undergraduate degree, to either start in or transfer into a COM program where the student can finish the COM's program requirements for graduation in less than four years. This may include, for example, 3-year primary care programs. At the end of the program, pre-admission to a residency program may or may not be part of the shortened degree program. **Note: When selecting any of the choices below, a follow-up question should appear requesting the number of students for each preferential admissions program selected.**

- Guaranteed Interviews (7)
  - Bridge (or Bridging) (1)
  - Dual Graduate Degree (8)
  - Joint Admissions (4)
  - Early Admissions (2)
  - Shortened Curriculum (6)
  - Other (List/describe below what other partnerships or agreements your COM has with other institutions intended to facilitate student matriculation): (5)
-

*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year studen... = Guaranteed Interviews*

Q406 Number of students for **Guaranteed Interview Agreements: 2024-25**

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*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year studen... = Bridge<strong> (or Bridging)</strong>*

QID255 Number of students for **Bridge (or Bridging) Programs: 2024-25**

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*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year studen... = Dual Graduate Degree*

Q405 Number of students for **Dual Graduate Degree Programs: 2024-25**

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*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year student... = Joint Admissions*

**Q332 Number of students for Joint Admissions Programs: 2024-25**

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*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year student... = Early Admissions*

**Q331 Number of students for Early Admissions Programs: 2024-25**

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*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year student... = Shortened Curriculum*

**Q356 Number of students for Shortened Curriculum Programs: 2024-25**

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*Display This Question:*

*If 1.5-2. Preferential Admissions Agreements Select the program(s) below for which first-year studen... = Other <strong>(</strong><strong>List/describe below what other partnerships or agreements your COM has with other institutions intended to facilitate student matriculation):</strong>*

**Q333 Number of students for Other Programs: 2024-25**

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**Q361 You may write a comment below to further clarify your response:**

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**Q362 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, label your document using the following file naming convention: 2024-25\_COM Acronym\_Admisssions\_Agreements.**

**End of Block: 1.5. Preferential Admissions Agreements**

**Start of Block: 2.1. Enrollment Dates - Matriculation and Graduation Dates**



**Q514 2.1. Enrollment Dates - Matriculation and Graduation Dates** Provide below your COM's **matriculation and graduation dates** for the following academic years:

	<b>2021-22 (1)</b>	<b>2022-23 (2)</b>	<b>2023-24 (3)</b>	<b>2024-25 (4)</b>
<b>Matriculation month</b> of your COM's academic year (1)				
<b>Matriculation day</b> of your COM's academic year (2)				
<b>Graduation month</b> of your COM's academic year (3)				
<b>Graduation day</b> of your COM's academic year (4)				

Q556 You may write a comment below to further clarify your response:

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Q557 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic\_Start\_End\_Dates.**

End of Block: 2.1. Enrollment Dates - Matriculation and Graduation Dates

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Start of Block: 2.1-1. Current Enrollment by Class Year, Gender and Race/Ethnicity



QID249 **2.1-1. Current Enrollment by Class Year, Gender and Race/Ethnicity** For this section, enter the number of students who matriculated and are enrolled for the **2024-25** academic year. **REPORTING FOR MATRICULANTS OR FIRST-YEAR ENROLLMENT** Matriculants are students that enroll in your COM for the **first time**. To better facilitate reporting for first-year enrollment, **ENTER STUDENTS ENROLLED IN YOUR COM FOR THE FIRST TIME USING THE MATRICULANT ROWS (male, female and undisclosed). Matriculant TOTALS SHOULD EXCLUDE REPEATERS AND DECELERATED STUDENTS. To collect data on first-year repeaters and decelerated students, you will enter those students in their specified data rows (i.e., 1st Year - Male (Repeaters), 1st Year - Male (Decelerated), etc.). For example:** A decelerated student taking two years to complete your COM's first-year curriculum would be included in the "1st Year - Male (Decelerated)" data row. Similarly, a student repeating your COM's first-year curriculum also would be included in the "1st Year - Male (Repeaters) data row. Include repeaters and **decelerated** students enrolled on **September 1, 2024 (even if they subsequently withdrew, were dismissed or granted a leave of absence during the year).** **GENERAL REPORTING FOR ENROLLMENT YEARS 2-4 & ALL REPEATERS AND DECELERATED STUDENTS** To accurately report student enrollment for years 2, 3 and 4, enter the number of students scheduled or expected to graduate on time in their specified data rows reflecting their current enrollment year (i.e., 2nd Year - Male, 2nd Year - Female, etc.). Enter repeaters and decelerated students in their respective rows (i.e., **2nd Year - Male (Repeaters), 2nd Year - Male (Decelerated), etc.**). Include repeaters and **decelerated** students enrolled on **September 1, 2024 (even if they subsequently withdrew, were dismissed or granted a leave of absence during the year).** **For purposes of this survey, IT IS IMPORTANT TO PLACE REPEATERS AND DECELERATED STUDENTS IN THE YEAR IN WHICH THEY ARE TAKING CLASSES** and include in the Fourth Year those who are in their fourth, fifth, or sixth years. **GENERAL REPORTING INSTRUCTIONS** Matriculant and enrollment totals must be accurate as of 15 business days following the official start of classes for students. Provide a single designation for each student's race/ethnicity following the National Center for Education Statistics guidelines. Only U.S. citizens should be categorized in the race/ethnicity categories specified below. Students in the U.S. legally requiring specific visa types should be placed in the 'Nonresident Alien' category regardless of the other race/ethnicity categories applicable. Count as Hispanic anyone of Hispanic/Latino ethnicity regardless of the other race categories applicable. Non-Hispanic students who qualify for two or more race categories are to be entered only in the 'Two or more races, non-Hispanic' category. For

example: If a student is Hispanic and White, enter that person in 'Hispanic/Latino' only. If a student is Asian, non-Hispanic and American Indian, enter that person as 'Two or more races, non-Hispanic' only. **DEFINITIONS** A **decelerated student is one whose graduation date is delayed or extended OR who has returned from a leave of absence**, resulting in a **different "graduate cohort"**. *For decelerated students who fall under the category of leave of absence, **ONLY** include students who were on a leave of absence and have returned. Repeaters are students repeating a year due to academic*

**performance.** Note: *Repeaters and decelerated students data are restricted. Restricted data will not be published in an identifiable manner.*

	American Indian/Alaska Native, non-Hispanic (3)	Asian, non-Hispanic (5)	Black/African American, non-Hispanic (4)	Hispanic/Latino or of Spanish Origin (1)	Native Hawaiian/Other Pacific Islander, non-Hispanic (6)	Nonresident Alien (9)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (2)
Matriculants - Male (1)									
Matriculants - Female (2)									
Matriculants - Undisclosed (14)									
1st Year - Male (Repeaters) (102)									

1st Year - Male <b>(Decele          rated)</b> (104)								
1st Year - Female <b>(Repeat          ers)</b> (105)								
1st Year - Female <b>(Decele          rated)</b> (106)								
1st Year - Undisclo sed <b>(Repeat          ers)</b> (107)								
1st Year - Undisclo sed <b>(Decele          rated)</b> (108)								

2nd Year - Male (60)								
2nd Year - Male <b>(Repeat ers)</b> (109)								
2nd Year - Male <b>(Decele rated)</b> (110)								
2nd Year - Female (61)								
2nd Year - Female <b>(Repeat ers)</b> (111)								

2nd Year - Female <b>(Decele          rated)</b> (112)								
2nd Year - Undisclo sed (62)								
2nd Year - Undisclo sed <b>(Repeat          ers)</b> (113)								
2nd Year - Undisclo sed <b>(Decele          rated)</b> (114)								
3rd Year - Male (75)								



3rd Year - Male <b>(Repeat          ers)</b> (115)								
3rd Year - Male <b>(Decele          rated)</b> (116)								
3rd Year - Female (76)								
3rd Year - Female <b>(Repeat          ers)</b> (118)								
3rd Year - Female <b>(Decele          rated)</b> (117)								

3rd Year - Undisclosed (77)									
3rd Year - Undisclosed <b>(Repeaters)</b> (119)									
3rd Year - Undisclosed <b>(Decelerated)</b> (120)									
4th Year - Male (83)									
4th Year - Male <b>(Repeaters)</b> (122)									

4th Year - Male <b>(Decele          rated)</b> (121)								
4th Year - Female (85)								
4th Year - Female <b>(Repeat          ers)</b> (123)								
4th Year - Female <b>(Decele          rated)</b> (124)								
4th Year - Undisclo sed (127)								

4th Year - Undisclosed <b>(Repeaters)</b> (125)								
4th Year - Undisclosed <b>(Decelerated)</b> (126)								

Q230 You may write a comment below to further clarify your response:

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Q277 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Current\_Enrollment.**

End of Block: 2.1-1. Current Enrollment by Class Year, Gender and Race/Ethnicity

Start of Block: 2.1-2. Current First-Year and Total Enrollment by State of Legal Residence



**QID32 2.1-2. Current First-Year and Total Enrollment by State of Legal Residence**  
**REPORTING FOR MATRICULANTS & FIRST-YEAR ENROLLMENT** Matriculants are students that enroll in your COM for the **first time**. **ENTER STUDENTS ENROLLED IN YOUR COM FOR THE FIRST TIME USING THE FIRST-YEAR ENROLLMENT COLUMN** by state of legal residence of U.S. citizens and permanent residents as determined when they originally enrolled. **FIRST-YEAR TOTALS SHOULD INCLUDE REPEATERS AND DECELERATED STUDENTS. NOTE: *Space is provided for citizens of other countries, so the overall total should equal first-year enrollment for Question 2.1-1 when including matriculants and first-year repeaters and decelerated students.*** **REPORTING FOR TOTAL ENROLLMENT** Enter all students (**years 1 through 4**), including repeaters and decelerated students, using the **TOTAL ENROLLMENT COLUMN** by the state of legal residence of U.S. citizens and permanent residents as determined when they originally enrolled. **NOTE: *Space is provided for citizens of other countries, so the overall total should equal total enrollment for Question 2.1-1 when including repeaters and decelerated students.***

Students in the U.S. legally requiring specific visa types should be placed in the '**Nonresident Alien**' category regardless of the state in which they may reside.

	First-Year Enrollment (Please include 1st-Year Repeaters and 1st-Year Decelerated Students) (1)	Total Enrollment = All 4 Years (Please include Repeaters and Decelerated Students) (2)
Alabama <b>(AL)</b> (56)		
Alaska <b>(AK)</b> (57)		
American Samoa <b>(AS)</b> (115)		
Arizona <b>(AZ)</b> (58)		
Arkansas <b>(AR)</b> (59)		
California <b>(CA)</b> (60)		
Colorado <b>(CO)</b> (61)		
Connecticut <b>(CT)</b> (62)		
Delaware <b>(DE)</b> (63)		

District of Columbia <b>(DC)</b> (64)		
Florida <b>(FL)</b> (65)		
Georgia <b>(GA)</b> (66)		
Guam <b>(GU)</b> (116)		
Hawaii <b>(HI)</b> (67)		
Idaho <b>(ID)</b> (68)		
Illinois <b>(IL)</b> (69)		
Indiana <b>(IN)</b> (70)		
Iowa <b>(IA)</b> (71)		
Kansas <b>(KS)</b> (72)		



Kentucky <b>(KY)</b> (73)		
Louisiana <b>(LA)</b> (74)		
Maine <b>(ME)</b> (75)		
Maryland <b>(MD)</b> (76)		
Massachusetts <b>(MA)</b> (77)		
Michigan <b>(MI)</b> (78)		
Minnesota <b>(MN)</b> (79)		
Mississippi <b>(MS)</b> (80)		
Missouri <b>(MO)</b> (81)		
Montana <b>(MT)</b> (82)		

Nebraska <b>(NE)</b> (83)		
Nevada <b>(NV)</b> (84)		
New Hampshire <b>(NH)</b> (85)		
New Jersey <b>(NJ)</b> (86)		
New Mexico <b>(NM)</b> (87)		
New York <b>(NY)</b> (88)		
North Carolina <b>(NC)</b> (89)		
North Dakota <b>(ND)</b> (90)		
Northern Mariana Islands <b>(MP)</b> (117)		
Ohio <b>(OH)</b> (91)		

Oklahoma <b>(OK)</b> (92)		
Oregon <b>(OR)</b> (93)		
Pennsylvania <b>(PA)</b> (94)		
Puerto Rico <b>(PR)</b> (95)		
Rhode Island <b>(RI)</b> (96)		
South Carolina <b>(SC)</b> (97)		
South Dakota <b>(SD)</b> (98)		
Tennessee <b>(TN)</b> (99)		
Texas <b>(TX)</b> (100)		
U.S. Virgin Islands <b>(VI)</b> (101)		

Utah <b>(UT)</b> (102)		
Vermont <b>(VT)</b> (103)		
Virginia <b>(VI)</b> (104)		
Washington <b>(WA)</b> (105)		
West Virginia <b>(WV)</b> (106)		
Wisconsin <b>(WI)</b> (107)		
Wyoming <b>(WY)</b> (108)		
Other U.S. Citizens (109)		
Nonresident Alien (110)		
Total		

Q452 You may write a comment below to further clarify your response:

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Q453 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_State\_Enrollment.**

End of Block: 2.1-2. Current First-Year and Total Enrollment by State of Legal Residence

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Start of Block: 2.2. Enrollment Characteristics - Accelerated Programs

QID260 The following questions in the **next four sections** ask about the enrollment characteristics concerning your COM's accelerated, dual/concurrent degree, predoctoral fellowship and training and faculty advisement programs. **Exclude students on a decelerated probationary schedule** when answering these questions. **2.2. Enrollment Characteristics - Accelerated Programs** Does your COM offer a standard four-year medical school curriculum with a pathway program that permits students to complete it within three years? **Note: If selecting "Yes," six follow-up questions should appear** requesting additional information on your accelerated three-year pathway program(s).

Yes (1)

No (2)

---

*Display This Question:*

*If The following questions in the next four sections ask about the enrollment characteristics concer...  
= Yes*

QID257 If **"Yes,"** how many students are enrolled in your accelerated three-year pathway program(s) for academic year **2024-25**?

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*Display This Question:*

*If The following questions in the next four sections ask about the enrollment characteristics concer...  
= Yes*

Q313 Indicate below the requirements students must meet prior to acceptance into your COM's accelerated three-year pathway program(s).

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*Display This Question:*

*If The following questions in the next four sections ask about the enrollment characteristics concer...  
= Yes*

Q319 Indicate below the eligibility criteria students must maintain once accepted into your COM's accelerated three-year pathway program(s).

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*Display This Question:*

*If The following questions in the next four sections ask about the enrollment characteristics concer...  
= Yes*

Q316 Select the specialty focus of your COM's accelerated three-year pathway program(s).  
**(Select all that apply)**

- Emergency Medicine (4)
  - Family Medicine (1)
  - Internal Medicine (2)
  - Pathology (8)
  - Pediatrics- Primary (5)
  - Psychiatry (7)
  - Surgery - General (3)
  - Radiology - Diagnostic (6)
  - Urology (9)
  - Orthopedic Surgery (10)
  - Neurology (11)
  - Neurological Surgery (12)
  - Noncommittal focus **(but not undecided)** (14)
  - Other **(Write below the other specialty focuses not specified above):** (13)
-

*Display This Question:*

*If The following questions in the next four sections ask about the enrollment characteristics concer...  
= Yes*

Q321 Does your accelerated three-year pathway program(s) have a specific mission or purpose for enrollment? **(Select all that apply)**

- Not applicable (5)
  - Increase physician workforce (6)
  - Increase physician workforce in medically underserved rural areas (1)
  - Increase physician workforce in medically underserved urban areas (4)
  - Train patient-centered physicians (2)
  - Create generalist or preventative care physicians (3)
  - Other **(Write below the other missions or purposes not specified above):** (7)
- 

*Display This Question:*

*If The following questions in the next four sections ask about the enrollment characteristics concer...  
= Yes*

Q318 Do students have the option of transitioning to the traditional four-year track if they fail to maintain eligibility criteria or choose to no longer pursue the three-year pathway program? **Note: If selecting "Yes," a follow-up question should appear requesting additional information on the number of students.**

- Yes (1)
- No (2)



*Display This Question:*

*If Do students have the option of transitioning to the traditional four-year track if they fail to m... = Yes*

Q329 If **"Yes,"** how many students have transitioned to a traditional four-year track for academic year **2024-25**?

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Q235 You may write a comment below to further clarify your response:

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Q427 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Enrl\_Char\_AccelPrgm.**

End of Block: 2.2. Enrollment Characteristics - Accelerated Programs

Start of Block: 2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs

Q317 **2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs** Does your COM have a dual/concurrent degree program? **Exclude students on a decelerated probationary schedule.** **Note: If your COM has a dual/concurrent degree program, you will be prompted to answer three additional questions in this section concerning program requirements. You will specify which program(s) your COM offers and student program**

**enrollment in Sections 2.2-1A-C. Enrollment Characteristics - Dual/Concurrent Degree Program Enrollment.**

Yes (1)

No (2)

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*Display This Question:*

*If 2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs Does your COM have a dual/con... = Yes*

Q324 Are there requirements students must meet prior to acceptance into your dual/concurrent degree program(s)? **Note: If selecting "Yes," two follow-up questions should appear** requesting additional information on the requirements for your dual/concurrent degree program(s).

Yes (1)

No (2)

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*Display This Question:*

*If Are there requirements students must meet prior to acceptance into your dual/concurrent degree pr... = Yes*

Q325 Indicate below the requirements students must meet prior to acceptance into your COM's dual/concurrent degree program(s).

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*Display This Question:*

*If Are there requirements students must meet prior to acceptance into your dual/concurrent degree pr... = Yes*

Q327 Indicate below the eligibility criteria students must maintain once accepted into your COM's dual/concurrent degree program(s).

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Q332 You may write a comment below to further clarify your response:

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Q333 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Enrl\_Char\_DualCncrPrgm.**

End of Block: 2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs

Start of Block: 2.2-1A-C Enrollment Characteristics - Dual/Concurrent Degree Program Enrollment

Display This Question:

If 2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs Does your COM have a dual/con... = Yes



Q247

**2.2-1A. Enrollment Characteristics - Dual/Concurrent Degree Program Enrollment**

Enter the number of students enrolled in your dual and/or concurrent degree program(s) for

academic year **2024-25**. Enter a zero if no students are currently enrolled in your program(s) to indicate the program actively exists. If your program offered is not listed, please specify your program(s) in the “Other” category and follow the format for entering the number of students who are enrolled, have **completed** the program and/or have not completed the program.

**For example**, if your college offers a dual degree/concurrent program in DO/MSCN but it is not listed below, please select “Other” and write “DO/MSCN – Doctor of Osteopathic Medicine/Master of Science in Clinical Nutrition”.

**Degree descriptions:**

**BA** – Bachelor of Arts, **BS** – Bachelor of Science, **DHEd** – Doctor of Health Education, **DMD** – Doctor of Dental Medicine, **DO** – Doctor of Osteopathic Medicine, **JD** – Juris Doctor, **MA** – Master of Arts, **MBA** – Master of Business Administration, **MGH** – Master of Global Health, **MHA** – Master of Health Administration, **MHSA** – Master in Health Services Administration, **MMEL** – Master of Science in Medical Education Leadership, **MPH** – Master of Public Health, **MS** – Master of Science, **MSBI** – Master of Science in Biomedical Informatics, **MSBS** – Master of Science Biomedical Sciences, **MSHS** – Master of Science in Health Services, **MSDEP** – Master of Science in Disaster and Emergency Preparedness, **MSMed** – Master of Science in Medical Education, **MSMS** – Master of Science in Medical Sciences, **PhD**



	American Indian/Alaska Native, non-Hispanic (1)	Asian, non-Hispanic (2)	Black/African American, non-Hispanic (3)	Hispanic/Latino or of Spanish Origin (4)	Native Hawaiian/Other Pacific Islander, non-Hispanic (5)	Nonresident Alien (6)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (9)
BA/DO (28)									
BS/DO (1)									
DO/MA (21)									
DO/MB A (23)									
DO/MG H (5)									
DO/MH A (3)									

DO/MH SA (4)									
DO/M MEL (16)									
DO/MP H (8)									
DO/MS (9)									
DO/MS BI (10)									
DO/MS BS (11)									
DO/MS DEM (12)									
DO/MS HS (13)									

DO/MS MEd (14)									
DO/MS MS (15)									
DO/DM D (17)									
DO/JD (18)									
DO/Ph D (19)									
Other (Specify below) (20)									
Other (Specify below) (24)									



Other (Specify below) (25)									
Other (Specify below) (26)									
Other (Specify below) (27)									

*Display This Question:*

*If 2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs Does your COM have a dual/con... = Yes*



Q530

**2.2-1B. Enrollment Characteristics - Dual/Concurrent Degree Program Enrollment**



	American Indian/Alaska Native, non-Hispanic (1)	Asian, non-Hispanic (2)	Black/African American, non-Hispanic (3)	Hispanic/Latino or of Spanish Origin (4)	Native Hawaiian/Other Pacific Islander, non-Hispanic (5)	Nonresident Alien (6)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (9)
BA/DO (28)									
BS/DO (1)									
DO/MA (21)									
DO/MB A (23)									
DO/MG H (5)									
DO/MH A (3)									

DO/MH SA (4)									
DO/M MEL (16)									
DO/MP H (8)									
DO/MS (9)									
DO/MS BI (10)									
DO/MS BS (11)									
DO/MS DEM (12)									
DO/MS HS (13)									

DO/MS MEd (14)									
DO/MS MS (15)									
DO/DM D (17)									
DO/JD (18)									
DO/Ph D (19)									
Other (Specify below) (20)									
Other (Specify below) (24)									

Other (Specify below) (25)								
Other (Specify below) (26)								
Other (Specify below) (27)								

Display This Question:

If 2.2-1. Enrollment Characteristics - Dual/Concurrent Degree Programs Does your COM have a dual/con... = Yes



Q531

**2.2-1C. Enrollment Characteristics - Dual/Concurrent Degree Program Enrollment**

	American Indian/Alaska Native, non-Hispanic (1)	Asian, non-Hispanic (2)	Black/African American, non-Hispanic (3)	Hispanic/Latino or of Spanish Origin (4)	Native Hawaiian/Other Pacific Islander, non-Hispanic (5)	Nonresident Alien (6)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (9)
BA/DO (28)									
BS/DO (1)									
DO/MA (21)									
DO/MB A (23)									
DO/MG H (5)									
DO/MH A (3)									



DO/MH SA (4)									
DO/M MEL (16)									
DO/MP H (8)									
DO/MS (9)									
DO/MS BI (10)									
DO/MS BS (11)									
DO/MS DEM (12)									
DO/MS HS (13)									

DO/MS MEd (14)									
DO/MS MS (15)									
DO/DM D (17)									
DO/JD (18)									
DO/Ph D (19)									
Other (Specify below) (20)									
Other (Specify below) (24)									

Other (Specify below) (25)								
Other (Specify below) (26)								
Other (Specify below) (27)								

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Q351 You may write a comment below to further clarify your response:

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Q352 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_DualCncrEnroll.**

End of Block: 2.2-1A-C Enrollment Characteristics - Dual/Concurrent Degree Program Enrollment

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Start of Block: 2.2-2. Enrollment Characteristics - Allied Health Programs

**Q559 2.2-2. Enrollment Characteristics - Allied Health Programs** Does your COM offer an Allied Health program? **Note:** *If your COM offers an Allied Health program, you will be prompted to answer three additional questions in this section concerning program requirements. You will specify which program(s) your COM offers and student enrollment for each program in Sections 2.2-2A-C. Enrollment Characteristics - Allied Health Program Enrollment.*

Yes (1)

No (2)

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*Display This Question:*

*If 2.2-2. Enrollment Characteristics - Allied Health Programs Does your COM offer an Allied Health p... = Yes*

**Q560** Are there requirements students must meet prior to acceptance into your Allied Health program(s)? **Note:** *If selecting "Yes," two follow-up questions should appear requesting additional information on the requirements for your Allied Health program(s).*

Yes (2)

No (4)

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*Display This Question:*

*If Are there requirements students must meet prior to acceptance into your Allied Health program(s)?... = Yes*

**Q561** Indicate below the requirements students must meet prior to acceptance into your COM's Allied Health program(s).

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*Display This Question:*

*If Are there requirements students must meet prior to acceptance into your Allied Health program(s)?... = Yes*

Q562 Indicate below the eligibility criteria students must maintain once accepted into your COM's Allied Health program(s).

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Q563 You may write a comment below to further clarify your response:

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Q564 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_AlliedGradPrgm.**

End of Block: 2.2-2. Enrollment Characteristics - Allied Health Programs

Start of Block: 2.2-2A-C Enrollment Characteristics - Allied Health Program Enrollment

*Display This Question:*

*If 2.2-2. Enrollment Characteristics - Allied Health Programs Does your COM offer an Allied Health p... = Yes*



**Q484 2.2-2A. Enrollment Characteristics - Allied Health Program Enrollment** Enter the number of students enrolled in your Allied Health programs. Enter a zero if no students are currently enrolled in your program(s) to indicate the program actively exists. If your program offered is not listed, please specify your program(s) in the “**Other**” category and follow the

**format for entering the number of students who are enrolled, have completed the program and/or have not completed the program.**

	American Indian/Alaska Native, non-Hispanic (1)	Asian, non-Hispanic (3)	Black/African American, non-Hispanic (5)	Hispanic/Latino or of Spanish Origin (2)	Native Hawaiian/Other Pacific Islander, non-Hispanic (4)	Nonresident Alien (6)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (9)
Athletic/Personal fitness training (1)									
Audiology (2)									
Behavioral counseling (26)									
Cardiovascular perfusion technology (3)									
Cytotechnology (4)									



Dental hygiene (5)									
Diagnostic medical sonography (7)									
Dietetics/ Nutrition (8)									
Emergency medical sciences (9)									
Environmental health (23)									
Health administration (10)									
Health education (27)									

Health information management (11)									
Medical technology (12)									
Nuclear medicine technology (13)									
Occupational therapy (14)									
Physical therapy (15)									
Physician assistant (16)									

Radiation therapy technology (17)									
Radiology (18)									
Rehabilitation counseling (19)									
Respiratory therapy (20)									
Respiratory therapy technology (21)									
Speech-language pathology (22)									
Other (Specify below) (28)									

Other <b>(Specify below)</b> (29)									
Other <b>(Specify below)</b> (30)									
Other <b>(Specify below)</b> (31)									
Other <b>(Specify below)</b> (32)									

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 Display This Question:

If 2.2-2. Enrollment Characteristics - Allied Health Programs Does your COM offer an Allied Health p... = Yes



**Q533 2.2-2B. Enrollment Characteristics - Allied Health Program Enrollment**

	American Indian/Alaska Native, non-Hispanic (1)	Asian, non-Hispanic (3)	Black/African American, non-Hispanic (5)	Hispanic/Latino or of Spanish Origin (2)	Native Hawaiian/Other Pacific Islander, non-Hispanic (4)	Nonresident Alien (6)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (9)
Athletic/Personal fitness training (1)									
Audiology (2)									
Behavioral counseling (26)									
Cardiovascular perfusion technology (3)									
Cytotechnology (4)									

Dental hygiene (5)									
Diagnostic medical sonography (7)									
Dietetics/ Nutrition (8)									
Emergency medical sciences (9)									
Environmental health (23)									
Health administration (10)									
Health education (27)									

Health information management (11)									
Medical technology (12)									
Nuclear medicine technology (13)									
Occupational therapy (14)									
Physical therapy (15)									
Physician assistant (16)									



Radiation therapy technology (17)									
Radiology (18)									
Rehabilitation counseling (19)									
Respiratory therapy (20)									
Respiratory therapy technology (21)									
Speech-language pathology (22)									
Other (Specify below) (28)									

Other <b>(Specify below)</b> (29)									
Other <b>(Specify below)</b> (30)									
Other <b>(Specify below)</b> (31)									
Other <b>(Specify below)</b> (32)									

*Display This Question:*  
 If 2.2-2. Enrollment Characteristics - Allied Health Programs Does your COM offer an Allied Health p... = Yes



**Q534 2.2-2C. Enrollment Characteristics - Allied Health Program Enrollment**

	American Indian/Alaska Native, non-Hispanic (1)	Asian, non-Hispanic (3)	Black/African American, non-Hispanic (5)	Hispanic/Latino or of Spanish Origin (2)	Native Hawaiian/Other Pacific Islander, non-Hispanic (4)	Nonresident Alien (6)	Two or more races, non-Hispanic (7)	Unknown (8)	White, non-Hispanic (9)
Athletic/Personal fitness training (1)									
Audiology (2)									
Behavioral counseling (26)									
Cardiovascular perfusion technology (3)									
Cytotechnology (4)									

Dental hygiene (5)									
Diagnostic medical sonography (7)									
Dietetics/ Nutrition (8)									
Emergency medical sciences (9)									
Environmental health (23)									
Health administration (10)									
Health education (27)									

Health information management (11)									
Medical technology (12)									
Nuclear medicine technology (13)									
Occupational therapy (14)									
Physical therapy (15)									
Physician assistant (16)									

Radiation therapy technology (17)									
Radiology (18)									
Rehabilitation counseling (19)									
Respiratory therapy (20)									
Respiratory therapy technology (21)									
Speech-language pathology (22)									
Other (Specify below) (28)									

Other <b>(Specify below)</b> (29)								
Other <b>(Specify below)</b> (30)								
Other <b>(Specify below)</b> (31)								
Other <b>(Specify below)</b> (32)								

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Q536 You may write a comment below to further clarify your response:

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Q535 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_AlliedGradPrgmEnroll.**

End of Block: 2.2-2A-C Enrollment Characteristics - Allied Health Program Enrollment

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Start of Block: 2.2-3. Enrollment Characteristics - Predoctoral Fellowship and Training Programs

**QID261 2.2-3. Enrollment Characteristics - Predoctoral Fellowship and Training Programs**

Does your COM offer a four-year program with an option for a five-year program? **Exclude students on a decelerated probationary schedule. Note: If selecting "Yes," three follow-up questions should appear requesting additional information on your fellowship and training program(s).**

Yes (1)

No (2)

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*Display This Question:*

*If 2.2-3. Enrollment Characteristics - Predoctoral Fellowship and Training Programs Does your COM of... = Yes*

QID258 If **"Yes,"** how many students are enrolled in your five-year fellowship or training program(s) for academic year **2024-25?**

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*Display This Question:*

*If 2.2-3. Enrollment Characteristics - Predoctoral Fellowship and Training Programs Does your COM of... = Yes*

Q341 Indicate below the requirements students must meet prior to acceptance into your COM's predoctoral fellowship and training program(s).

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*Display This Question:*

*If 2.2-3. Enrollment Characteristics - Predoctoral Fellowship and Training Programs Does your COM of... = Yes*

Q342 Indicate below the eligibility criteria students must maintain once accepted into your COM's predoctoral fellowship and training program(s).

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Q334 You may write a comment below to further clarify your response:

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Q335 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Enrl\_Char\_FlwShpTrngPrgm.**

End of Block: 2.2-3. Enrollment Characteristics - Predoctoral Fellowship and Training Programs

Start of Block: 2.2-4. Enrollment Characteristics - Faculty Advisement Programs

QID37 **2.2-4 Enrollment Characteristics - Faculty Advisement Programs** Does your COM have a formal faculty advisement program for: **Note: If selecting "Yes," for any of the following questions, a follow-up question should appear requesting additional information regarding advising tools your COM offers.**

	Yes (1)	No (2)	Not Applicable (4)
1st Year Students Only (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1st & 2nd Year Students Only (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All 4 Years (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If 2.2-4 Enrollment Characteristics - Faculty Advisement Programs Does your COM have a formal facult... = 1st Year Students Only [ Yes ]

Q330 Indicate below the type of faculty advising tools your COM offers for **1st Year Students Only.**

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*Display This Question:*

*If 2.2-4 Enrollment Characteristics - Faculty Advisement Programs Does your COM have a formal facult... = 1st & 2nd Year Students Only [ Yes ]*

**Q394** Indicate below the type of faculty advising tools your COM offers for **1st and 2nd Year Students Only**.

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*Display This Question:*

*If 2.2-4 Enrollment Characteristics - Faculty Advisement Programs Does your COM have a formal facult... = All 4 Years [ Yes ]*

**Q395** Indicate below the type of faculty advising tools your COM offers for **All 4 Years**.

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**Q336** You may write a comment below to further clarify your response:

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Q337 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Enrl\_Char\_FacAdvisPrgm.**

End of Block: 2.2-4. Enrollment Characteristics - Faculty Advisement Programs

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Start of Block: 2.3. Decelerated Students - Primary Reason (Restricted)



QID43 2.3. Decelerated Students - Primary Reason (Restricted)

**For students on a decelerated schedule in Section 2.1. Current Enrollment by Class Year, Gender and Race/Ethnicity** summarize the primary reason for deceleration by providing the number for whom each of the following is the primary reason for deceleration.

**A decelerated student is one whose graduation date is delayed or extended OR who has returned from a leave of absence, resulting in a different "graduate cohort". For decelerated students who fall under the category of leave of absence, *ONLY* include students who were on a leave of absence and have returned.**

**Note:** *Restricted data will not be published in an identifiable manner.*

	Number (1)
Inadequate academic preparation (1)	
Poor academic performance (2)	
Financial hardship (3)	
Personal and/or Family reasons (4)	
Health reasons ( <b>including mental health</b> ) and/or Physical impairment (10)	
Participation in academic research (6)	
Advanced study and/or academic enrichment (7)	
Participation in joint degree program (8)	
Unspecified reason (9)	

Total

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Q286 You may write a comment below to further clarify your response:

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Q287 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Decelerated.**

End of Block: 2.3. Decelerated Students - Primary Reason (Restricted)

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Start of Block: 2.4. Transfer Students - Incoming Students by Year and COM

Q385 **2.4. Transfer Students - Incoming Students by Year and COM** Have any students been admitted to your COM during the **2024-25** academic year with advanced (**transfer**) standing? **Note: If selecting "Yes," two additional questions should appear requesting additional information for students admitted to your COM with advanced (transfer) standing.**

Yes (1)

No (2)

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Display This Question:

If 2.4. Transfer Students - Incoming Students by Year and COM Have any students been admitted to you... = Yes



QID286

**2.4-1. Transfer Students - Incoming Students by Year and COM**

The next two tables ask about any students **admitted to your COM** during the **2024-25** academic year with advanced (**transfer**) standing. The **COMs listed below are the sending institution** from which the students admitted to your COM have transferred.

	Medical Training Year ( <b>OMS-I, OMS-II, or OMS-III</b> )			Number of Students OMS-I (1)	Number of Students OMS-II (2)	Number of Students OMS-III (3)
	OMS-I (1)	OMS-II (2)	OMS-III (3)			

ACOM (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ARCOM (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ATSU-KCOM (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ATSU-SOMA (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
AZCOM (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BCOM-FIT (67)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
BUCOM (63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Burrell COM (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CCOM (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CHSU-COM (42)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
CUSOM (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DCOM at LMU- Knoxville (56)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DMU-COM (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DUQCOM (64)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

ICOM (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
KCU-COM Kansas City (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
KCU-Joplin (59)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
KHSU- KansasCOM (60)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LECOM (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LECOM Bradenton (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LECOM Elmira (58)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

LECOM Seton Hill (57)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LMU-DCOM (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
LUCOM (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MSUCOM (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MSUCOM Clinton Township (55)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MSUCOM Detroit (54)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MU-WCOM (18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

NoordaCOM (43)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NSU-KPCOM (19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NSU-KPCOM Clearwater (52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NYITCOM Long Island (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
NYITCOM at Arkansas State (53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OCOM (65)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OSU-COM (21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

OSU-COM at the Cherokee Nation (49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OU-HCOM (22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OU-HCOM Cleveland (51)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OU-HCOM Dublin (50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PCOM (23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PCOM Georgia (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PCOM South Georgia (40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

PNWU-COM (24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rowan-Virtua SOM (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Rowan-Virtua SOM Sewell (47)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
RVUCOM (26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
RVUCOM Utah (48)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
RVU-MCOM (61)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SHSU-COM (41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



TouroCOM- Harlem (27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TouroCOM- Middletown (46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TouroCOM- Montana (68)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TUCOM-CA (28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
TUNCOM (29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
UIWSOM (30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
UNE COM (31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

UNTHSC/TCOM (32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
UP-KYCOM (33)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VCOM-Auburn (34)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VCOM- Carolinas (35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VCOM- Louisiana (44)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
VCOM-Virginia (36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
WCUCOM (37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Western U/COMP (38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Western U/COMP-Northwest (45)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
WVSOM (39)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

*Display This Question:*

*If 2.4. Transfer Students - Incoming Students by Year and COM Have any students been admitted to you... = Yes*

**QID287 2.4-2. Other Transfers - Incoming Students by Year and COM (maximum 50 keystrokes, abbreviate if necessary)** Enter any students admitted to your COM during the **2024-25** academic year with advanced (transfer) standing that transferred from an allopathic school. The **schools that you list below are the sending institution** from which the students admitted to your COM have transferred.

	Medical Training Year ( <b>MS-I, MS-II, or MS-III</b> )					
	MS-I (1)	MS-II (2)	MS-III (3)	Number of Students MS-I (1)	Number of Students MS-II (2)	Number of Students MS-III (3)

1. (94)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. (95)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3. (96)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. (97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. (98)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. (99)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. (100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

8. (101)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. (102)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. (103)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Q236 You may write a comment below to further clarify your response:

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Q428 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Transfer\_Students.**

End of Block: 2.4. Transfer Students - Incoming Students by Year and COM

Start of Block: 2.5. Student Withdrawal and Dismissal (Restricted)



**QID47 2.5. Student Withdrawal and Dismissal (Restricted)**

Enter in the table below the number of students enrolled for academic year **2023-24** or were eligible to enroll for academic year **2023-24** because of successfully completing the prior year but withdrew or were dismissed from class before the end of the **2023-24** academic year.

**Note:** *Restricted data will not be published in an identifiable manner.*  
*"UD" stands for "Undisclosed".*

	1st Yea r - M (4)	1st Yea r - F (5)	1st Yea r - UD (6)	2nd Yea r - M (12)	2nd Yea r - F (13)	2nd Yea r - UD (14)	3rd Yea r - M (20)	3rd Yea r - F (21)	3rd Year -UD (22)	4th Yea r - M (28)	4th Yea r - F (29)	4th Year - UD (30)
Academic failure and/or School policy violation <b>(dismissal)</b> (1)												
Poor academic standing <b>(withdrawal)</b> (2)												
Personal or Family reasons <b>(withdrawal)</b> (4)												
Financial hardship <b>(withdrawal)</b> (7)												



Health reasons (including <b>mental          health</b> ) or Physical impairment <b>(withdrawal)</b> (8)											
Transferred to another medical school (3)											
Change in career plans (5)											
Failure to take or pass COMLEX <b>(per COM          Policy)</b> (6)											
Total											

Q226 You may write a comment below to further clarify your response:

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Q273 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Withdrawal\_Dismissal.**

End of Block: 2.5. Student Withdrawal and Dismissal (Restricted)

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Start of Block: 2.6. Student Leave of Absence (Restricted)



**QID22 2.6. Student Leave of Absence (Restricted)**

In the table below include students who were enrolled for academic year **2023-24** but took a leave of absence from classes before the end of the **2023-24** academic year.

**Note:** *Restricted data will not be published in an identifiable manner. "UD" stands for "Undisclosed".*



	1st Yea r - M (4)	1st Yea r - F (5)	1st Yea r - UD (6)	2nd Yea r - M (19)	2nd Yea r - F (20)	2nd Yea r - UD (21)	3rd Yea r - M (22)	3rd Yea r - F (23)	3rd Yea r - UD (24)	4th Yea r - M (28)	4th Yea r - F (29)	4th Yea r - UD (30)
Poor academic performanc e or Remediatio n (1)												
Personal or Family reasons (6)												
Financial hardship (5)												
Health reasons <b>(including mental health)</b> or Physical impairment (7)												

Participation in another degree program (2)												
Participation in academic research (8)												
Advanced study and/or academic enrichment (9)												
Failure to take or pass COMLEX (per COM policy) (4)												
Total												

Q228 You may write a comment below to further clarify your response:

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Q275 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_LOA.**

End of Block: 2.6. Student Leave of Absence (Restricted)

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Start of Block: 3.1. Cohort Graduation: Graduated within Six Academic Years



QID57

**3.1. Cohort Graduation: Graduated within Six Academic Years**

*Refer to data previously submitted for past surveys to ensure most recent data submitted is accurate.*

**TIP: When answering how many students transferred out of the cohort, enter response as a negative integer to get the correct total.**

	Number of Students Entering in Academic Year <b>2018-19 (With the Class of 2022)</b> (3)
How many students were enrolled for the first time ( <b>matriculated</b> )? (1)	
How many students transferred into the cohort? (2)	
How many students transferred out of the cohort to another medical school? ( <b>Please enter as a negative integer</b> ) (3)	
How many students dropped out of the cohort for reasons other than to attend another medical school? Include withdrawals. ( <b>Please enter as a negative integer</b> ) (4)	
How many students dropped out of the cohort to transfer to another college of osteopathic medicine ( <b>COM</b> )? ( <b>Please enter as a negative integer</b> ) (5)	
Total	



QID58 Each response below is a subset of the following response. **These include transfer students.**

	Number of Students Entering in Academic Year <b>2018-19 (With the Class of 2022)</b> (3)
How many graduated within three academic years? (4)	
How many graduated within four academic years? <b>Include those who graduated in three years as entered above.</b> (1)	
How many graduated within five academic years? <b>Include those who graduated in four years as entered above.</b> (2)	
How many graduated within six academic years? <b>Include those who graduated in five years as entered above.</b> (3)	

Q326 You may write a comment below to further clarify your response:

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Q327 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Cohort\_Grad31.**

**End of Block: 3.1. Cohort Graduation: Graduated within Six Academic Years**

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**Start of Block: 3.1-1. Cohort Graduation: Graduated within Five Academic Years**



**QID60 3.1-1. Cohort Graduation: Graduated within Five Academic Years**

*Refer to data previously submitted for past surveys to ensure most recent data submitted is accurate.*

**TIP: When answering how many students transferred out of the cohort, enter response as a negative integer to get the correct total.**

	Number of Students Entering in Academic Year <b>2019-20</b> (With the Class of <b>2023</b> ) (3)
How many students were enrolled for the first time ( <b>matriculated</b> )? (1)	
How many students transferred into the cohort? (2)	
How many students transferred out of the cohort to another medical school? ( <b>Please enter as a negative integer</b> ) (3)	
How many students dropped out of the cohort for reasons other than to attend another medical school? Include withdrawals. ( <b>Please enter as a negative integer</b> ) (4)	
How many students dropped out of the cohort to transfer to another college of osteopathic medicine ( <b>COM</b> )? ( <b>Please enter as a negative integer</b> ) (5)	
Total	



QID61 Each response below is a subset of the following response. **These include transfer students.**

	Number of Students Entering in Academic Year <b>2019-20</b> (With the Class of <b>2023</b> ) (3)
How many graduated within three academic years? (3)	
How many graduated within four academic years? <b>Include those who graduated in three years as entered above.</b> (1)	
How many graduated within five academic years? <b>Include those who graduated in four years as entered above.</b> (2)	

Q310 You may write a comment below to further clarify your response:

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Q311 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Cohort\_Grad311.**

End of Block: 3.1-1. Cohort Graduation: Graduated within Five Academic Years

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Start of Block: 3.1-2. Cohort Graduation: Graduated within Four Academic Years



QID63 3.1-2. Cohort Graduation: Graduated within Four Academic Years

**TIP: When answering how many students transferred out of the cohort, enter response as a negative integer to get the correct total.**

	Number of Students Entering in Academic Year <b>2020-21 (With the Class of 2024)</b> (2)
How many students were enrolled for the first time ( <b>matriculated</b> )? (1)	
How many students transferred into the cohort? (2)	
How many students transferred out of the cohort to another medical school? ( <b>Please enter as a negative integer</b> ) (3)	
How many students dropped out of the cohort for reasons other than to attend another medical school? Include withdrawals. ( <b>Please enter as a negative integer</b> ) (4)	
How many students dropped out of the cohort to transfer to another college of osteopathic medicine ( <b>COM</b> )? ( <b>Please enter as a negative integer</b> ) (5)	
Total	

QID64 Each response below is a subset of the following response. **These include transfer students.**

	Number of Students Entering in Academic Year <b>2020-21 (With the Class of 2024)</b> (1)
How many graduated within three academic years? (2)	
How many graduated within four academic years? <b>Include those who graduated in three years as entered above.</b> (1)	

Q312 You may write a comment below to further clarify your response:

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Q313 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Cohort\_Grad312.**

End of Block: 3.1-2. Cohort Graduation: Graduated within Four Academic Years

Start of Block: 3.1-3. Cohort Graduation: Graduated within Three Academic Years

**Q360 3.1-3. Cohort Graduation: Graduated within Three Academic Years TIP: When answering how many students transferred out of the cohort, enter response as a negative integer to get the correct total.**

	Number of Students Entering in Academic Year <b>2021-22 (With the Class of 2025)</b> (1)
How many students were enrolled for the first time ( <b>matriculated</b> )? (1)	
How many students transferred into the cohort? (2)	
How many students transferred out of the cohort to another medical school? ( <b>Please enter as a negative integer</b> ) (3)	
How many students dropped out of the cohort for reasons other than to attend another medical school? Include withdrawals. ( <b>Please enter as a negative integer</b> ) (4)	
How many students dropped out of the cohort to transfer to another college of osteopathic medicine ( <b>COM</b> )? ( <b>Please enter as a negative integer</b> ) (5)	
Total	

Q361 Each response below is a subset of the following response. **These include transfer students.**

	Number of Students Entering in Academic Year <b>2021-22 (With the Class of 2025)</b> (1)
How many graduated within three academic years? (1)	

Q362 You may write a comment below to further clarify your response:

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Q363 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Cohort\_Grad313.**

End of Block: 3.1-3. Cohort Graduation: Graduated within Three Academic Years

Start of Block: 3.2. Graduates by Gender and Race/Ethnicity



**QID1 3.2. Graduates by Gender and Race/Ethnicity** Enter the number of students who graduated from medical school in **2023-2024**. Count all students who received a DO degree from **July 1, 2023**, through **June 30, 2024**. Provide a single designation for each student's race/ethnicity following the National Center for Education Statistics guidelines. Only U.S.



citizens should be categorized in the race/ethnicity categories specified below. Students in the U.S. legally requiring specific visa types should be placed in the 'Nonresident Alien' category regardless of the other race/ethnicity categories applicable. Count as Hispanic anyone of Hispanic/Latino ethnicity regardless of the other race categories applicable. Non-Hispanic students who qualify for two or more race categories are to be entered only in the 'Two or more races, non-Hispanic' category. **For example:** *If a graduate is Hispanic and White, enter that*

*person in 'Hispanic/Latino' only. If a graduate is Asian, non-Hispanic and American Indian, enter that person as 'Two or more races, non-Hispanic' only.*

	Male (1)	Female (2)	Undisclosed (3)
American Indian/Alaska Native, non-Hispanic (3)			
Asian, non-Hispanic (5)			
Black/African American, non-Hispanic (4)			
Hispanic/Latino or of Spanish origin (1)			
Native Hawaiian/ Other Pacific Islander, non-Hispanic (6)			
Nonresident Alien (9)			
Two or more races, non-Hispanic (7)			

Unknown (8)			
White, non-Hispanic (2)			
Total			

Q222 You may write a comment below to further clarify your response:

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Q267 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Graduates.**

End of Block: 3.2. Graduates by Gender and Race/Ethnicity

Start of Block: 3.2-1. GME Enrollment



**QID3 3.2-1. GME Enrollment Categorical (3 to 7 Years):** Full residency training that **begins in PGY-1** to acquire board certification in a particular specialty. Enter students who **matched to a full residency position**.

	Number (Graduating Class 2023) (2)	Number (Graduating Class 2024) (14)	Number (Graduating Class 2025) (15)
Anesthesiology (1)			
Child Neurology (4)			
Dermatology (6)			
Emergency Medicine (9)			
Emergency Medicine - Anesthesiology (10)			
Emergency Medicine - Family Medicine (11)			
Family Medicine (12)			
Family Medicine - Preventive Medicine (13)			

Internal Medicine (14)			
Internal Medicine - Anesthesiology (15)			
Internal Medicine - Dermatology (16)			
Internal Medicine - Emergency Medicine (17)			
Internal Medicine - Medical Genetics (18)			
Internal Medicine - Pediatrics (19)			
Internal Medicine - Transitional/Preliminary (20)			
Internal Medicine - Preventive Medicine (21)			

Internal Medicine - Primary (22)			
Internal Medicine - Psychiatry (23)			
Interventional Radiology - Integrated (7)			
Neurodevelopmental Disabilities (8)			
Neurological Surgery (25)			
Neurology (26)			
Obstetrics - Gynecology ( <b>OB-GYN</b> ) (27)			
OB-GYN - Preliminary (54)			



Ophthalmology - Preliminary (55)			
Orthopedic Surgery (29)			
Osteopathic Neuromusculoskeletal Medicine ( <b>ONMM</b> ) (30)			
Otolaryngology (31)			
Pathology (32)			
Pediatrics (33)			
Pediatrics - Anesthesiology (34)			
Pediatrics - Emergency Medicine (35)			
Pediatrics - Medical Genetics (36)			

Pediatrics - Physical Medicine & Rehabilitation (38)			
Pediatrics - Transitional/Preliminary (39)			
Pediatrics - Primary (40)			
Physical Medicine & Rehabilitation (41)			
Plastic Surgery - Integrated (42)			
Psychiatry (43)			
Psychiatry - Family Medicine (44)			
Psychiatry - Neurology (45)			

Radiation Oncology (46)			
Radiology - Diagnostic (47)			
Radiology - Nuclear Medicine (53)			
Surgery (48)			
Surgery - Transitional/Preliminary (49)			
Thoracic Surgery (50)			
Transitional Year <b>(PGY-1)</b> (51)			
Urological Surgery (56)			
Vascular Surgery (52)			

Total



**QID278 Advanced (3-4+ Years):** Residency programs that **begin in PGY-2**. Enter **students who matched to an advanced residency position that also have a preliminary or transitional year.**

	Number ( <b>Graduating Class 2023</b> ) (1)	Number ( <b>Graduating Class 2024</b> ) (4)	Number ( <b>Graduating Class 2025</b> ) (5)
Anesthesiology (1)			
Child Neurology (2)			
Dermatology (3)			
Interventional Radiology - Integrated (5)			
Neurodevelopmental Disabilities (6)			
Neurology (7)			
Nuclear Medicine (8)			
Ophthalmology (9)			

<p>Osteopathic          Neuromusculoskeletal          Medicine (<b>ONMM</b>)          (10)</p>			
<p>Physical Medicine &amp;          Rehabilitation (11)</p>			
<p>Plastic Surgery -          Integrated (12)</p>			
<p>Preventive Medicine          &amp; Public Health (13)</p>			
<p>Psychiatry (14)</p>			
<p>Psychiatry -          Neurology (15)</p>			
<p>Radiation Oncology          (16)</p>			
<p>Radiology -          Diagnostic (17)</p>			

Urological Surgery (18)			
Total			



**Q362 Transitional (1 Year):** Residency training that **begins in PGY-1 and provides experience covering multiple clinical disciplines in preparation for advanced programs beginning in PGY-2.** **Preliminary (1-2 years):** Residency training **prior to entry into an**





**advanced program in PGY-2.** Enter students who matched **ONLY to a PGY-1 position** (whether transitional or preliminary).

	Number ( <b>Graduating Class 2023</b> ) (1)	Number ( <b>Graduating Class 2024</b> ) (2)	Number ( <b>Graduating Class 2025</b> ) (3)
Anesthesiology (178)			
Child Neurology (179)			
Dermatology (180)			
Emergency Medicine (181)			
Emergency Medicine - Anesthesiology (182)			
Emergency Medicine - Family Medicine (183)			
Family Medicine (233)			

<p>Family Medicine -        Osteopathic        Neuromusculoskeletal        Medicine (<b>ONMM</b>)        (184)</p>			
<p>Family Medicine -        Preventive Medicine        (185)</p>			
<p>Internal Medicine        (186)</p>			
<p>Internal Medicine -        Anesthesiology (187)</p>			
<p>Internal Medicine -        Dermatology (188)</p>			
<p>Internal Medicine -        Emergency Medicine        (189)</p>			
<p>Internal Medicine -        Family Medicine (190)</p>			

Internal Medicine - Medical Genetics (191)			
Internal Medicine - Neurology (192)			
Internal Medicine - Pediatrics (193)			
Internal Medicine - Preliminary (194)			
Internal Medicine - Preventive Medicine (195)			
Internal Medicine- Primary (196)			
Internal Medicine - Psychiatry (197)			
Interventional Radiology - Integrated (198)			

Neurodevelopmental Disabilities (199)			
Neurological Surgery (200)			
Neurology (201)			
Nuclear Medicine (202)			
Obstetrics- Gynecology ( <b>OB- GYN</b> ) (203)			
OB-GYN- Preliminary (204)			
Ophthalmology - Preliminary (232)			
Orthopedic Surgery (205)			

Osteopathic Neuromusculoskeletal Medicine ( <b>ONMM</b> ) (206)			
Otolaryngology (207)			
Pathology (208)			
Pediatrics (209)			
Pediatrics - Anesthesiology (210)			
Pediatrics - Emergency Medicine (211)			
Pediatrics - Medical Genetics (212)			
Pediatrics - Physical Medicine & Rehabilitation (213)			

Pediatrics - Preliminary (214)			
Pediatrics- Primary (215)			
Pediatrics - Psychiatry/Child and Adolescent Psychiatry (216)			
Physical Medicine & Rehabilitation (217)			
Plastic Surgery - Integrated (218)			
Preventive Medicine & Public Health (219)			
Psychiatry (220)			
Psychiatry - Family Medicine (221)			

Psychiatry - Neurology (222)			
Radiation Oncology (223)			
Radiology - Diagnostic (224)			
Surgery - General (225)			
Surgery - Preliminary (226)			
Thoracic Surgery - Integrated (227)			
Transitional Year <b>(PGY-1 Only)</b> (229)			
Urological Surgery (230)			
Vascular Surgery- Integrated (231)			



Total



Q307 The following question applies to **students who did not match** into a residency program.

	Number ( <b>Graduating Class 2023</b> ) (1)	Number ( <b>Graduating Class 2024</b> ) (4)	Number ( <b>Graduating Class 2025</b> ) (5)
Unable to find GME (1)			
Chose not to take GME (2)			
Tried to match but did not graduate by <b>July 1, 2023, July 1, 2024, or July 1, 2025 as applicable to each graduating class listed</b> (5)			
Other/Unknown (6)			
Total			

Q224 You may write a comment below to further clarify your response:

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Q412 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_GME\_Enrollment.**

End of Block: 3.2-1. GME Enrollment

Start of Block: 3.3 GME Programs - Clinical Rotations

**QID9 3.3. GME Programs - Clinical Rotations**

Is your COM the sponsoring institution for any GME programs affiliated with community hospitals, academic medical centers, university hospital and/or allied hospital programs, health care agencies, etc.?

**Note: If selecting "No," a follow-up question should appear requesting additional information on your sponsoring institution.**

- Yes (1)
- No (2)

*Display This Question:*  
If 3.3. GME Programs - Clinical Rotations Is your COM the sponsoring institution for any GME progra... = No

Q330 If "No," who is the sponsoring institution?

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QID233 Can students from your COM rotate through any affiliated GME program(s)? **Note: If selecting "Yes," a follow-up question should appear requesting additional information on your COM's clinical rotations.**

- Yes (1)
  - No (2)
- 

*Display This Question:*

*If Can students from your COM rotate through any affiliated GME program(s)? Note: If selecting "Yes,... = Yes*

QID280 If **"Yes,"** indicate the year in which students may rotate:

- 3rd year (1)
  - 4th year (2)
  - Both (3)
- 

QID281 Indicate if the following students can rotate through any of your COM's affiliated GME program(s): **Note: If any of the choices below are selected, two follow-up questions should appear requesting additional information on your COM's clinical rotations.**

- DO students from other COMs (5)
  - MD students (1)
  - International Medical Graduates (**IMGs**) (4)
-

*Display This Question:*

*If Indicate if the following students can rotate through any of your COM's affiliated GME program(s)...  
= DO students from other COMs*

*Or Indicate if the following students can rotate through any of your COM's affiliated GME  
program(s)... = MD students*

*Or Indicate if the following students can rotate through any of your COM's affiliated GME  
program(s)... = International Medical Graduates (IMGs)*

QID282 Indicate the year in which any of the following students may rotate (i.e., **third, fourth, etc.**)

DO students from other COMs (1)

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MD students (4)

---

International Medical Graduates (**IMGs**) (5)

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*Display This Question:*

*If Indicate if the following students can rotate through any of your COM's affiliated GME program(s)...  
= DO students from other COMs*

*Or Indicate if the following students can rotate through any of your COM's affiliated GME  
program(s)... = MD students*

*Or Indicate if the following students can rotate through any of your COM's affiliated GME  
program(s)... = International Medical Graduates (IMGs)*

Q364 Indicate if rotations for the following students are available in the Visiting Student Learning Opportunities (VSLO) platform.

DO students from other COMs (1)

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MD students (2)

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International Medical Graduates (**IMGs**) (3)

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Q456 Does your COM have clinical rotations in any of the following states? **NOTE: These states have been identified as not having current COM locations. (Select all that apply.)**

- Not Applicable (15)
  - No (16)
  - Alaska **(AK)** (1)
  - Connecticut **(CT)** (2)
  - Delaware **(DE)** (3)
  - Hawaii **(HI)** (4)
  - Massachusetts **(MA)** (5)
  - Minnesota **(MN)** (6)
  - North Dakota **(ND)** (7)
  - Nebraska **(NE)** (8)
  - New Hampshire **(NH)** (9)
  - Rhode Island **(RI)** (10)
  - South Dakota **(SD)** (11)
  - Vermont **(VT)** (12)
  - Wisconsin **(WI)** (13)
  - Wyoming **(WY)** (14)
-

Q460 Does your COM have sponsored GME programs in any of the following states? **NOTE:** *These states have been identified as not having current COM locations.* (Select all that apply.)

- Not Applicable (15)
  - No (16)
  - Alaska **(AK)** (1)
  - Connecticut **(CT)** (2)
  - Delaware **(DE)** (3)
  - Hawaii **(HI)** (4)
  - Massachusetts **(MA)** (5)
  - Minnesota **(MN)** (6)
  - North Dakota **(ND)** (7)
  - Nebraska **(NE)** (8)
  - New Hampshire **(NH)** (9)
  - Rhode Island **(RI)** (10)
  - South Dakota **(SD)** (11)
  - Vermont **(VT)** (12)
  - Wisconsin **(WI)** (13)
  - Wyoming **(WY)** (14)
-

Q459 Do your students rotate through any of the following facilities for third- and fourth-year clinical rotations?

- Not Applicable (4)
  - No (5)
  - Federally Qualified Health Center (1)
  - Rural Health Clinic (2)
  - Health care facilities located in a medically underserved community (3)
- 

Q225 You may write a comment below to further clarify your response:

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Q337 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_GME\_Programs33.**

End of Block: 3.3 GME Programs - Clinical Rotations

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Start of Block: 3.3-1. GME Programs - Support Services



QID234

**3.3-1. GME Programs - Support Services** Indicate which services below are available to faculty and/or students.

Support for Osteopathic Recognition (1)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Faculty</span> (1)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Students</span> (2)
Support for Scholarly Activity (2)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Faculty</span> (1)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Students</span> (2)
Formal Education (e.g., CME, Academic Half-Day, etc.) (3)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Faculty</span> (1)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Students</span> (2)
Salary Support (6)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">Faculty</span> (1)	<input type="checkbox"/> <span style="font-family: Georgia, serif;">N/A</span> (2)

Q333 You may write a comment below to further clarify your response:

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Q334 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_GME\_Programs331.**

End of Block: 3.3-1. GME Programs - Support Services

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Start of Block: 3.3-2. GME Programs - PGY-1 Positions

**Q330 3.3-2. GME Programs - PGY-1 Positions**

Graduate medical education (**GME**) consortium has replaced the term Osteopathic Postdoctoral Training Institution (**OPTI**). GME consortiums sponsor training programs accredited by the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME). Much like OPTIs, GME consortiums are associations of medical schools, teaching hospitals, and other organizations that offer a seamless, centralized support system that advises, directs and coordinates intern, resident and subspecialty fellowship programs to improve the organizational structure and governance of such specified programs. Is your COM a member of a GME consortium? **Note: If selecting "Yes," a follow-up question should appear requesting additional information on your COM's first-year GME programs.**

Yes (1)

No (2)

---

*Display This Question:*

*If 3.3-2. GME Programs - PGY-1 Positions Graduate medical education (GME) consortium has replaced... = Yes*

**QID235 3.3-3. GME Programs - PGY-1 Positions**  
**first-year** GME programs.

The next questions are specifically about

	Number (1)
<p><b>1. For 2023, how many positions were available in the school's GME consortium? (Enter "0" in lieu of "N/A") (1)</b></p>	
<p><b>2. How many 2024 graduates have accepted appointments to first-year GME programs which are the responsibility of your school's GME consortium? (2)</b></p>	
<p><b>3. How many 2024 graduates have accepted appointments to first-year GME programs located within your state? (5)</b></p>	
<p><b>4. How many 2024 graduates have accepted appointments to first-year GME programs which are not in your state? (6)</b></p>	

Q335 You may write a comment below to further clarify your response:

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Q336 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_GME\_Programs332\_3.**

End of Block: 3.3-2. GME Programs - PGY-1 Positions

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Start of Block: 4.1. Faculty: Basic Sciences by Role



QID267

#### **4.1. Faculty: Basic Sciences by Role**

List **all** faculty for academic year **2024-25** by **full-time, part-time, or volunteer status** as applicable for the COM and break out by Basic Science. For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.**

For faculty with administrative appointments or assigned to multiple disciplines, please indicate the percentage of full-time status assigned to the faculty appointments and Basic Science (**full-time equivalency or FTE**).

**For example:** *An Associate Professor who also holds an appointment as a dean who teaches anatomy 30% of the time would be listed as 0.30 in the FT Associate Professor Anatomy space. **Note:** Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the resignation and new hire are for the same position, record the FTE for the new hire.*

**\*Pathology** is also listed in Clinical Sciences. Count faculty in the appropriate places, but only once.

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities.

**Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral (**MD/DO**) training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty.

**Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement volunteers" or non-traditional placements that may serve as researchers hired specifically for a particular study or are hired to assist a department for a particular initiative.



	Paid Faculty: Professor - FT (1)	Paid Faculty: Professor - PT (2)	Paid Faculty: Associate Professor - FT (3)	Paid Faculty: Associate Professor - PT (4)	Paid Faculty: Assistant Professor - FT (5)	Paid Faculty: Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty: Instructors and Others - PT (8)	Non-paid, Volunteer Faculty: Less than 200 hours (13)	Non-paid, Volunteer Faculty: 200+ hours (14)
Anatomy (20)										
Biochemistry (21)										
Microbiology (22)										
Pathology* (23)										
Pharmacology (24)										
Physiology (25)										

Other  
 Basic  
 Science  
 (26)

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Q314 You may write a comment below to further clarify your response:

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Q315 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacBasicSci.**

End of Block: 4.1. Faculty: Basic Sciences by Role

Start of Block: 4.1-1. Faculty: Basic Sciences by Role and Gender



QID302

**4.1-1. Faculty: Basic Sciences by Role and Gender**

List **all** faculty for academic year **2024-25** by **full-time, part-time, or volunteer status** as applicable for the COM and break out by gender. For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.** For faculty with administrative appointments or assigned to multiple disciplines, please indicate the percentage of full-time status assigned to the faculty



appointments (**full-time equivalent or FTE**).

**For example:** *An Associate Professor who also holds an appointment as a dean who teaches 30% of the time would be listed as 0.30 in the FT Associate Professor space.* **Note:** *Record all FTE for new hires or resignations of which you are aware if they fall within the **2024-25** academic year (**July 1, 2024-June 30, 2025**). If the resignation and new hire are for the same position, record the FTE for the new hire.*

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities.

**Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral (**MD/DO**) training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty.

**Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement volunteers" or non-traditional placements that may serve as researchers hired specifically for a

particular study or are hired to assist a department for a particular initiative.

	Paid Faculty: Professor - FT (1)	Paid Faculty: Professor - PT (2)	Paid Faculty: Associate Professor - FT (3)	Paid Faculty: Associate Professor - PT (4)	Paid Faculty: Assistant Professor - FT (5)	Paid Faculty: Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty: Instructors and Others - PT (8)	Non-paid, Volunteer Faculty: Less than 200 hours (12)	Non-paid, Volunteer Faculty: 200+ hours (13)
Male (23)										
Female (24)										
Unknown (25)										

Q316 You may write a comment below to further clarify your response:

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Q317 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacBasicSci\_Gender.**

End of Block: 4.1-1. Faculty: Basic Sciences by Role and Gender

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Start of Block: 4.1-2. Faculty: Basic Sciences by Role, Gender and Number Tenured



QID303 **4.1-2. Faculty: Basic Sciences by Role, Gender and Number Tenured**

List **all** faculty for academic year **2024-25** by **full-time, part-time, or volunteer status** as applicable for the COM and break out by Basic Science. For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.**

For faculty with administrative appointments or assigned to multiple disciplines, please indicate the percentage of full-time status assigned to the faculty appointments (**full-time equivalent or FTE**).

**For example:** *An Associate Professor who also holds an appointment as a dean who teaches 30% of the time would be listed as 0.30 in the FT Associate Professor space.*

**Note:** *Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the resignation and new hire are for the same position, record FTE for the new hire.*

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities.

**Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral (**MD/DO**) training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty.

**Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as

standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement volunteers" or non-traditional placements that may serve as researchers hired specifically for a particular study or are hired to assist a department for a particular initiative.

	Paid Faculty: Professor - FT (1)	Paid Faculty: Professor - PT (2)	Paid Faculty: Associate Professor - FT (3)	Paid Faculty: Associate Professor - PT (4)	Paid Faculty: Assistant Professor - FT (5)	Paid Faculty: Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty: Instructors and Others - PT (8)	Non-paid, Volunteer Faculty: Less than 200 hours (12)	Non-paid, Volunteer Faculty: 200+ hours (13)
Male - Tenured (37)										
Female - Tenured (38)										
Unknown - Tenured (39)										

Q318 You may write a comment below to further clarify your response:

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Q319 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacBasicSci\_Tenured.**

End of Block: 4.1-2. Faculty: Basic Sciences by Role, Gender and Number Tenured

Start of Block: 4.1-3. Faculty: Clinical Sciences - Categorization

QID67

**4.1-3. Faculty: Clinical Sciences - Categorization**

Indicate how your COM classifies the following for academic year **2024-25.**

	Not Applicable (1)	FT Faculty (4)	PT Faculty (2)	Volunteer Faculty (3)
Paid clinical preceptors (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpaid clinical preceptors (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid guest lecturers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unpaid guest lecturers (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



QID68 You may write a comment below to further clarify your response:

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Q321 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacClinicalSci413.**

End of Block: 4.1-3. Faculty: Clinical Sciences - Categorization

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Start of Block: 4.1-4. Faculty: Clinical Sciences by Role and Specialty



**QID69 4.1-4. Faculty: Clinical Sciences by Role and Specialty**

List **all** faculty for academic year **2024-25** by **full-time, part-time, or volunteer status** as applicable for the COM and break out by Clinical Specialty. For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.**

For faculty with administrative appointments or assigned to multiple disciplines, please indicate the percentage of full-time status assigned to the faculty appointments and Clinical Specialty (**full-time equivalent or FTE**).

**For example:** *An Associate Professor who also holds an appointment as a dean who teaches anatomy 30% of the time would be listed as 0.30 in the FT Associate Professor Anatomy space.*  
**Note:** *Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the resignation and new hire are for the same position, record FTE for the new hire.*

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities.

**Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral **(MD/DO)** training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty.

**Preceptors:** Individuals involved in specialized work consisting of instruction and practice in relation to a department, program or discipline. Teaching formats may include seminars, in-depth studies, laboratory work and/or patient study.

**Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement volunteers" or non-traditional placements that may serve as researchers hired specifically for a

particular study or are hired to assist a department for a particular initiative.



	Paid Faculty: Professor - FT (1)	Paid Faculty: Professor - PT (2)	Paid Faculty: Associate Professor - FT (3)	Paid Faculty: Associate Professor - PT (4)	Paid Faculty: Assistant Professor - FT (5)	Paid Faculty: Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty: Instructors and Others - PT (8)	Paid No Faculty Rank: Preceptors - FT (9)	Paid No Faculty Rank: Preceptors - PT (10)	Non-paid, Volunteer Preceptors: Less than 200 hours (11)	Non-paid, Volunteer Preceptors: 200 + hours (12)	Non-paid, Volunteer Faculty: Less than 200 hours (13)	Non-paid, Volunteer Faculty: 200+ hours (15)
Anesthesiology (116)														
Child Neurology (117)														
Dermatology (118)														

Emergency Medicine (119)														
Emergency Medicine - Anesthesiology (120)														
Emergency Medicine - Family Medicine (121)														
Family Medicine (122)														

<p>Family          Medicin          e -          Osteop          athic          Neurom          usculos          keletal          Medicin          e  <b>(ONMM          ) (123)</b></p>														
<p>Family          Medicin          e -          Prevent          ive          Medicin          e (124)</p>														
<p>Internal          Medicin          e (125)</p>														
<p>Internal          Medicin          e -          Anesth          esiolog          y (126)</p>														

Internal Medicin e - Dermat ology (127)													
Internal Medicin e - Emerge ncy Medicin e (128)													
Internal Medicin e - Family Medicin e (129)													
Internal Medicin e - Medical Genetic s (130)													
Internal Medicin e - Neurolo gy (131)													

Internal Medicin e - Pediatri cs (132)													
Internal Medicin e - Prelimi nary (133)													
Internal Medicin e - Prevent ive Medicin e (134)													
Internal Medicin e - Primary (135)													
Internal Medicin e - Psychia try (136)													

Interve ntional Radiolo gy - Integrat ed (137)													
Neurod evelop mental Disabilit ies (138)													
Neurolo gical Surgery (139)													
Neurolo gy (140)													
Nuclear Medicin e (141)													

Obstetrics - Gynecology <b>(OBGYN)</b> (142)													
OBGYN - Preliminary (143)													
Ophthalmology (144)													
Orthopedic Surgery (145)													
Osteopathic Neuromusculoskeletal Medicine <b>(ONMM)</b> (146)													

Otolaryngology (147)													
Pathology* (148)													
Pediatrics (149)													
Pediatrics - Anesthesiology (150)													
Pediatrics - Emergency Medicine (151)													
Pediatrics - Medical Genetics (152)													



Pediatrics - Physical Medicine & Rehabilitation (153)															
Pediatrics - Preliminary (154)															
Pediatrics - Primary (155)															
Pediatrics - Psychiatry/Child Psychiatry (156)															

Physical Medicine & Rehabilitation (157)													
Plastic Surgery - Integrated (158)													
Preventive Medicine & Public Health (159)													
Proctology (160)													
Psychiatry (161)													

Psychiatry - Family Medicine (162)													
Psychiatry - Neurology (163)													
Radiation Oncology (164)													
Radiology - Diagnostic (165)													
Surgery - General (166)													

Thoracic Surgery - Integrated (167)													
Urological Surgery (168)													
Vascular Surgery - Integrated (169)													
Non- DO/MD Clinical Medical Specialty (e.g., <b>Dentistry,</b> <b>Podiatry,</b> <b>Clinical          Psychology)</b> (170)													

Q322 You may write a comment below to further clarify your response:

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Q323 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacClinicalSci414.**

End of Block: 4.1-4. Faculty: Clinical Sciences by Role and Specialty

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Start of Block: 4.1-5. Faculty: Clinical Sciences by Role and Gender



QID305

**4.1-5. Faculty: Clinical Sciences by Role and Gender** List all faculty for academic year **2024-25** by **full-time, part-time, or volunteer status** as applicable for the COM and break out by gender. For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.**

For faculty with administrative appointments or assigned to multiple disciplines, please indicate the percentage of full-time status assigned to the faculty appointments (**full-time equivalent or FTE**).

**For example:** *An Associate Professor who also holds an appointment as a dean who teaches 30% of the time would be listed as 0.30 in the FT Associate Professor space. Note: Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the resignation and new hire are for the same position, record FTE for the new hire.*

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities.

**Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral **(MD/DO)** training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty.

**Preceptors:** Individuals involved in specialized work consisting of instruction and practice in relation to a department, program or discipline. Teaching formats may include seminars, in-depth studies, laboratory work and/or patient study.

**Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement

volunteers" or non-traditional placements that may serve as researchers hired specifically for a particular study or are hired to assist a department for a particular initiative.

	Paid Faculty : Professor - FT (1)	Paid Faculty : Professor - PT (2)	Paid Faculty : Associate Professor - FT (3)	Paid Faculty : Associate Professor - PT (4)	Paid Faculty : Assistant Professor - FT (5)	Paid Faculty : Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty: Instructors and Others - PT (8)	Paid No Faculty Rank: Preceptors - FT (9)	Paid No Faculty Rank: Preceptors - PT (10)	Non-paid, Volunteer Preceptors: Less than 200 hours (11)	Non-paid, Volunteer Preceptors: 200 + hours (12)	No n-paid, Volunteer Faculty : Less than 200 hours (13)	No n-paid, Volunteer Faculty : 200 + hours (14)
Male (119)														
Female (120)														
Unknown (121)														

Q328 You may write a comment below to further clarify your response:

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Q329 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacClinicalSci\_Gender.**

End of Block: 4.1-5. Faculty: Clinical Sciences by Role and Gender

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Start of Block: 4.1-6. Faculty: Clinical Sciences by Role, Gender and Number Tenured



QID304

**4.1-6. Faculty: Clinical Sciences by Role, Gender and Number Tenured** List all faculty for academic year **2024-25** by **full-time, part-time, or volunteer status** as applicable for the COM and break out by gender and number tenured. For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.**

For faculty with administrative appointments or assigned to multiple disciplines, please indicate the percentage of full-time status assigned to the faculty appointments (**full-time equivalent or FTE**).

**For example:** *An Associate Professor who also holds an appointment as a dean who teaches 30% of the time would be listed as 0.30 in the FT Associate Professor space. Note: Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the resignation and new hire are for the*



*same position, record FTE for the new hire.*

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities.

**Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral **(MD/DO)** training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty.

**Preceptors:** Individuals involved in specialized work consisting of instruction and practice in relation to a department, program or discipline. Teaching formats may include seminars, in-depth studies, laboratory work and/or patient study.

**Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement

volunteers" or non-traditional placements that may serve as researchers hired specifically for a particular study or are hired to assist a department for a particular initiative.

	Paid Faculty : Professor - FT (1)	Paid Faculty : Professor - PT (2)	Paid Faculty : Associate Professor - FT (3)	Paid Faculty : Associate Professor - PT (4)	Paid Faculty : Assistant Professor - FT (5)	Paid Faculty : Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty; Instructors and Others - PT (8)	Paid No Faculty Rank: Preceptors - FT (9)	Paid No Faculty Rank: Preceptors - PT (10)	Non - paid Volunteer Preceptors: Less than 200 hours (11)	Non - paid , Volunteer Preceptors: 200 + hours (12)	No n-paid, Volunteer Faculty : Less than 200 hours (13 )	No n-paid, Volunteer Faculty : 200 + hours (14 )
Male - Tenured (63 )														
Female - Tenured (64 )														

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Q338 You may write a comment below to further clarify your response:

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Q339 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_FacClinicalSci\_Tenured.**

**End of Block: 4.1-6. Faculty: Clinical Sciences by Role, Gender and Number Tenured**

**Start of Block: 4.1-7. Faculty: Basic and Clinical Sciences by Role and Race/Ethnicity**



**QID71 4.1-7. Faculty: Basic and Clinical Sciences by Role and Race/Ethnicity** Provide a single designation for each faculty member's race/ethnicity following the National Center for Education Statistics guidelines for academic year **2024-25**. Only U.S. citizens should be categorized in the race/ethnicity categories specified below. Faculty members in the U.S. legally requiring specific visa types should be placed in the 'Nonresident Alien' category regardless of the other race/ethnicity categories applicable. Count as Hispanic anyone who is of

Hispanic/Latino ethnicity regardless of the other race categories applicable. Non-Hispanic faculty members who qualify for two or more race categories are to be entered only in the 'Two or more races, non-Hispanic' category. **For example:** *If a faculty member is Hispanic and White, enter that person in 'Hispanic/Latino' only. If a faculty member is Asian, non-Hispanic and American Indian, count him/her as 'Two or more races, non-Hispanic' only. The totals for each column in this table must equal the sum of the totals in Questions 4.1., 4.1-1., 4.1-4., and 4.1-5.* **Note:** *Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the resignation and new hire are for the same position, record FTE for the new hire.*

**Faculty:** Individuals either full- or part-time serving in the areas of teaching, research/scholarly work, service and/or administrative responsibilities. **Instructors and Others:** Individuals fully trained via residency, fellowship or other post-doctoral (MD/DO) training and therefore provide clinical care and are qualified to participate in educational programs but are not classified as tenure-track faculty. **Preceptors:** Individuals involved in specialized work consisting of instruction and practice in relation to a department, program or discipline. Teaching formats may include seminars, in-depth studies, laboratory work and/or patient study. **Volunteer Faculty:** Roles or duties under this category may include but are not limited to: mentoring/advising medical students; small group curriculum instruction; serving as standardized patients for medical student "practice encounters"; board review assistance; and committee and/or council participation. This category may also include "special placement

volunteers" or non-traditional placements that may serve as researchers hired specifically for a particular study or are hired to assist a department for a particular initiative.

	Paid Faculty: Professor - FT (1)	Paid Faculty: Professor - PT (2)	Paid Faculty: Associate Professor - FT (3)	Paid Faculty: Associate Professor - PT (4)	Paid Faculty: Assistant Professor - FT (5)	Paid Faculty: Assistant Professor - PT (6)	Paid Faculty: Instructors and Others - FT (7)	Paid Faculty: Instructors and Others - PT (8)	Paid No Faculty Rank: Preceptors - FT (9)	Paid No Faculty Rank: Preceptors - PT (10)	Non-paid Volunteer Preceptors: Less than 200 hours (11)	Non-paid Volunteer Preceptors: 200 + hours (12)	Non-paid, Volunteer Faculty: Less than 200 hours (13)	Non-paid, Volunteer Faculty: 200+ hours (14)
American Indian/Alaska Native, non-Hispanic (3)														
Asian, non-Hispanic (5)														

Black /African American, non-Hispanic (4)													
Hispanic/Latino or of Spanish Origin (1)													
Native Hawaiian/Other Pacific Islander, non-Hispanic (6)													
Nonresident Alien (9)													



Two or more races , non- Hispa nic (7)													
Unkn own (8)													
White , non- Hispa nic (2)													

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Q340 You may write a comment below to further clarify your response:

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Q341 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_BasicClinicalSci\_RE.**



QID72

**4.1-8. Faculty: Academic Degrees**

Indicate the **highest degree** held by **all members of the Basic and Clinical Science faculty** for academic year **2024-25** included in **Questions 4.1., 4.1-1., 4.1-4., and 4.1-5.** Count each person only **once**. **For example:** *If a DO has both a BS and an MS degree, you will only count the MS and not BS degree.* **Degree descriptions:** **BA** – Bachelor of Arts, **BS** – Bachelor of Science, **DHEd** – Doctor of Health Education, **DMD** – Doctor of Dental Medicine, **DO** – Doctor of Osteopathic Medicine, **JD** – Juris Doctor, **MA** – Master of Arts, **MBA** – Master of Business Administration, **MGH** – Master of Global Health, **MHA** – Master of Health Administration, **MHSA** – Master in Health Services Administration, **MMEL** – Master of Science in Medical Education Leadership, **MPH** – Master of Public Health, **MS** – Master of Science, **MSBI** – Master of Science in Biomedical Informatics, **MSBS** – Master of Science Biomedical Sciences, **MSHS** – Master of Science in Health Services, **MSDEP** – Master of Science in



Disaster and Emergency Preparedness, **MSMED** – Master of Science in Medical Education,  
**MSMS** – Master of Science in Medical Sciences, **PhD** – Doctor of Philosophy

	Number of Basic Science Faculty with following degrees (1)	Number of Clinical Science Faculty with following degrees (2)
No Degree (46)		
Baccalaureate (1)		
Master (2)		
DO (3)		
MD (4)		
PhD (5)		
Other doctorate (6)		
DO/BA (7)		
DO/BS (8)		

DO/MA (9)		
DO/MBA (10)		
DO/MGH (47)		
DO/MHA (11)		
DO/MHSA (12)		
DO/MMEL (13)		
DO/MPH (14)		
DO/MS (15)		
DO/MSBI (16)		
DO/MSBS (17)		

DO/MSDPEM (18)		
DO/MSHS (19)		
DO/MSMEd (20)		
DO/MSMS (21)		
DO/DHEd (22)		
DO/DMD (23)		
DO/JD (24)		
DO/PhD (25)		
Other DO Dual Degree (49)		
MD/BA (26)		

MD/BS (27)		
MD/MA (28)		
MD/MBA (29)		
MD/MGH (48)		
MD/MHA (30)		
MD/MHSA (31)		
MD/MMEL (32)		
MD/MPH (33)		
MD/MS (34)		
MD/MSBI (35)		

MD/MSBS (36)		
MD/MSDPEM (37)		
MD/MSHS (38)		
MD/MSMEd (39)		
MD/MSMS (40)		
MD/DHEd (41)		
MD/DMD (42)		
MD/JD (43)		
MD/PhD (44)		
Other MD Dual Degree (45)		



Total

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Q324 You may write a comment below to further clarify your response:

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Q342 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Fac\_AcademicDegrees.**

End of Block: 4.1-8. Faculty: Academic Degrees

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Start of Block: 4.2. Academic/Administrative Staff

QID73

**4.2. Academic/Administrative Staff**

How does your medical school report academic/administrative staff in this section?

- Only staff on COM's payroll (1)
- All staff with COM-related admin responsibilities (2)

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Q534 You may write a comment below to further clarify your response:

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Q535 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic\_AdminStaff.**

**End of Block: 4.2. Academic/Administrative Staff**

**Start of Block: 4.2-1. Academic/Administrative Staff by Employment Status and Department**



**QID75 4.2-1. Academic/Administrative Staff by Employment Status and Department**

List **all** academic/administrative staff for academic year **2024-25**. For administrators with faculty appointments or multiple administrative responsibilities, please indicate the percentage of full-time status assigned to each area (**full-time equivalent or FTE**).

**For example:** *A dean who holds appointment as an associate professor who teaches 30% of the time would be listed 0.70 in FT Dean's office column.* For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE.** **Note:** *Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025).* *If the resignation and new hire are for the same position, record FTE for the new hire.* Graduate medical education (**GME**) consortium has replaced the term Osteopathic Postdoctoral Training Institution (**OPTI**). GME consortiums sponsor training programs accredited by the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME). Much like OPTIs, GME consortiums are associations of medical schools, teaching hospitals, and other organizations that offer a seamless, centralized support system that advises, directs, and coordinates intern, resident, and subspecialty fellowship programs to improve the organizational structure and governance of such specified programs.



	Paid - FT (1)	Paid -PT (2)	Non-paid Volunteer - Less than 200 hours (3)	Non-paid Volunteer - 200+ hours (4)
Continuing Medical Education ( <b>includes Graduate Medical Education</b> ) (14)				
Dean's Office ( <b>includes assistant/associate deans</b> ) (15)				
Financial aid (16)				
Institutional support ( <b>e.g., IT, Human Resources, President's office, &amp; other misc. depts.</b> ) (17)				
Library (18)				

<p>Other academic support (e.g., <b>Faculty/curriculum development, testing, GME consortium, research, other staff with a direct relationship to the educational program</b>) (19)</p>				
<p>Plant operation and maintenance (20)</p>				
<p>Practice plan administration (e.g., <b>clinical medical directors, community health services including AHEC</b>) (21)</p>				
<p>Student services (<b>includes Admissions, Registrar's office, Alumni Affairs</b>) (22)</p>				
<p>Vivarium/animal care (23)</p>				

Q430 You may write a comment below to further clarify your response:

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Q431 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic\_AdminStaff\_Dept.**

End of Block: 4.2-1. Academic/Administrative Staff by Employment Status and Department

Start of Block: 4.2-2. Academic/Administrative Staff by Employment Status and Gender



**Q226 4.2-2. Academic/Administrative Staff by Employment Status and Gender**

List **all** academic/administrative staff by gender for academic year **2024-25**. For administrators with faculty appointments or multiple administrative responsibilities, please indicate the percentage of full-time status assigned to each area (**full-time equivalent or FTE**).

**For example:** *A dean who holds appointment as an associate professor who teaches 30% of the time would be listed 0.70 in FT Dean's office column.* For the purpose of this survey, **full-time equivalency (or FTE) is calculated based upon a full-time schedule of 1.0 FTE, working at least 32 hours per week. An FTE of .50 indicates half time. Part-time faculty working fewer hours or with contractual agreements resulting in payment from external sources other than the college of osteopathic medicine (COM) or institution should be assigned the working percentage of an FTE. Note: Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1,**

**2024-June 30, 2025).** *If the resignation and new hire are for the same position, record FTE for the new hire.*

	Paid - FT (1)	Paid - PT (2)	Non-paid Volunteer - Less than 200 hours (3)	Non-paid Volunteer - 200+ hours (4)
Male (17)				
Female (18)				
Unknown (19)				

Q432 You may write a comment below to further clarify your response:

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Q433 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic\_AdminStaff\_Gender.**

**End of Block: 4.2-2. Academic/Administrative Staff by Employment Status and Gender**

## Start of Block: 4.2-3. Academic/Administrative Staff by Employment Status and Race/Ethnicity



QID76

### **4.2-3. Academic/Administrative Staff by Employment Status and Race/Ethnicity**

Provide a single designation for each staff member's race/ethnicity following the National Center for Education Statistics guidelines for academic year **2024-25**. Only U.S. citizens should be categorized in the race/ethnicity categories specified below. Academic and Administrative staff in the U.S. legally requiring specific visa types should be placed in the 'Nonresident Alien' category regardless of the other race/ethnicity categories applicable. Count as Hispanic anyone of Hispanic/Latino ethnicity regardless of the other race categories applicable. Non-Hispanic staff members who qualify for two or more race categories are to be entered only in the 'Two or more races, non-Hispanic' category.

**For example:** *If a staff member is Hispanic and White, enter that person in 'Hispanic/Latino' only. If a staff member is Asian, non-Hispanic and American Indian, count him/her as 'Two or more races, non-Hispanic' only. Note: Record all FTE for new hires or resignations of which you are aware if they fall within the 2024-25 academic year (July 1, 2024-June 30, 2025). If the*



*resignation and new hire are for the same position, record FTE for the new hire.*

	Paid - FT (1)	Paid - PT (2)	Non-paid Volunteer - Less than 200 hours (3)	Non-paid Volunteer - 200+ hours (4)
American Indian/Alaska Native, non- Hispanic (3)				
Asian, non- Hispanic (5)				
Black/African American, non- Hispanic (4)				
Hispanic/Latino or of Spanish Origin (1)				
Native Hawaiian/Other Pacific Islander, non-Hispanic (6)				
Nonresident Alien (9)				

Two or more races, non- Hispanic (7)				
Unknown (8)				
White, non- Hispanic (2)				

Q434 You may write a comment below to further clarify your response:

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Q435 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic\_AdminStaff\_RE.**

End of Block: 4.2-3. Academic/Administrative Staff by Employment Status and Race/Ethnicity

Start of Block: 4.3. Faculty Specialty Board Certification

QID77

**4.3. Faculty Specialty Board Certification**

List all board-certified faculty by the American Osteopathic Association (**AOA**) and American

Board of Medical Specialties (**ABMS**). Since individuals must have general certification before obtaining certification for added or special qualifications, list only the general certification **(someone with special qualifications in Cardiology would be counted in Internal Medicine, the board awarding that special certification)**. Include all faculty members - **part-time, volunteer, and academic/administrative staff with certification**. Do not include specialties that are not board certified.

**For example:** *Do not list pharmacy, dentistry, nursing or optometry since these are not AOA or ABMS board certified specialties. Since some specialties such as Addiction Medicine, Geriatrics, and Sports Medicine are subspecialty certificates available through more than one*



*board, where these faculty members belong will depend on which Board Certified them. For more information, please see the AOA website and the ABMS website.*

	Number (AOA) (1)	Number (ABMS) (2)	Number (Certified by Both AOA & ABMS) (9)	Number (Other) (10)
Allergy and Immunology (1)				
Anesthesiology (2)				
Colon and Rectal Surgery / Proctology (3)				
Dermatology (4)				
Emergency Medicine (5)				
Family Medicine and OMT / Family Medicine (6)				
General Surgery / Surgery (7)				

Genetics (8)				
Internal Medicine (9)				
Neurological Surgery (10)				
Neurology or Child Neurology (11)				
Neuromusculoskeletal Medicine & OMM (12)				
Nuclear Medicine (13)				
OBGYN or OBGYN Surgery (14)				
Ophthalmology (15)				
Orthopedic Surgery (16)				

Otolaryngology and/or Facial Plastic Surgery (17)				
Pathology or Laboratory Medicine (18)				
Pediatrics (19)				
Physical Medicine and Rehabilitation (20)				
Plastic and Reconstructive Surgery (21)				
Preventive Medicine <b>(including Aerospace, Occupational, Environmental, Public Health and General Medicine)</b> (22)				
Psychiatry (23)				



<p><b>Radiology (including          Diagnostic          Radiology,          Radiation Oncology,          Radiologic Physics)          (24)</b></p>				
<p>Thoracic and/or          Cardiovascular          Surgery (25)</p>				
<p>Urology or Urological          Surgery (26)</p>				
<p>Vascular Surgery (27)</p>				
<p>Non-DO/MD Clinical          Medical Specialty  <b>(e.g., Dentistry,          Podiatry, Clinical          Psychology)</b> (28)</p>				
<p>Total</p>				

Q343 You may write a comment below to further clarify your response:

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Q344 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Gen\_SptlyCert.**

End of Block: 4.3. Faculty Specialty Board Certification

Start of Block: 5.1. Contact Hours of Required Instruction - Basic Sciences

Q467 If you are an additional location completing **Section 5.1. Contact Hours of Required Instruction - Basic Sciences**, do your additional location and parent or main campus have the same data to report for instructional contact hours for basic sciences? **Note: If your response is "Yes," you will be directed to Section 5.1-1. Contact Hours of Required Instruction - Clinical Sciences.** You are only required to enter data for instructional contact hours for basic sciences for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (4)

Skip To: End of Block If If you are an additional location completing Section 5.1. Contact Hours of Required Instruction -... = Yes



QID78

**5.1. Contact Hours of Required Instruction - Basic Sciences**

\***Pathology** is also listed in Clinical Sciences. Count students in the appropriate places, but only **once**.

	<b>2024-25: 1st &amp; 2nd Years Lecture/Didactic/Group Learning Hours (2)</b>	<b>2024-25: 1st &amp; 2nd Years Skills Training/Practice/Lab Hours (4)</b>	<b>2024-25: 3rd and 4th Years Skills Training/Practice/Lab Hours (6)</b>
Anatomy (1)			
Biochemistry (2)			
Microbiology (3)			
Pathology* (4)			
Pharmacology (5)			
Physiology (6)			
Other Basic Science (7)			
<b>Total</b>			

Q345 You may write a comment below to further clarify your response:

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Q346 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_ContactHrs\_RqdInstr\_BasicSci.**

End of Block: 5.1. Contact Hours of Required Instruction - Basic Sciences

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Start of Block: 5.1-1. Contact Hours of Required Instruction - Clinical Sciences

Q468 If you are an additional location completing **Section 5.1-1. Contact Hours of Required Instruction - Clinical Sciences**, do your additional location and parent or main campus have the same data to report for instructional contact hours for clinical sciences? **Note: If your response is "Yes," you will be directed to Section 5.2. Clinical Experience. You are only required to enter data for instructional contact hours for clinical sciences for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (4)

*Skip To: End of Block If If you are an additional location completing Section 5.1-1. Contact Hours of Required Instruction... = Yes*

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QID269 **5.1-1. Contact Hours of Required Instruction - Clinical Sciences**

\*Pathology is also listed in Basic Sciences. Count students in the appropriate places, but

only once.

	<b>2024-25: 1st &amp; 2nd Years</b> Lecture/Didactic/Group Learning Hours (2)	<b>2024-25: 1st &amp; 2nd Years Skills</b> Training/Practice/Lab Hours (7)	<b>2024-25: 3rd &amp; 4th Years Skills</b> Training/Practice/Lab Hours (8)
Anesthesiology (1)			
Child Neurology (2)			
Dermatology (3)			
Emergency Medicine (4)			
Emergency Medicine - Anesthesiology (5)			
Emergency Medicine - Family Medicine (6)			
Family Medicine (7)			

Family Medicine - Osteopathic Neuromusculoskeletal Medicine ( <b>ONMM</b> ) (8)			
Family Medicine - Preventive Medicine (9)			
Internal Medicine (10)			
Internal Medicine - Anesthesiology (11)			
Internal Medicine - Dermatology (12)			
Internal Medicine - Emergency Medicine (13)			
Internal Medicine - Family Medicine (14)			
Internal Medicine - Medical Genetics (15)			

Internal Medicine - Neurology (16)			
Internal Medicine - Pediatrics (17)			
Internal Medicine - Preliminary (18)			
Internal Medicine - Preventive Medicine (19)			
Internal Medicine - Primary (20)			
Internal Medicine - Psychiatry (21)			
Interventional Radiology - Integrated (22)			
Neurodevelopmental Disabilities (23)			



Neurological Surgery (24)			
Neurology (25)			
Nuclear Medicine (26)			
Obstetrics - Gynecology <b>(OBGYN)</b> (27)			
OBGYN - Preliminary (28)			
Ophthalmology (29)			
Orthopedic Surgery (30)			
Osteopathic Neuromusculoskeletal Medicine <b>(ONMM)</b> (31)			
Otolaryngology (32)			

Pathology* (33)			
Pediatrics (34)			
Pediatrics - Anesthesiology (35)			
Pediatrics - Emergency Medicine (36)			
Pediatrics - Medical Genetics (37)			
Pediatrics - Physical Medicine & Rehabilitation (38)			
Pediatrics - Preliminary (39)			
Pediatrics - Primary (40)			

Pediatrics - Psychiatry/Child Psychiatry (41)			
Physical Medicine & Rehabilitation (42)			
Plastic Surgery - Integrated (43)			
Preventive Medicine & Public Health (44)			
Proctology (45)			
Psychiatry (46)			
Psychiatry - Family Medicine (47)			
Psychiatry - Neurology (48)			
Radiation Oncology (49)			

Radiology - Diagnostic (50)			
Surgery - General (51)			
Thoracic Surgery - Integrated (52)			
Urological Surgery (53)			
Vascular Surgery - Integrated (54)			
Non-DO/MD Clinical Medical Specialty <b>(e.g., Dentistry, Podiatry, Clinical Psychology)</b> (55)			
Total			

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Q347 You may write a comment below to further clarify your response:

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Q348 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_ContactHrs\_RqdInstr\_ClinicalSci.**

End of Block: 5.1-1. Contact Hours of Required Instruction - Clinical Sciences

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Start of Block: 5.2. Clinical Experience

Q469 If you are an additional location completing **Section 5.2. Clinical Experience**, do your additional location and parent or main campus have the same data to report for clinical experience for students? **Note: If your response is "Yes," you will be directed to Section 5.3. Curriculum Length.** You are only required to enter data for your clinical experience for students for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.2. Clinical Experience, do your additional... = Yes*

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Q229 **5.2. Clinical Experience**

**2024-25**

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&nbsp; (1)

Do first-year students have an opportunity for early clinical experience in doctors' offices, clinics, etc.? **(Options: Yes/No)** (4)

Do second-year students have an opportunity for early clinical experience in doctors' offices, clinics, etc.? **(Options: Yes/No)** (5)

Are students required to participate in a longitudinal clinical continuity of care experience **(Clinical experience in which students individually or as part of a team provide continuous health care to a patient or a consistent group of patients)?** **(Options: Yes/No)** (6)

What year is the continuity of care experience open to students? **(Options: Not Applicable, First, Second, Third)** (7)

What month is the continuity of care experience open to students? **(Options: Not Applicable, January, February, March, April, May, June, July, August, September, October, November, December)** (8)

For how many months is the required continuity of care experience? **(round to the nearest month)** (9)

Q421 You may write a comment below to further clarify your response:

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Q422 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Clinical\_Exp.**

End of Block: 5.2. Clinical Experience

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Start of Block: 5.3. Curriculum Length

Q458 If you are an additional location completing **Section 5.3. Curriculum Length**, do your additional location and parent or main campus have the same data to report for curriculum length? **Note: If your response is "Yes," you will be directed to Section 5.4. Instructional Methods/Techniques - General.** You are only required to enter data for your curriculum length for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.3. Curriculum Length, do your additional l... = Yes*

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QID93

### 5.3. Curriculum Length

Indicate total number of **weeks** for each year of the DO curriculum (**exclude vacations and holidays**) for academic year **2024-25**.



	First Year (1)	Second Year (2)	Third Year (3)	Fourth Year (4)
<b>2024-25 (2)</b>				

Q349 You may write a comment below to further clarify your response:

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Q350 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Curr\_Length.**

End of Block: 5.3. Curriculum Length

Start of Block: 5.4. Instructional Methods/Techniques - General

Q474 If you are an additional location completing **Section 5.4. Instructional Methods/Techniques - General**, do your additional location and parent or main campus have the same data to report for general instructional methods/techniques? Note: If your response is "Yes," you will be directed to Section 5.4-1. Instructional Methods/Techniques -

Distance/**Online** Learning. *You are only required to enter data for the general instructional methods/techniques for your parent or main campus survey.*

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If you are an additional location completing Section 5.4. Instructional Methods/Techniques - Gene... = Yes*

**QID97 5.4. Instructional Methods/Techniques - General**

Select the instructional methods/techniques applicable to your institution for the **2024-25** academic year.

	<b>2024-2025</b>		
	Basic Science (1)	Clinical Science (2)	N/A (3)

**Computer-assisted instruction:**

Departmental or curricular areas in which automatic processing equipment is used to control the presentation of stimuli to a student, to accept and evaluate the student's response, and based on that interaction to present further stimuli calculated to help the student respond in the desired manner. The student uses a terminal directed by a computer.

(1)

**Distance learning:**

Online instruction using the Internet to connect to specific lectures anywhere in the world and interact with lecturer.

(2)

**Hands-on learning:**

Curricula or courses during the first and second years in which students interact with actual patients on campus or in the community. (3)

**Knowledge-based learning communities:**

Curricula or courses in which students participate in researching information and sharing knowledge with peers. (4)

**Problem-based learning in preclinical courses:**

Curricula or courses taught using a case-based method and small group tutorials, emphasizing student self-directed learning. (5)

**Self-Instruction:**

Departmental courses or curricular areas in which educational materials designed for self-instruction are used by students. Such materials usually cover one topic concept or unit of instruction and are packaged so as to be self-directing, self-pacing, self-correcting(reinforcing), or self-evaluating. (6)




**Simulated patients used to teach or evaluate students:**

Curricula or courses taught using mannequins or other devices for techniques or procedures prior to or in addition to students' experience with actual patients. (7)




**Standardized patients used to teach or evaluate students:**

Persons trained to portray the history, physical findings and effect of an actual patient and used for teaching and/or evaluation of students. (8)




**Systems-based learning in preclinical courses:** Curricula or courses taught using body systems as unifying aspects of curricula elements. (9)




**Video recording:** Ability for students to refer to lectures for later usage/review. (10)

**Virtual patients:**  
Curricula or courses  
taught using interactive  
computer simulations of  
artificial patients in which  
the student safely  
develops clinical  
judgment and skills by  
role playing as the doctor.  
(11)

**Web-based learning:**  
Curricula or courses  
taught using material  
obtained from Internet  
sources for use in  
didactic or small group  
presentations/discussions  
or as a result of individual  
study. (12)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned.  
(13)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned  
(14)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned  
(15)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned  
(16)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned  
(17)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned  
(18)

**Other:** Instructional  
techniques/methods not  
listed in aforementioned  
(19)

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Q423 You may write a comment below to further clarify your response:

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Q424 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_InstrMthd\_Techniques.**

End of Block: 5.4. Instructional Methods/Techniques - General

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Start of Block: 5.4-1. Instructional Methods/Techniques - Distance/Online Learning

Q494 If you are an additional location completing **Section 5.4-1. Instructional Methods/Techniques - Distance/Online Learning**, do your additional location and parent or main campus have the same data to report for instructional methods and/or techniques for distance/online learning? **Note: If your response is "Yes," you will be directed to Section 5.5. Curriculum Evaluation.** *You are only required to enter data for instructional methods and/or techniques for distance/online learning for your parent or main campus survey.*

- Yes (1)
- No (2)
- Not applicable (3)

Skip To: End of Block If you are an additional location completing Section 5.4-1. Instructional Methods/Techniques - Di... = Yes

Q368 There has been a transformational change in undergraduate medical education (**UME**) prompting students and/or COMs to use a variety of intra- and extra-institutional resources, such as virtual learning and technology advancements, to augment curriculum or fill curricular gaps. The **following question** asks if any portion of your COM's preclinical curriculum has been administered online and if so, what percentage. **5.4-1. Instructional Methods/Techniques - Distance/Online Learning** Indicate if you administered any aspect of your preclinical curriculum online during the **2024-25** academic year: **Note: When selecting either OMS-I Curriculum or OMS-II Curriculum, one follow-up question should appear requesting additional information on your COM's offering of preclinical curriculum online.**

	OMS-I Curriculum 2024-25		OMS-II Curriculum 2024-25		Not Applicable	Percentage 2024-25			
	Yes (1)	No (2)	Yes (1)	No (2)	Yes (1)	0% to 25% (1)	26% to 50% (2)	51% to 75% (3)	76% to 100% (4)
OMM (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Care Technique (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPE (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Early Clinical Experience (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Display This Question:*

*If There has been a transformational change in undergraduate medical education (UME) prompting stude... =*

*Or There has been a transformational change in undergraduate medical education (UME) prompting stude... =*

Q373 Summarize what prompted your decision to continue or discontinue online preclinical education.

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Q374 You may write a comment below to further clarify your response:

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Q375 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_InstrMthd\_Techniques541.**

**End of Block: 5.4-1. Instructional Methods/Techniques - Distance/Online Learning**

**Start of Block: 5.5. Curriculum Evaluation**

Q477 If you are an additional location completing **Section 5.5. Curriculum Evaluation**, do your additional location and parent or main campus use the same indicators to evaluate educational program effectiveness? **Note: If your response is "Yes," you will be directed to Section**



**5.6. Required Clinical Clerkships.** You are only required to enter data for the indicators used to evaluate educational program effectiveness for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If you are an additional location completing Section 5.5. Curriculum Evaluation, do your addition... = Yes*

Q233

**5.5. Curriculum Evaluation**

Mark all outcome indicators used to evaluate the osteopathic medical school's educational program effectiveness for academic year **2024-25**.

	<b>2024-25</b>	
	Yes (1)	No (2)

Results of COMLEX-USA (1)



Student scores on written  
 exams developed by the  
 COMs (2)



Student scores on written  
 exams developed by an  
 extramural body (3)



Student comments from  
 AACOM's **"Annual Survey  
 of Graduating Seniors"** (4)



Student evaluation of courses  
 (5)



Assessment of residency  
 performance of graduates (6)



Licensure rates of graduates  
 (7)



Residency appointments (8)



Residency completion rates  
 (9)



Specialty choice of graduates  
 (10)



Specialty certification rates  
 (11)



Practice location of graduates  
**(e.g., rural, urban, inner  
 city)** (12)



Academic/research  
 careers/opportunities of  
 graduates (13)



Practice type of graduates  
 (14)

Alumni surveys (15)	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum inventory reports (19)	<input type="checkbox"/>	<input type="checkbox"/>
AAMC's Resident Readiness Survey (20)	<input type="checkbox"/>	<input type="checkbox"/>
ACGME's Milestone reporting (21)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> None of the above (16)	<input type="checkbox"/>	<input type="checkbox"/>

Q425 You may write a comment below to further clarify your response:

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Q426 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Curr\_Eval.**

End of Block: 5.5. Curriculum Evaluation

Start of Block: 5.6. Required Clinical Clerkships

Q478 If you are an additional location completing **Section 5.6. Required Clinical Clerkships**, do your additional location and parent or main campus have the same data to report for required number of weeks for clinical clerkships and sites used (**doctors' offices, clinics, hospitals, etc.**)? **Note: If your response is "Yes," you will be directed to Section 5.6-1. Clinical**

**Rotations - Core, Rural and Underserved.** You are only required to enter data for the required number of weeks for clinical clerkships and sites for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.6. Required Clinical Clerkships, do your a... = Yes*

QID102

5.6. Required Clinical Clerkships

Indicate the **required** number of weeks for clerkships this academic year **2024-25** at your school and enter the number of sites (**doctors' offices, clinics, hospitals, etc.**) used last academic year **2023-24**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties.

**Examples:** Enter Allergy and Immunology, Cardiology, Critical Care/ICU, and Endocrinology on the Internal Medicine line. Enter Public Health on the Preventive Medicine line. Enter Plastic and Reconstructive Surgery and Urology/Urological Surgery on the Surgery line. Rural and underserved population care should be included in Family Practice. Hospitalists belong on the Internal Medicine line. Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the AOA website.

	Required Number of Weeks <b>2024-25</b>			Number of Sites Used <b>2023-24</b>
	In-Patient (1)	Ambulatory (2)	Mixed/Other (3)	Clerkship Site (1)

Anesthesiology (1)				
Child Neurology (20)				
Dermatology (2)				
Emergency Medicine (3)				
Emergency Medicine - Anesthesiology (21)				
Emergency Medicine - Family Medicine (22)				
Family Medicine (4)				
Family Medicine - Osteopathic Neuromusculoskeletal Medicine ( <b>ONMM</b> ) (23)				

Family Medicine - Preventive Medicine (24)				
Internal Medicine (5)				
Internal Medicine - Anesthesiology (25)				
Internal Medicine - Dermatology (26)				
Internal Medicine - Emergency Medicine (27)				
Internal Medicine - Family Medicine (28)				
Internal Medicine - Medical Genetics (29)				
Internal Medicine - Neurology (30)				

Internal Medicine - Pediatrics (31)				
Internal Medicine - Preliminary (32)				
Internal Medicine - Preventive Medicine (33)				
Internal Medicine - Primary (34)				
Internal Medicine - Psychiatry (35)				
Interventional Radiology - Integrated (36)				
Neurodevelopmental Disabilities (37)				
Neurological Surgery (38)				

Neurology (6)				
Nuclear Medicine (39)				
Neuromusculoskeletal Medicine & ONMM (7)				
Obstetrics - Gynecology <b>(OBGYN)</b> (8)				
OBGYN - Preliminary (40)				
Ophthalmology (9)				
Orthopedic Surgery (10)				
Osteopathic Neuromusculoskeletal Medicine <b>(ONMM)</b> (41)				
Otolaryngology (11)				



Pathology (12)				
Pediatrics (13)				
Pediatrics - Anesthesiology (42)				
Pediatrics - Emergency Medicine (43)				
Pediatrics - Medical Genetics (44)				
Pediatrics - Physical Medicine & Rehabilitation (45)				
Pediatrics - Preliminary (46)				
Pediatrics - Primary (47)				

Pediatrics - Psychiatry/Child Psychiatry (48)				
Physical Medicine & Rehabilitation (14)				
Plastic Surgery - Integrated (54)				
Preventive Medicine (15)				
Preventive Medicine & Public Health (55)				
Proctology (16)				
Psychiatry (17)				
Psychiatry - Family Medicine (49)				
Psychiatry - Neurology (50)				

Radiation Oncology (56)				
Radiology (18)				
Radiology - Diagnostic (57)				
Surgery (19)				
Surgery - General (58)				
Thoracic Surgery - Integrated (51)				
Urological Surgery (52)				
Vascular Surgery - Integrated (53)				

Q465 You may write a comment below to further clarify your response:

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Q466 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Rqd\_Clin\_Clerkships.**

End of Block: 5.6. Required Clinical Clerkships

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Start of Block: 5.6-1. Clinical Rotations - Core, Rural and Underserved

Q475 If you are an additional location completing **Section 5.6-1. Core Clinical Rotations and Section 5.6-1-2. Rural or Underserved Rotations**, do your additional location and parent or main campus have the same data to report for clinical rotations? **Note: If your response is "Yes," you will be directed to Section 5.6-2. Selective/Elective Clinical Clerkships. You are only required to enter data for the required number of weeks for clinical clerkships and sites for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.6-1. Core Clinical Rotations and Section 5... = Yes*

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Q499 **5.6-1. Core Clinical Rotations** In what city and state do you have core clinical rotations?

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Q500 In what facilities are you providing core clinical rotations? **(Select all that apply)**

- Teaching hospital (1)
- Community hospital (2)
- Rural hospital (3)
- Federally Qualified Health Center (4)
- Rural Health Clinic (5)
- Private or Group Practice Office (6)

Q501 What percentage of your clinical rotations occur in:

	Enter percentage below (1)
Teaching hospitals (1)	
Community-based facilities (2)	

QID288 Does your school have a requirement for a clinical rotation in a rural or underserved community? **Note: If "Yes," a follow-up question should appear** requesting additional information on your COM's clinical rotations. Enter your response below for the current **2024-25** academic year:

Yes (1)

No (2)

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Display This Question:

If Does your school have a requirement for a clinical rotation in a rural or underserved community? ...  
= Yes

QID300 If **"Yes,"** what is the minimum number of weeks for the required rotation(s)?

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Q503 You may write a comment below to further clarify your response:

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Q504 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Rotation\_CoreRurUndsrvd.**

End of Block: 5.6-1. Clinical Rotations - Core, Rural and Underserved

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Start of Block: 5.6-2. Selective/Elective Clinical Clerkships

Q495 If you are an additional location completing **Section 5.6-2. Selective/Elective Clinical Clerkships**, do your additional location and parent or main campus have the same data to report for number of weeks for selective/elective clinical clerkships and sites used (**doctors' offices, clinics, hospitals, etc.**)? **Note: If your response is "Yes," you will be directed to Section 5.6-3. Clinical Clerkship Summary.** You are only required to enter data for the number of elective/selective weeks for clinical clerkships and sites for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

Skip To: End of Block If If you are an additional location completing Section 5.6-2. Selective/Elective Clinical Clerkship... = Yes

Q225 **5.6-2. Selective/Elective Clinical Clerkships** Indicate the number of weeks for **selective/elective** clerkships this academic year **2024-25** at your school and enter the number of sites (**doctors' offices, clinics, hospitals, etc.**) used last academic year **2023-24**. Rotations in surgical centers, health centers, or nursing homes should be entered in Mixed/Other. For purposes of this survey, all approved Board Certifiable Subspecialties should be listed under the appropriate specialties. **Examples:** Enter Allergy and Immunology, Cardiology, Critical Care/ICU, and Endocrinology on the Internal Medicine line. Enter Public Health on the Preventive Medicine line. Enter Plastic and Reconstructive Surgery and Urology/Urological Surgery on the Surgery line. Rural and underserved population care should be included in Family Practice. Hospitalists belong on the Internal Medicine line. Since some specialties such as Geriatrics and Sports Medicine can be certified through more than one board, where these clerkship rotations belong will depend on how those specialties fit into your school's or college's curriculum. For more information, please see the AOA website.

Typical Number of Weeks <b>2024-25</b>			Number of Sites Used <b>2023-24</b>
In-Patient (1)	Ambulatory (2)	Mixed/Other (3)	Clerkship Sites (1)

Anesthesiology (1)				
Child Neurology (3)				
Dermatology (4)				
Emergency Medicine (5)				
Emergency Medicine - Anesthesiology (6)				
Emergency Medicine - Family Medicine (7)				
Family Medicine (8)				
Family Medicine - Osteopathic Neuromusculoskeletal Medicine ( <b>ONMM</b> ) (9)				
Family Medicine - Preventive Medicine (10)				



Internal Medicine (11)				
Internal Medicine - Anesthesiology (12)				
Internal Medicine - Dermatology (13)				
Internal Medicine - Emergency Medicine (14)				
Internal Medicine - Family Medicine (15)				
Internal Medicine - Medical Genetics (16)				
Internal Medicine - Neurology (17)				
Internal Medicine - Pediatrics (18)				
Internal Medicine - Preliminary (19)				

Internal Medicine - Preventive Medicine (20)				
Internal Medicine - Primary (21)				
Internal Medicine - Psychiatry (22)				
Interventional Radiology - Integrated (23)				
Neurodevelopmental Disabilities (24)				
Neurological Surgery (25)				
Neurology (26)				
Nuclear Medicine (27)				

Neuromusculoskeletal Medicine & ONMM (28)				
Obstetrics - Gynecology <b>(OBGYN)</b> (29)				
OBGYN - Preliminary (30)				
Ophthalmology (31)				
Orthopedic Surgery (32)				
Osteopathic Neuromusculoskeletal Medicine <b>(ONMM)</b> (33)				
Otolaryngology (34)				
Pathology (35)				
Pediatrics (36)				

Pediatrics - Anesthesiology (37)				
Pediatrics - Emergency Medicine (38)				
Pediatrics - Medical Genetics (39)				
Pediatrics - Physical Medicine & Rehabilitation (40)				
Pediatrics - Preliminary (41)				
Pediatrics - Primary (42)				
Pediatrics - Psychiatry/Child Psychiatry (43)				
Physical Medicine & Rehabilitation (44)				

Plastic Surgery - Integrated (45)				
Preventive Medicine (46)				
Preventive Medicine & Public Health (47)				
Proctology (48)				
Psychiatry (49)				
Psychiatry - Family Medicine (50)				
Psychiatry - Neurology (51)				
Radiation Oncology (52)				
Radiology (53)				

Radiology - Diagnostic (54)				
Surgery (55)				
Surgery - General (56)				
Thoracic Surgery - Integrated (57)				
Urological Surgery (58)				
Vascular Surgery - Integrated (2)				

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Q436 You may write a comment below to further clarify your response:

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Q438 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_SelElec\_Clin\_Clerkships.**

End of Block: 5.6-2. Selective/Elective Clinical Clerkships

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Start of Block: 5.6-3. Clinical Clerkship Summary

Q498 If you are an additional location completing **Section 5.6-3. Clinical Clerkship Summary**, do your additional location and parent or main campus have the same data to report for clinical clerkships? **Note: If your response is "Yes," you will be directed to Section 5.6-4. Test Prep/External Curricular Resources.** You are only required to enter data for clinical clerkships for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.6-3. Clinical Clerkship Summary, do your a... = Yes*

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QID112

### **5.6-3. Clinical Clerkship Summary**

Indicate the number of weeks for clerkships this academic year **2024-25** at your school.

	Number of Weeks <b>2024-25</b> (2)
Weeks of required clinical clerkships (1)	
Weeks of selective/elective clinical clerkships (2)	
Total	

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QID114 Answer the following questions concerning when clinical clerkships start at your COM and what percentage are arranged by your institution and/or medical students.

	2024-25 (1)



In what year do your students typically start their clinical clerkships? (**Options: Not Applicable, First, Second, Third**) (4)

In what month do your students typically start their clinical clerkships? (**Options: Not Applicable, January, February, March, April, May, June, July, August, September, October, November, December**) (5)

Does your school arrange all required clinical clerkships for its students at affiliated facilities? (**Options: Yes/No**) (6)

What is the maximum percentage of selective/elective clinical clerkships that your COM allows a student to arrange on his/her own, subject to COM approval? (**Options: 0 percent, 1-25 percent, 26-50 percent, 51-75 percent, and 76-100 percent**) (7)



QID120 Number of clinical clerkships a student can fail before being required to repeat the academic year.

**Note: "Academic year" does not refer to an entire year of complete and/or incomplete**

coursework, but rather the **"cohort"**. Indicate how many clinical rotations a student can fail before your college requires that student to repeat the academic year.

	Number of Failed Clinical Clerkships <b>2024-25</b> (2)
3rd year (1)	
4th year (2)	

QID128 Does your school have an online/distance component for clinical clerkships? **Note: If "Yes," a follow-up question should appear requesting additional information on your COM's online/distance component for clinical clerkships.**

Enter your response below for the current **2024-25** academic year:

- Yes (1)
- No (2)

*Display This Question:*

*If Does your school have an online/distance component for clinical clerkships? Note: If "Yes," a fol... = Yes*

QID129 If "Yes," select all online/distance component(s) that apply

- Not applicable (4)
  - Testing (1)
  - Logs (2)
  - Educational (**lectures, cases**) (3)
  - Other (5) \_\_\_\_\_
- 

Q566 You may write a comment below to further clarify your response:

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Q567 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention:** 2024-25\_COM Acronym\_Clin\_Clerkship\_Summ.

End of Block: 5.6-3. Clinical Clerkship Summary

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Start of Block: 5.6-4. Test Prep/External Curricular Resources

Q496 If you are an additional location completing **Section 5.6-4. Test Prep/External Curricular Resources and Section 5.6-4-1. Test Prep/External Curricular Resources**, do your additional location and parent or main campus have the same data to report for test prep/external curricular resources and curriculum learning objectives? **Note: If your response is "Yes," you will be directed to Section 5.6-5. Test Prep/External Curricular**

**Resources.** You are only required to enter data for test prep/external curricular resources and curriculum learning objectives for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

Skip To: End of Block If If you are an additional location completing Section 5.6-4. Test Prep/External Curricular Resour... = Yes

**Q392 5.6-4. Test Prep/External Curricular Resources** Are test prep or external curricular resources linked to your COM's curriculum learning objectives? **Note: If selecting "Yes," a follow-up question should appear** requesting additional information regarding test prep or external curricular resources used at your COM.

- Yes (1)
- No (2)

Display This Question:

If 5.6-4. Test Prep/External Curricular Resources Are test prep or external curricular resources lin... = Yes

**Q394** If "Yes," what curriculum year are test prep or external curricular resources mapped across? **Note: To select multiple options in a row, click and drag your mouse or hold down "Shift" when selecting. To select non-sequential options, hold down "Control" (on a PC) or "Command" (on a Mac) when clicking. To deselect an option, hold down "Control" or "Command" and click on the selected option.**

- OMS-1 Curriculum (1)
- OMS-2 Curriculum (2)
- OMS-3 Curriculum (3)
- OMS-4 Curriculum (4)

**Q395 5.6-4-1. Test Prep/External Curricular Resources** Indicate your COM's use of test prep or external curricular resources. **Note: If selecting any choice other than "Not applicable," four follow-up questions should appear requesting additional information on test prep/external curricular resources your COM offers.**

- Not applicable (6)
  - Question banks (1)
  - Purchased exams from outside vendors (2)
  - Video tutorials/Digital learning modules (4)
  - Other (**Specify below**) (5)
- 

*Display This Question:*

*If 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Question banks*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Purchased exams from outside vendors*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Video tutorials/Digital learning modules*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Other **(Specify below)***

*Or Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external curricular resources.&nbsp; Note: If selecting any choice other than "Not applicable," four follo...  
Text Response Is Not Empty*

**Q396 Does your COM track student use of these resources?**

▼ Not applicable (4) ... No (2)

*Display This Question:*

*If 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Question banks*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Purchased exams from outside vendors*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Video tutorials/Digital learning modules*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Other <strong>(Specify below)</strong>*

*Or Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external curricular resources.&nbsp;   Note: If selecting any choice other than "Not applicable," four follo...  
Text Response Is Not Empty*

**Q393 Does your COM track student performance on assessments within these resources?**

▼ Not applicable (4) ... No (2)

*Display This Question:*

*If 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Question banks*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Purchased exams from outside vendors*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Video tutorials/Digital learning modules*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Other <strong>(Specify below)</strong>*

*Or Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external curricular resources.&nbsp;   Note: If selecting any choice other than "Not applicable," four follo...  
Text Response Is Not Empty*

**QID271 What type of prep resources or external curricular does your COM provide students?**

	Length of time	Additional Comments	Free <b>2024-25</b>	Discounted <b>2024-25</b>
	2024-25 (1)	2024-25 (1)		

ACOFP OMT Video Library (21)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
AMBOSS (12)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Aquifer (22)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Boards & Beyond (16)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
COMAT <b>(Clinical Subject)</b> (13)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
COMAT <b>(Foundational Biomedical Sciences)</b> (14)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
COMBANK (7)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
COMQUEST (8)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)

COMSAE (9)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Draw It to Know It (18)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
First Aid (5)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Kaplan (15)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Lecturio (23)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
OnlineMedEd (20)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Osmosis (19)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Pathoma (4)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Pixorize (17)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)



ScholarRx (11)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Sketchy (1)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
UWorld (2)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
NBE Comprehensive Basic Science Self-Assessment (25)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)
Other resources not listed above (e.g. prep scheduling (Cram Fighter), memorization tools (Anki), etc.) (6)			▼ Yes (1 ... No (2)	▼ Yes (1 ... No (2)

*Display This Question:*

*If 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Question banks*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Purchased exams from outside vendors*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Video tutorials/Digital learning modules*

*Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external... = Other <strong>(Specify below)</strong>*

*Or Or 5.6-4-1. Test Prep/External Curricular Resources Indicate your COM's use of test prep or external curricular resources.&nbsp;   Note: If selecting any choice other than "Not applicable," four follo...  
Text Response Is Not Empty*

Q378 Indicate how much your COM spent on test prep or external curricular resources for academic year **2024-25**. **Note: Two follow-up questions should appear when selecting a response requesting additional information on how much your COM has spent regarding test prep or external curricular resources.**

▼ Not applicable (17) ... Greater than 1,000K (15)

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*Display This Question:*

*If Indicate how much your COM spent on test prep or external curricular resources for academic year... = Less than 99K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 100K-149K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 150K-199K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 200K-249K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 250K-299K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 300K-349K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 350K-399K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 400K-449K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 450K-499K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 500K-599K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 600K-699K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 700K-799K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 800K-899K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 900K-999K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = Greater than 1,000K*

**Q379** Indicate the number of test prep or external curricular resources on which your COM spent the specified amount in the previous question.

- Not applicable (4)
- All (1) \_\_\_\_\_
- Some (2) \_\_\_\_\_
- None (3) \_\_\_\_\_

*Display This Question:*

*If Indicate how much your COM spent on test prep or external curricular resources for academic year... = Less than 99K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 100K-149K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 150K-199K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 200K-249K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 250K-299K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 300K-349K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 350K-399K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 400K-449K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 450K-499K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 500K-599K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 600K-699K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 700K-799K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 800K-899K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = 900K-999K*

*Or Indicate how much your COM spent on test prep or external curricular resources for academic year... = Greater than 1,000K*

Q380 When compared to the previous year's spending on test prep or external curricular resources this was:

- Not applicable (4)
- A decrease (1)
- An increase (2)
- No change (3)

Q547 You may write a comment below to further clarify your response:

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Q548 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Test\_Prep\_Res.**

End of Block: 5.6-4. Test Prep/External Curricular Resources

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Start of Block: 5.6-5. Test Prep/External Curricular Resources

Q497 If you are an additional location completing **Section 5.6-5. Test Prep/External Curricular Resources**, do your additional location and parent or main campus have the same data to report regarding student requirements prior to beginning clinical clerkships? **Note: If your response is "Yes," you will be directed to Section 5.7. International Opportunities. You are only required to enter data for student requirements prior to beginning clinical clerkships for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.6-5. Test Prep/External Curricular Resourc... = Yes*

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QID274 Are students expected to meet the following requirements prior to beginning clinical clerkships? **Note: If a response is provided for this section, a follow-up question should**

**appear** prompting you to provide additional information on each requirement applicable to your COM. Enter your response below for the current **2024-25** academic year:

- Pass COMLEX (1)
- Take COMLEX (2)
- Take COMSAE (3)
- Evaluated by COM faculty (4)

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*Display This Question:*

*If Are students expected to meet the following requirements prior to beginning clinical clerkships?... = Pass COMLEX*

*Or Are students expected to meet the following requirements prior to beginning clinical clerkships?... = Take COMLEX*

*Or Are students expected to meet the following requirements prior to beginning clinical clerkships?... = Take COMSAE*

*Or Are students expected to meet the following requirements prior to beginning clinical clerkships?... = Evaluated by COM faculty*

Q540 Explain the student requirements to:

- Pass COMLEX (1)  
\_\_\_\_\_
- Take COMLEX (2)  
\_\_\_\_\_
- Take COMSAE (3)  
\_\_\_\_\_
- Evaluated by COM faculty (4)  
\_\_\_\_\_

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Q387 You may write a comment below to further clarify your response:

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Q388 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Test\_Prep\_Res565.**

End of Block: 5.6-5. Test Prep/External Curricular Resources

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Start of Block: 5.7. International Opportunities

Q485 If you are an additional location completing **Section 5.7. International Opportunities**, do your additional location and parent or main campus have the same data to report for international opportunities to students? **Note: If your response is "Yes," you will be directed to Section 5.8. Curriculum Topics.** You are only required to enter data for the international opportunities offered to students for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.7. International Opportunities, do your ad... = Yes*

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Q236 **5.7. International Opportunities** This section requests information for international opportunities for academic year **2023-24.**

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**2023-24**

&nbsp; (1)



**5.7-1.** Does your school have an organized group program offering international clerkship opportunities? **Note: This question is not referring to individual clerkship/rotation opportunities.** (1)

**5.7-1.** How many students participated in this program for the following academic years?  
(4)

**5.7-1.** Please list the countries in which your school offered an organized group clerkship program in the academic year **2023-24.** (5)

**5.7-2.** Does your school allow students to participate in other international clerkship rotations or to arrange individual international clerkship opportunities? **(Note: Individual clerkships serve as electives third- and fourth-year students may take through which your college has established agreements.)** (6)

**5.7-2.** How many students participated in such rotations in the academic year **2023-24?** Do not include those students counted in **Question 5.7-1.** (7)

**5.7-3. Did your college sponsor (organize, staff, and/or fund) international learning opportunities for academic year 2023-24? (Note: This includes international learning opportunities co-sponsored by another organization such as DOCare or InMed.)**  
(8)

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Q513 You may write a comment below to further clarify your response:

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Q514 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_International\_Opps.**

End of Block: 5.7. International Opportunities

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Start of Block: 5.8. Curriculum Topics

Q486 If you are an additional location completing **Section 5.8. Curriculum Topics**, do your additional location and parent or main campus offer the same curriculum topics to students?  
**Note: If your response is "Yes," you will be directed to Section 5.9. Electives. You are only**

required to enter data for the curriculum topics offered to students for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

Skip To: End of Block If you are an additional location completing Section 5.8. Curriculum Topics, do your additional l... = Yes

QID152

**5.8. Curriculum Topics**

Indicate which of the following topics are included in your curriculum for the **2024-25** academic year. Topics covered in Required and Selective/Elective courses are **not** mutually exclusive.

**The categories labeled with an asterisk (\*) are data also collected for the Healthy People 2030.**

	2024-25			2024-25	
	Require d Course or Rotation (1)	Selective/Electiv e Course or Rotation (2)	N/ A (3)	Require d Course or Rotation (Number of Contact Hours) (1)	Selective/Electiv e Course or Rotation (Number of Contact Hours) (2)

Abortion (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adolescent Medicine (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alternative/Complementary Medicine (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological/Chemical Terrorism (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biostatistics (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child/Spouse/Parent Abuse (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climate Effects on Health (66)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Community Health (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Counseling for health promotion and disease prevention* (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Culinary Health/Medicine (68)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cultural Competency* (56)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Cultural Diversity (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disaster Management/Response (10)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Disease Screening Tests (11)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Diversity, Equity and Inclusion (72)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doctor/Patient Relationship (12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electronic Medical Records (13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
End-of-Life Care (14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Health* (15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental Medicine/Toxicology (16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Epidemiology (17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Evaluation of health sciences literature (18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Evidence-based Medicine (19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Family/Domestic Violence (20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gender Equity (71)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Geriatrics (21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Global Health* (22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Care Structure and Systems (23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Health Determinants* (24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Disparities* (25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Literacy (26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Health Policy (27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
History of Medicine/Osteopathic Medicine (28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Home Health Care (29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Human Development/Life Cycle (30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		



Human Sexuality (31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Immunization (32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Interprofessional Education* (33)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
LGBTQIA+ Health (34)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Ethics/Bioethics (35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Humanities (36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Informatics (37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Medical Jurisprudence (38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Medical Sociology (39)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Naloxone Waiver Training (67)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Nutrition (40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Obesity and Bariatric Medicine (41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Occupational Medicine (42)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
One Health (69)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Pain Management (43)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Health Education (44)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Patient Safety/Reporting Systems (45)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Practice Management (46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Prevention and Health Maintenance ( <b>Population Health</b> )* (47)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Public Health Systems* (48)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rehabilitation (49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Research Methods (50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Substance Abuse/Alcoholism/Tobacco Dependence (51)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Technology Assessment (52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Telehealth (73)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Transplant Medicine (53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Utilization Review and Quality Assurance (54)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Violence Prevention (70)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Women's Health (55)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <b>(Specify below)</b> (61)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <b>(Specify below)</b> (62)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <b>(Specify below)</b> (63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <b>(Specify below)</b> (64)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other <b>(Specify below)</b> (65)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Q467 You may write a comment below to further clarify your response:

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Q468 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Curr\_Topics.**

End of Block: 5.8. Curriculum Topics

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Start of Block: 5.9. Electives

Q488 If you are an additional location completing **Section 5.9. Electives**, do your additional location and parent or main campus have the same weeks of elective time for students? **Note: If your response is "Yes," you will be directed to Section 5.10. Student Performance. You are only required to enter data for weeks of elective time for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.9. Electives, do your additional location... = Yes*

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**QID154 5.9. Electives**

How many weeks of elective time are available in the following years?

	<b>2024-25 (2)</b>
First Year (1)	
Second Year (2)	
Third Year (3)	
Fourth Year (4)	
<b>Maximum number of weeks a student can          spend taking electives at another          institution (5)</b>	

Q469 You may write a comment below to further clarify your response:

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Q470 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Electives.**

End of Block: 5.9. Electives

Start of Block: 5.10. Student Performance

Q489 If you are an additional location completing **Section 5.10. Student Performance**, do your additional location and parent or main campus have the same methods for recording student performance? **Note: If your response is "Yes," you will be directed to Section 5.10-1. Student Performance - Post-Rotation Assessment.** You are only required to enter data for the methods used to record student performance for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.10. Student Performance, do your additiona... = Yes*

**QID156 5.10. Student Performance**

Indicate how student performance is recorded.

	<b>2024-25</b>			
	Basic Science & Other Preclerkship Courses (1)	Electives/ Selectives (2)	Required Clinical Clerkships (3)	Not Applicable (4)



Pass-Fail (or  
 variant) (1)





Narrative  
 evaluation (2)





Letter grade (3)





Numerical grade  
 (4)





Composite class  
 rank by year (5)





Q477 You may write a comment below to further clarify your response:

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Q478 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Student\_Prfl.**

End of Block: 5.10. Student Performance

Start of Block: 5.10-1. Student Performance - Post-Rotation Assessment

Q490 If you are an additional location completing **Section 5.10-1. Student Performance - Post-Rotation Assessment**, do your additional location and parent or main campus use the same subjective and objective tools for post rotation/clinical clerkship assessment? **Note: If your response is "Yes," you will be directed to 5.11. Clinical Competence - Assessment**

**Methods and Schedule.** You are only required to enter data for the tools used for post rotation/clinical clerkship assessment for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If you are an additional location completing Section 5.10-1. Student Performance - Post-Rotation... = Yes*

QID158

**5.10-1. Student Performance - Post-Rotation Assessment**

Which of the following subjective and objective tools do you use for post rotation/clinical clerkship assessment?

QID159 **Objective**

	<b>2024-25</b>		
	Required Clinical Clerkship (1)	Elective/Selective Clinical Clerkship (2)	N/A (3)
Self-Produced Exams (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBME Exams (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NBOME Exams (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QID160 **Subjective**

	<b>2024-25</b>

	Required Clinical Clerkship (1)	Elective/Selective Clinical Clerkship (2)	N/A (3)
Preceptor Report (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation Form (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q471 You may write a comment below to further clarify your response:

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Q472 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Student\_PrflPostRotation.**

End of Block: 5.10-1. Student Performance - Post-Rotation Assessment

Start of Block: 5.11. Clinical Competence - Assessment Methods and Schedule

Q491 If you are an additional location completing **Section 5.11. Clinical Competence - Assessment Methods and Schedule**, do your additional location and parent or main campus use the same methods and schedule when assessing clinical competence of students?  
**Note: If your response is "Yes," you will be directed to 5.12. Thesis. You are only required**

*to enter data for the methods and schedule used when assessing clinical competence of students for your parent or main campus survey.*

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.11. Clinical Competence - Assessment Metho... = Yes*

QID163

**5.11. Clinical Competence - Assessment Methods and Schedule**

Indicate when the following methods are used in assessing clinical competence of medical students.

<b>2024-25</b>				
	Part of Basic Science & Other Pre-clerkship Courses (1)	Part of a Clerkship (2)	Part of a Final Comprehensive Evaluation for Graduation (3)	N/A (4)

Random observations by faculty/residents (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned/repeated observations by faculty/residents (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chart Review (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer simulation (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral examination (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written examination (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple station examination without standardized patients (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple station examination with standardized patients (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planned/repeated observations with simulated or standardized patients (9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q473 You may write a comment below to further clarify your response:

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Q474 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Clin\_Competence.**

**End of Block: 5.11. Clinical Competence - Assessment Methods and Schedule**

**Start of Block: 5.12. Thesis**

Q492 If you are an additional location completing **Section 5.12. Thesis**, do your additional location and parent or main campus have the same requirement for a written thesis for graduation? **Note: If your response is "Yes," you will be directed to 5.13. COMLEX-USA - Performance.** You are only required to enter data for your written thesis requirement for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.12. Thesis, do your additional location an... = Yes*

**Q242 5.12. Thesis**

Response for written thesis required for graduation for academic year **2024-25.**

	<b>2024-25</b>	
	Yes (1)	No (2)
Is a written thesis required for graduation? (1)	<input type="radio"/>	<input type="radio"/>

Q475 You may write a comment below to further clarify your response:

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Q479 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Thesis.**

End of Block: 5.12. Thesis

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Start of Block: 5.13. COMLEX-USA - Performance

Q493 If you are an additional location completing **Section 5.13. COMLEX-USA - Performance**, do your additional location and parent or main campus have the same data to report for COMLEX-USA pass/fail attempts? **Note: If your response is "Yes," you will be directed to 5.14. Interprofessional Health Care. You are only required to enter data for your COMLEX-USA pass/fail attempts for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.13. COMLEX-USA - Performance, do your addi... = Yes*

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QID168 **5.13. COMLEX-USA - Performance**

Answer the following questions regarding the National Board Examination (**COMLEX-USA**) involving the following years of graduation indicated for academic year **2024-25**.

	<b>COMLEX-USA Level 1</b>	<b>COMLEX-USA Level 2-CE</b>
	(2025 grads) (1)	(2024 grads) (1)



<p>Number of students that passed <b>(first time attempt)</b> (1)</p>		
<p>What is the first-attempt pass rate? (3)</p>		
<p>Number of second-attempt test takers (4)</p>		
<p>What is the second-attempt pass rate? (5)</p>		
<p>Number of third-attempt test takers (6)</p>		
<p>What is the third-attempt pass rate? (7)</p>		
<p>Number of fourth-attempt test takers (8)</p>		
<p>What is the fourth-attempt pass rate? (9)</p>		

**QID169 Note:** *Unstructured study time is any time a student is permitted outside of structured study time your school provides through programs, class time, etc.*

	<b>COMLEX-USA Level 1 (First Attempt)</b>	<b>COMLEX-USA Level 2-CE (First Attempt)</b>
	(2025 grads) (1)	(2024 grads) (1)
Does your COM provide students with unstructured study time or a review period before the COMLEX-USA licensing examinations? (1)		
Number of weeks for unstructured time permitted (3)		
Does your COM provide students with drills, tutorials, review programs or other organized, faculty-directed preparatory sessions for COMLEX-USA licensing examinations? (2)		

QID174

	<b>COMLEX-USA Level 1</b>	<b>COMLEX-USA Level 2-CE</b>

	(2025 grads) (1)	(2024 grads) (1)
<p>If your COM provides students with drills, tutorials, review programs or other organized, faculty-directed preparatory sessions for COMLEX-USA licensing exams, indicate if <b>mandatory</b> or <b>voluntary</b>. (2)</p>		
<p>Does your COM provide special remediation for students who fail the COMLEX-USA licensing examinations? <b>Indicate "Yes" or "No"</b> (1)</p>		

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Q370 Does your COM require a high-stakes standard patient exam to assess clinical skills prior to graduation?

Yes (1)

No (2)

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Q495 You may write a comment below to further clarify your response:

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Q496 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_COMLEXUSA.**

End of Block: 5.13. COMLEX-USA - Performance

Start of Block: 5.14. Interprofessional Health Care

Q483 If you are an additional location completing **Section 5.14. Interprofessional Health Care**, do your additional location and parent or main campus have the same data to report for interprofessional health care learning experiences? **Note: If your response is "Yes," you will be directed to 6.1. Academic Software/Systems.** You are only required to enter data for your interprofessional health care learning experiences for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 5.14. Interprofessional Health Care, do your... = Yes*

**QID178 5.14. Interprofessional Health Care**

	<b>2024-25</b>	
	Yes (1)	No (2)
<p>For academic year <b>2024-25</b>, did your school require learning experiences that brought together students from different health professions (<b>medicine, nursing, allied health, etc.</b>)? (1)</p>	<input type="checkbox"/>	<input type="checkbox"/>

**Q243 5.14-1. Interprofessional Health Care - Required Experiences**

For academic year **2024-25**, which of the following experiences did your school require students to be in:

	<b>2024-25</b>
	Experiences (1)
Didactic learning experiences (1)	<input type="checkbox"/>
Simulation experiences with other health care professions students (2)	<input type="checkbox"/>
Real-life clinical experiences with other health care professions in hospitals/clinics (3)	<input type="checkbox"/>
Other ( <b>Specify below</b> ) (4)	<input type="checkbox"/>

Q245

**5.14-2. Interprofessional Health Care - Personnel**

	<b>2024-25</b>	
	Yes (1)	No (2)
For academic year <b>2024-25</b> , does your school have personnel with designated responsibilities ( <b>e.g., administration, teaching or research</b> ) for interprofessional education? (3)	<input type="radio"/>	<input type="radio"/>

Q480 You may write a comment below to further clarify your response:

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Q481 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_IPHC.**

End of Block: 5.14. Interprofessional Health Care

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Start of Block: 6.1. Academic Software/Systems

Q479 If you are an additional location completing **Section 6.1. Academic Software/Systems**, do your additional location and parent or main campus use the same academic software/systems? **Note:** If your response is "Yes," you will be directed to Section 6.2. Financial Information Software/Systems. You are only required to enter data on your academic software/systems used for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 6.1. Academic Software/Systems, do your addi... = Yes*

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Q354 **6.1. Academic Software/Systems** What software systems/packages do you use for each of the following academic functions? Please provide your level of satisfaction, and

comment with any challenges, positive experiences, required customizations, or other information you would like to provide.

	Software Package/System Name	Satisfaction	Comment
	\${e://Field/blankspace} (1)		\${e://Field/blankspace} (1)

<p>Audio/Video Recording/Posting (4)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Case Logs (14)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Clinical Evaluations (12)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Clinical Grading/Gradebook (13)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Clinical Scheduling (11)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Course/Faculty Evaluations (8)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	



<p>Curriculum        Management/Mapping (1)</p>		<p>▼ Extremely        Satisfied (1 ...        Extremely        Dissatisfied (7)</p>	
<p>Dashboard/Student        Snapshot/Performance        Tracking (10)</p>		<p>▼ Extremely        Satisfied (1 ...        Extremely        Dissatisfied (7)</p>	
<p>Data Export        Management/Reporting        (18)</p>		<p>▼ Extremely        Satisfied (1 ...        Extremely        Dissatisfied (7)</p>	
<p>Entrustable Professional        Activities (15)</p>		<p>▼ Extremely        Satisfied (1 ...        Extremely        Dissatisfied (7)</p>	
<p>Exam        Software/Management        (6)</p>		<p>▼ Extremely        Satisfied (1 ...        Extremely        Dissatisfied (7)</p>	
<p>Immunization/Certification        Tracking (17)</p>		<p>▼ Extremely        Satisfied (1 ...        Extremely        Dissatisfied (7)</p>	

<p>Learning Management (2)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Medical Education Simulation Software/System (21)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>MSPE Letters (9)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Portfolios/Student Reflections (5)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Preceptor Pay (16)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Preclinical Grading/Gradebook (3)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	

<p>Remote/Virtual Proctoring (7)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Secure Data Collection &amp; Repository Software (20)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (19)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (22)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (23)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (24)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	

Other Software/Systems (25)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Other Software/Systems (26)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Other Software/Systems (27)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	

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Q355 Any additional information you would like to add on either your systems or system selections is appreciated.

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Q377 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Acad\_SoftwSys.**

End of Block: 6.1. Academic Software/Systems

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**Start of Block: 6.2. Financial Information Software/Systems**

Q525 If you are an additional location completing **Section 6.2. Financial Information Software/Systems**, do your additional location and parent or main campus use the same financial information software/systems? **Note:** If your response is "Yes," you will be directed to Section 6.3. Student Information Software/Systems. You are only required to enter data on your financial information software/systems used for your parent or main campus survey.

- Yes (1)
- No (2)
- Not Applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 6.2. Financial Information Software/Systems,... = Yes*

Q505 **6.2. Financial Information Software/Systems** What software/systems do you use for each of the following finance functions? Please provide your level of satisfaction, and comment with any challenges, positive experiences, required customizations, or other information you would like to provide.

	Software Package/System Name	Satisfaction	Comment
	\${e://Field/blankspace} (1)		\${e://Field/blankspace} (1)

<p>Accounts Payable (3)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Accounts Receivable (4)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Financial Reporting and Budgeting (1)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>General Ledger (2)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Purchase Requisitions (6)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Travel Expense Reporting (5)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	

<p>Travel Requisitions (28)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (19)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (22)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (23)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (24)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (25)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	

Other Software/Systems (26)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Other Software/Systems (27)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	

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Q508 Any additional information you would like to add on either your systems or system selections is appreciated.

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Q509 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Finance\_SoftwSys.**

End of Block: 6.2. Financial Information Software/Systems

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Start of Block: 6.3. Student Information Software/Systems

Q524 If you are an additional location completing **Section 6.3. Student Information Software/Systems**, do your additional location and parent or main campus use the same student information software/systems? **Note:** If your response is "Yes," you will be directed to Section 6.4. Human Resources Information Software/Systems. You are only required to enter



data on your student information software/systems used for your parent or main campus survey.

- Yes (1)
- No (2)
- Not Applicable (3)

*Skip To: End of Block If you are an additional location completing Section 6.3. Student Information Software/Systems, d... = Yes*

**Q506 6.3. Student Information Software/Systems** What software/systems do you use for each of the following student management functions? Please provide your level of satisfaction, and comment with any challenges, positive experiences, required customizations, or other information you would like to provide.

	Software Package/System Name	Satisfaction	Comment
	\${e://Field/blankspace} (1)		\${e://Field/blankspace} (1)

Registrar (2)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Student Application Management (CRM) (1)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Student Financial Aid (3)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Student Life (4)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Student Immunizations & Drug Screening (5)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Other Software/Systems (19)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	

<p>Other Software/Systems (22)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (23)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (24)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (25)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (26)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (27)</p>		<p>▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)</p>	

Q510 Any additional information you would like to add on either your systems or system selections is appreciated.

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Q511 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Student\_SoftwSys.**

**End of Block: 6.3. Student Information Software/Systems**

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**Start of Block: 6.4. Human Resources Information Software/Systems**

Q523 If you are an additional location completing **Section 6.4. Human Resources Information Software/Systems**, do your additional location and parent or main campus use the same human resources information software/systems? **Note:** If your response is "Yes," you will be directed to Section 7.1. Academic Support - Offices and Resources. You are only required to enter data on your human resources information software/systems used for your parent or main campus survey.

- Yes (1)
- No (2)
- Not Applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 6.4. Human Resources Information Software/Sy... = Yes*

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Q507 **6.4. Human Resources Information Software/Systems** What software/systems do you use for each of following human resources management functions? Please provide your level of satisfaction, and comment with any challenges, positive experiences, required customizations, or other information you would like to provide.

	Software Package/System Name	Satisfaction	Comment

{e://Field/blankspace}  
(1)

{e://Field/blankspace}  
(1)

Applicant Tracking (2)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Employee Drug Screening (29)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Employee Evaluations (5)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Employee Training (28)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Employment (1)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Payroll (4)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	

<p>Timekeeping (3)</p>		<p>▼ Extremely Satisfied (1 ...        Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (19)</p>		<p>▼ Extremely Satisfied (1 ...        Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (22)</p>		<p>▼ Extremely Satisfied (1 ...        Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (23)</p>		<p>▼ Extremely Satisfied (1 ...        Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (24)</p>		<p>▼ Extremely Satisfied (1 ...        Extremely Dissatisfied (7)</p>	
<p>Other Software/Systems (25)</p>		<p>▼ Extremely Satisfied (1 ...        Extremely Dissatisfied (7)</p>	

Other Software/Systems (26)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	
Other Software/Systems (27)		▼ Extremely Satisfied (1 ... Extremely Dissatisfied (7)	

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Q512 Any additional information you would like to add on either your systems or system selections is appreciated.

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Q513 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_HRM\_SoftwSys.**

End of Block: 6.4. Human Resources Information Software/Systems

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Start of Block: 7.1. Academic Support - Offices and Resources

Q444 Academic support services is a holistic approach to promote student success and growth, ensuring students have the proper support and best resources to thrive as they navigate through their educational experiences. These support services assist students in addressing academic and/or personal challenges through counseling, tutoring, mentorship, career planning assistance and other support resources. The **following four sections** will inquire about the academic support services your COM and/or university (**if your COM is part of a larger university system**) offer for academic year **2024-25. 7.1. Academic Support - Offices and Resources** List what academic support resources your COM and/or university (**if your COM**



is part of a larger university system) provide(s) and then explain what COM and/or university office(s) provide(s) those resources.

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Q449 You may write a comment below to further clarify your response:

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Q450 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic Support\_Off\_Res.**

End of Block: 7.1. Academic Support - Offices and Resources

Start of Block: 7.2 Academic Support - Learning Specialist Support

**Q427 7.2. Academic Support - Learning Specialist Support** Does your COM and/or university (if your COM is part of a larger university system) have a learning specialist for academic year 2024-25? A learning specialist is an educator with expertise in learning theory that works with "at risk" students who experience learning challenges and require individualized instruction planning that caters to their needs. To develop individualized instruction or learning plans for students, a learning specialist uses various strategies and measures to assess academic preparedness and collaborates with faculty, academic advisors and other personnel to monitor, measure and report on student progress or academic growth. **Note: If selecting any of the following choices other than "No," five follow-up questions**

**should appear** requesting additional information on the learning specialist your COM and/or university has.

- Yes (1)
- No (2)
- Unsure (4)
- Other (3) \_\_\_\_\_

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*Display This Question:*

*If 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Yes*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Unsure*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Other*

**Q451 How would you classify learning specialists at your COM and/or university (if your COM is part of a larger university system)? (Select all that apply):**

- Professional staff advisors with a degree in an education-related field (**e.g. MEd, EdD, PhD in education**) (1)
- Faculty (**e.g. DO, MD, PhD in a field other than education**) (6)
- Unsure (3)
- Other (4) \_\_\_\_\_

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*Display This Question:*

*If 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Yes*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Other*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Unsure*

Q428 What is/are the primary area(s) of support learning specialists provide at your COM and/or university (if your COM is part of a larger university system)? (Select all that apply)

- Review learning styles and develop strategies to meet students' needs (1)
- Develop time/life management, organizational and prioritization skills (2)
- Provide academic intervention and determine if academic difficulties are content- or process-related (3)
- Serve as liaison and refer students to other on-campus services (e.g., **counseling, peer-to-peer mentoring, tutoring and/or other student support services**) (4)
- Explore stress reduction techniques best suited for students (5)
- Develop test-taking, note-taking and study strategies to improve student outcomes (7)
- Create a study plan and schedule (11)
- Other (10) \_\_\_\_\_

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*Display This Question:*

*If 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Yes*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Other*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Unsure*

Q440 How many learning specialists does your COM and/or university have (if your COM is part of a larger **university** system) for academic year 2024-25?

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*Display This Question:*

*If 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Yes*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Other*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Unsure*

**Q441 What is the student to learning specialist ratio at your COM and/or university (if your COM is part of a larger university system)?**

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*Display This Question:*

*If 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Yes*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Other*

*Or 7.2. Academic Support - Learning Specialist Support Does your COM and/or university (if your COM... = Unsure*

**Q442 Approximately how many academic support meetings does each learning specialist have each academic year at your COM and/or university (if your COM is part of a larger university system)?**

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Q447 You may write a comment below to further clarify your response:

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Q448 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic Support\_LrnSpc.**

End of Block: 7.2 Academic Support - Learning Specialist Support

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Start of Block: 7.3. Academic Support - Advising, Mentoring and Counseling Services

Q429 **7.3. Academic Support - Advising, Mentoring and Counseling Services** How is academic advising structured at your COM and/or university (if your COM is part of a larger university system) for academic year **2024-25**? (Select all that apply) **An academic advisor** is a professional staff or faculty member trained to assist students with academic planning (i.e., **meeting program requirements for degree completion**) and career planning. Advisors also serve as one of the primary resources when addressing student concerns by referring students to counselors and other campus services that provide proper support and/or guidance in addressing their concerns.

- Professional staff advisors with a degree in an education-related field (e.g. **MEd, EdD, PhD in education**) (1)
  - Faculty (**DO, MD, PhD in a field other than education**) (6)
  - Unsure (5)
  - Other (4) \_\_\_\_\_
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Q432 Approximately how many academic support meetings does each academic advisor have each academic year at your COM and/or university (if your COM is part of a larger university system)?

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Q430 Indicate below the responsibilities expected of academic advisors when serving your COM students: **An academic advisor** is a professional staff or faculty member trained to assist students with academic planning (**i.e., meeting program requirements for degree completion**) and career planning. Advisors also serve as one of the primary resources when addressing student concerns by referring students to counselors and other campus services that provide proper support and/or guidance in addressing students' concerns.

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Q431 Indicate below the responsibilities expected of COM students when working with academic advisors at your COM and/or university (**if you COM is part of a larger university system**):

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Q434 Does your COM and/or university (**if your COM is part of a larger university system**) have an academic counselor to provide support to students for academic year **2024-25**? **An academic counselor** is a faculty member trained in counseling who offers emotional and/or mental support to students, which may include crisis and/or non-crisis intervention, grief support, etc.. An academic counselor assesses students' needs and recommends strategies to improve students' emotional and/or mental health or well-being, which may require working with faculty and staff for a holistic approach to supporting students. **Note: If selecting any of the following choices other than "Not Applicable" or "No," a follow-up question should appear** requesting additional information on the dedicated person who provides academic counseling specifically for your COM students.

- Not applicable (1)
- Yes (2)
- No (3)
- Unsure (4)
- Other (5) \_\_\_\_\_

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*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) have an acade... = Yes*

*Or Does your COM and/or university (if your COM is part of a larger university system) have an acade... = Other*

*Or Does your COM and/or university (if your COM is part of a larger university system) have an acade... = Unsure*

Q435 How many hours does your academic counselor devote toward counseling your COM students?

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Q461 Does your COM and/or university (if your COM is part of a larger university system) offer peer-to-peer mentoring? **Note: If selecting any choice other than "No," a follow-up question should appear requesting additional information on peer-to-peer mentoring your COM and/or university offer(s).**

- Yes (1)
- No (2)
- Unsure (3)
- Other (4) \_\_\_\_\_
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*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) offer peer-to...  
= Yes*

*Or Does your COM and/or university (if your COM is part of a larger university system) offer peer-to...  
= Unsure*

*Or Does your COM and/or university (if your COM is part of a larger university system) offer peer-to...  
= Other*

Q462 If your OMS-III and OMS-IV students are in various locations, are they easily accessible to OMS-II students requiring peer-to-peer mentoring?

- Yes (1)
- No (2)
- Unsure (3)
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Q436 You may write a comment below to further clarify your response:

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Q437 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic Support\_AdvMenCouns.**

End of Block: 7.3. Academic Support - Advising, Mentoring and Counseling Services

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Start of Block: 7.4. Academic Support - Curriculum

Q445 **7.4. Academic Support - Curriculum** Is there a set number of curriculum hours to which faculty are held accountable to ensure a healthy balance for students? **For example: A student may have 6 hours of anatomy within a week schedule but have an additional 4 hours of recorded content to watch, totaling an amount of 10 hours of anatomy.**

- Yes (1)
- No (2)
- Unsure (3)
- Other (4) \_\_\_\_\_

Q446 Is there designated "**protected time**" during Monday-Friday (**8:00AM-5:00PM**) where nothing can be scheduled to permit a healthy balance for students? **This white space can be a lunch hour, half-days, etc.**

- Yes (4)
- No (5)
- Unsure (6)
- Other (7) \_\_\_\_\_

Q453 You may write a comment below to further clarify your response:

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Q454 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Academic Support\_Curr.**

End of Block: 7.4. Academic Support - Curriculum

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Start of Block: 8.1. Campus Climate

Q371 Campus climate refers to the experience of students, faculty, staff, administration and other individuals and/or groups within a campus environment and the quality of social, academic and professional interaction between these diverse individuals and/or groups. A healthy campus climate provides the opportunity for innovation, change and progress, fostering a diverse, inclusive and welcoming campus environment where varying perspectives are cultivated and individuals and/or groups feel seen and heard, thereby promoting a community of autonomy and accountability where individuals and/or groups can thrive. The **following five sections** inquire about the ways in which your COM and/or university (**if your COM is part of a larger university system**) has: designed metrics for measuring the quality of your COM's or institution's campus climate; developed a healthy campus climate; and implemented programs/initiatives to enhance campus culture through meeting the needs of varying individuals and/or groups. **8.1. Campus Climate** Has your COM and/or university (**if your COM is part of a larger university system**) participated in a campus climate survey for academic year **2024-25? (Select all that apply)** **Note: If selecting any of the following choices with the exception of "Unsure," five follow-up questions should appear**

requesting additional information on the metrics your COM and/or university has designed to measure the quality of your campus climate.

- An internal survey at the university level (1)
- An internal survey at the COM level (2)
- An external survey (**designed and administered by a third party**) at the university level (3)
- An external survey at the COM level (4)
- Unsure (6)
- Other (5) \_\_\_\_\_

*Display This Question:*

*If Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An internal survey at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An internal survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An external survey **designed and administered by a third party** at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An external survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = Other*

Q370 How often does your COM and/or university (**if your COM is part of a larger university system**) administer a campus climate survey?

- Annually (1)
- Biennially (**distributed once every two years**) (2)
- Triennially (**distributed once every three years**) (3)
- Other (4) \_\_\_\_\_

*Display This Question:*

*If Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An internal survey at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An internal survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An external survey designed and administered by a third party at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An external survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = Other*

**Q371 Who participates in this survey? (Select all that apply)**

- Students (1)
- Residents (2)
- Faculty (3)
- Staff (4)
- Other health professionals (5)
- Unsure (6)

*Display This Question:*

*If Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An internal survey at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An internal survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An external survey designed and administered by a third party at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An external survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = Other*

Q372 What recommendations have been brought to your attention to improve your campus climate from this survey?

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*Display This Question:*

*If Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An internal survey at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An internal survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An external survey **(designed and administered by a third party)** at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = An external survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other ind... = Other*

Q373 What are some of your biggest campus achievements or outcomes stemming from feedback received on your campus climate surveys?

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*Display This Question:*

*If Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An internal survey at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An internal survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An external survey designed and administered by a third party at the university level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = An external survey at the COM level*

*Or Campus climate refers to the experience of students, faculty, staff, administration and other individuals = Other*

Q375 Indicate which information your COM and/or university (**if your COM is part of a larger university system**) collects related to your campus community during your campus climate survey. (**Select all that apply**) According to the American Psychological Association Task Force on Gender Identity and Gender Variance, the following definitions are provided for gender, gender identity and gender expression. **Gender** refers to socially constructed roles, behaviors, activities and attributes society assigns to and considers appropriate for boys and men or girls and women. These societal expectations greatly influence individual's behaviors, interactions and feelings when concerning self-perception. **Gender identity** refers to an individual's internal sense of being male, female or something else. **Gender expression**

refers to the way an individual communicates gender identity to others through behavior and self-expression (**e.g., clothing, hairstyles, etc.**), voice and/or body characteristics.

- Age (1)
- Disability (2)
- Gender\* (3)
- Gender identity and expression\* (4)
- National origin (5)
- Political affiliation (6)
- Race/ethnicity (7)
- Religion, spirituality or philosophy (8)
- Sexual orientation (9)
- Socioeconomic status (10)
- Veteran status (11)

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Q372 You may write a comment below to further clarify your response:

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Q373 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Campus\_Climate.**

End of Block: 8.1. Campus Climate

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Start of Block: 8.2. Campus Climate - Innovation and Change

Q377 **8.2. Campus Climate - Innovation and Change** My COM and/or university (**if your COM is part of a larger university system**) fosters innovation and change. **Note: If selecting "Yes" or "Somewhat," a follow-up question should appear** requesting additional information on the ways your COM and/or university has/have fostered innovation and change for academic year **2024-25**.

- Yes (1)
- No (5)
- Somewhat (7) \_\_\_\_\_
- Unsure (6) \_\_\_\_\_

---

*Display This Question:*

*If 8.2. Campus Climate - Innovation and Change My COM and/or university (if your COM is part of a la... = Yes*

*Or 8.2. Campus Climate - Innovation and Change My COM and/or university (if your COM is part of a la... = Somewhat*

Q462 Explain in what ways your COM and/or university (**if your COM is part of a larger university system**) has fostered innovation and change (**i.e., program implementation, etc.**) for academic year **2024-25**.

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Q398 You may write a comment below to further clarify your response:

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Q399 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Campus\_Climate\_InnovChg.**

End of Block: 8.2. Campus Climate - Innovation and Change

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Start of Block: 8.3. Campus Climate - Promoting Diversity, Equity and Inclusion

Q378 **8.3. Campus Climate - Promoting Diversity, Equity and Inclusion** My COM and/or university (if your COM is part of a larger university system) promotes a sense of belonging through creating cultural centers and approving student organizations and/or groups that promote diversity and inclusion. **Note: If selecting "Yes" or "Somewhat," a follow-up question should appear** requesting additional information on the ways your COM and/or university has/have fostered a sense of belonging for academic year **2024-25**.

- Yes (2)
  - No (6)
  - Somewhat (7) \_\_\_\_\_
  - Unsure (8) \_\_\_\_\_
-

*Display This Question:*

*If 8.3. Campus Climate - Promoting Diversity, Equity and Inclusion My COM and/or university (if your... = Yes*

*Or 8.3. Campus Climate - Promoting Diversity, Equity and Inclusion My COM and/or university (if your... = Somewhat*

**Q463 Explain any other ways your COM and/or university (if your COM is part of a larger university system) has promoted a sense of belonging for academic year 2024-25.**

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Q400 You may write a comment below to further clarify your response:

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Q401 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Campus\_Climate\_DEI.**

**End of Block: 8.3. Campus Climate - Promoting Diversity, Equity and Inclusion**

**Start of Block: 8.4. Campus Climate - Disability Accessibility and Accommodations**

**Q379 8.4. Campus Climate - Disability Accessibility and Accommodations** Indicate which information your COM and/or university **(if your COM is part of a larger university**

**system)** collect(s) related to students with disabilities requiring accessibility accommodations  
**(Select all that apply):**

- Total number of students with disabilities requiring accessibility accommodations (1)
  - Retention/graduation rate (2)
  - Number of students by disability type (**physical, developmental/cognitive, etc.**) (3)
  - Number of students with disabilities disaggregated by race, gender, etc. (4)
  - Overall campus accessibility (**buildings, pedestrian paths/walkways, etc.**) (5)
  - Grievance forms/complaints (**e.g., if faculty/staff do not allow accommodations**) (6)
  - Types of accommodation used/requested (**e.g., tests/exams, note-taking, remote or virtual learning experiences, etc.**) (7)
  - Student satisfaction with disability accessibility services/accommodations received (8)
  - Other (**Specify**) (9)
-

Q380 What forms of documentation are required or accepted in order to receive disability and accessibility accommodations? **(Select all that apply)**

Current letter or note from student's medical professional/team providing care (1)

Documentation of a diagnosis made in the past **(such as a childhood diagnosis)** from medical professional/team (2)

Disability documentation from the U.S. military **(veteran's discharge documents, etc.)** (3)

Accommodation information, such as an IEP or a 504 plan, from a previous learning institution (4)

---

Q381 Does your COM and/or university **(if your COM is part of a larger university system)** have a Student Disability Services Officer **(an individual whose key responsibility includes working with students with disabilities)**?

Yes (1)

No (2)

Unsure (5)

Other (6) \_\_\_\_\_

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Q384 Does your Student Disability Services Officer provide on-campus services that can diagnose a student with a disability?

Not applicable (4)

Yes (1)

No (2)

Unsure (3)

Q409 Describe the involvement your Student Disability Services Officer has with other on-campus diversity and inclusion offices and/or student organizations/groups (i.e., the **Student National Medical Association (SNMA)**, the **Latino Medical Student Association (LMSA)**, etc.)

- Not applicable (6)
  - Very involved (1)
  - Somewhat involved (2)
  - A little involved (3)
  - Not very involved (4)
  - Not involved at all (5)
- 

Q382 How does your COM or institution structure Student Disability Services?

- We do not have an internal office of Student Disability Services (4)
  - An office of Student Disability Services (1)
  - Student Disability Services are provided through Student Services (2)
  - Other (3) \_\_\_\_\_
- 

Q383 Does your COM and/or university (if your COM is part of a larger university system) offer services through partnerships with external organizations?

- Yes (1)
  - No (2)
  - Unsure (3)
-

Q385 Answer the following questions indicating how much you either agree or disagree concerning your COM's and/or university's **(if your COM is part of a larger university system)** support and resources for students with disabilities requiring accessibility accommodations:

	Strongly Agree (1)	Agree (2)	Neither Agree nor Disagree (3)	Disagree (4)	Strongly Disagree (5)
It is a high priority for my COM and/or university administration to make our campus accessible and inclusive for students with disabilities (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My campus supports students with disabilities having multiple marginalized identities <b>(e.g., Black or African American; Hispanic or Latino; American Indian or Alaska Native; LGBTQIA+, etc.)</b> (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My campus helps to prepare students with disabilities for life after medical college (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q390 Indicate what following resources or support your COM and/or university (**if your COM is part of a larger university system**) offer(s) students with disabilities requiring accessibility accommodations and if these accommodations incur additional fees outside of tuition costs:

	Resources or Support Offered			Additional Fees Outside of Tuition Costs		
	Yes (1)	No (2)	Unsure (3)	Yes (1)	No (2)	Unsure (3)
Mental health services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional academic support (e.g., tutoring, note-taking accommodations, test/exam accommodations, library or lab assistance, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional social support (e.g., peer or faculty mentorship programs, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional support for independent living (e.g., aides to assist with public transportation, etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q391 Are faculty/instructors required to make accommodations to their lessons or class settings to meet accessibility requirements?

- Yes (1)
- No (2)
- Unsure (3)
- 

Q392 Does your COM and/or university (**if your COM is part of a larger university system**) offer a cultural center, organization or group, etc. for students with disabilities to help build a sense of community? **Note: If selecting "Yes," or "Unsure" two follow-up questions should appear requesting additional information on the involvement of your COM and/or university when collaborating with these support systems.**

- Yes (1)
- No (2)
- Unsure (3)
- 

*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) offer a cultu...*  
= Yes

*Or Does your COM and/or university (if your COM is part of a larger university system) offer a cultu...*  
= Unsure



Q410 Indicate how involved your COM and/or university (**if your COM is part of a larger university system**) is in collaborating with cultural centers, organizations or groups, etc. to help build a sense of community.

- Very involved (1)
- Somewhat involved (2)
- A little involved (3)
- Not very involved (4)
- Not involved at all (5)

---

*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) offer a cultu...  
= Yes*

*Or Does your COM and/or university (if your COM is part of a larger university system) offer a cultu...  
= Unsure*

Q411 Provide the name of and briefly describe the support systems (**i.e., cultural centers, organizations or groups, etc.**) below:

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Q393 Indicate if your COM and/or university (**if your COM is part of a larger university system**) has made **physical** accommodations to the following campus areas for students with disabilities.

	Yes (1)	No (2)	Unsure (3)
Ancillary Services (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Automatic door openers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom buildings (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Classroom labs (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Computer labs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling facilities (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dining facilities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elevators (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Center facilities (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Library facilities (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-campus transportation/parking (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other campus facilities (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreational facilities (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrooms (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walkways/pedestrian paths (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q412 Does your COM and/or university (**if your COM is part of a larger university system**) conduct a survey to learn more about the services or support your Student Disability Services Officer offers to COM students? **Note: If selecting a choice other than "Not Applicable" or "No," a follow-up question should appear** requesting additional information on the services or support your Student Disability Services Officer offers to COM students.

- Not applicable (5)
- Yes (1)
- No (2)
- Unsure (3)
- Other (4) \_\_\_\_\_

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*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) conduct a sur...  
= Yes*

*Or Does your COM and/or university (if your COM is part of a larger university system) conduct a  
sur... = Other*

*Or Does your COM and/or university (if your COM is part of a larger university system) conduct a  
sur... = Unsure*

Q413 Rate the level of satisfaction involving the support or services your Student Disability Services Officer offers based on survey results from student interactions:

	Not Applicable (7)	Very Satisfied (1)	Satisfied (2)	Neither Satisfied nor Dissatisfied (3)	Dissatisfied (4)	Very Dissatisfied (5)
Appeal process (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process for determining accommodations (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Process for establishing services (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resourcefulness of office website (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff availability (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff's effectiveness in communication and consultation (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff knowledge and skills (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff interactions and respect for students (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support availability in developing academic skills (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support/peer group availability (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training availability ( <b>e.g., assistive technology, etc.</b> ) (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Timeliness of  
 vital  
 communication  
 (12)

Timeliness of  
 referrals (13)

Q414 Any additional information provided on accessibility accommodations **(including plans for improving support or services)** not included in the previous survey questions is appreciated.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q416 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Campus\_Climate\_ADA.**

End of Block: 8.4. Campus Climate - Disability Accessibility and Accommodations

Start of Block: 8.5. Campus Climate - Bias Identification and Reduction Initiatives

Q407 Information collected from this survey section will be used to assess the effectiveness of bias identification and reduction initiatives at AACOM’s member COMs. We hope that aggregate data from this survey section will help COMs to determine ways to assist in strengthening and/or developing initiatives that ensure a healthy campus climate for students, residents, faculty, staff and other health professionals. All campus climates should promote a safe environment where diversity, equity, inclusion and justice **(DEIJ)** are encouraged. Thank you for your continued commitment to promoting DEIJ at your institutions. **8.5. Campus Climate - Bias Identification and Reduction Initiatives** Does your COM and/or university **(if your COM is part of a larger university system)** have a protocol established for reporting student, resident, staff and/or faculty experiences of bias **(referred to below as “bias incidents”)?** **Note: If**

**selecting "Yes" or "Unsure," two follow-up questions should appear requesting additional information on the protocol for reporting bias incidents.**

- Yes (4)
- No (5)
- Unsure (6)

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*Display This Question:*

*If Information collected from this survey section will be used to assess the effectiveness of bias i... =  
Yes*

*Or Information collected from this survey section will be used to assess the effectiveness of bias i... =  
Unsure*

Q417 Does your COM and/or university **(if your COM is part of a larger university system)** have a bias incident response team where all grievances and complaints are reviewed, processed and/or addressed?

- Yes (1)
- No (2)
- Unsure (3)

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*Display This Question:*

*If Information collected from this survey section will be used to assess the effectiveness of bias i... =  
Yes*

*Or Information collected from this survey section will be used to assess the effectiveness of bias i... =  
Unsure*

Q418 To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university **(if your COM is part of a larger university system)**? If reported to multiple offices or departments, **select all that apply.** **Note: If selecting any of the following choices, a**



**follow-up question should appear** requesting additional information on the office(s) or department(s) to which bias incidents are reported.

- Office of Diversity, Equity and Inclusion **(or another name variant of office type)** (1)
- Office of Compliance and Ethics **(or another name variant of office type)** (2)
- Office of Student Affairs (3)
- Campus Safety and Security (4)
- Office of the Dean of Students (5)
- Office of the COM Dean (6)
- Unsure (8)
- Other (7) \_\_\_\_\_

*Display This Question:*

*If To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Office of Diversity, Equity and Inclusion <strong>(or another name variant of office type)</strong>*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Office of Compliance and Ethics<strong>(or another name variant of office type)</strong>*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Office of Student Affairs*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Campus Safety and Security*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Office of the Dean of Students*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Office of the COM Dean*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Other*

*Or To what office(s) or department(s) is(are) bias incidents reported at your COM and/or university... = Unsure*

Q419 Is the office(s) or department(s) to which bias incidents is(are) reported responsible for the establishment and implementation of strategies, initiatives and/or measures to address bias

incidents? **Note: If selecting "Yes" or "Unsure," two follow-up questions should appear requesting additional information on the office or department that establishes and implements strategies, initiatives and/or measures to address bias incidents.**

- Yes (1)
- No (2)
- Unsure (3)

*Display This Question:*

*If Is the office(s) or department(s) to which bias incidents is(are) reported responsible for the es... =  
Yes*

*Or Is the office(s) or department(s) to which bias incidents is(are) reported responsible for the es... =  
Unsure*

Q420 Which of the following tools does the office(s) or department(s) previously selected use to **identify biases** on your COM's and/or university's (**if your COM is part of a larger university system**) campus? **Select all that apply.** **If more than one office or department is responsible for the establishment and implementation of strategies, initiatives and/or measures to identify biases, select "Other" and indicate for which strategy, initiative and/or measure each office or department is responsible.**

- Review and/or investigation of grievances/complaints (1)
- Implicit Association Tests (**IAT**) (2)
- Campus Climate and Culture Surveys (**faculty, staff, resident, student, etc.**) (3)
- Town Halls (4)
- Unsure (6)
- Other (5) \_\_\_\_\_

*Display This Question:*

*If Is the office(s) or department(s) to which bias incidents is(are) reported responsible for the es... =  
Yes*

*Or Is the office(s) or department(s) to which bias incidents is(are) reported responsible for the es... =  
Unsure*

Q421 Which of the following strategies, initiatives and/or measures has the office(s) or department(s) previously selected implemented to reduce bias on your COM's and/or university's **(if your COM is part of a larger university system)** campus? **Select all that apply. If more than one office or department is responsible for the establishment and implementation of strategies, initiatives and/or measures to reduce biases, select**

**“Other” and indicate for which strategy, initiative and/or measure each office or department is responsible.**

- Implicit/Unconscious Bias Training (1)
- Microaggression or Sensitivity Training (2)
- Race-centered Training (3)
- Gender-specific Training (4)
- LGBTQIA+-centered Training (5)
- Age-centered Training (6)
- Disability-centered Training (7)
- Ethics Modules (8)
- Counseling (9)
- Culture Surveys (**faculty, staff, student, etc.**) (10)
- Liaison partnerships with student organizations promoting diversity, equity, inclusion and justice (11)
- Diversity, Equity and Inclusion Workshops (12)
- Unsure (14)
- Other (13) \_\_\_\_\_

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Q422 What has been your COM’s and/or university’s (**if your COM is part of a larger university system**) most effective way(s) to identify and/or reduce bias?

\_\_\_\_\_

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Q423 Which of the following methods does your COM and/or university (**if your COM is part of a larger university system**) use for initiating conversations around bias? **Select all that apply.**

- Town Halls (1)
- Counseling/Consultation (**for students, faculty, etc.**) (2)
- Workshops (3)
- Student organization meetings/discussions (4)
- Unsure (6)
- Other (5) \_\_\_\_\_

Q424 In the past three years, has your COM and/or university (**if your COM is part of a larger university system**) used any of the following to address bias incidents that do not trigger a Title IX investigation? (**Select all that apply**)

- Warning (1)
  - Training (2)
  - Counseling/Consultation (3)
  - Diversity, Equity and Inclusion Mentoring (4)
  - Unsure (6)
  - Other (5) \_\_\_\_\_
- 

Q425 Any additional information provided on bias identification and reduction strategies not included in the previous survey questions is appreciated.

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Q426 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Campus\_Climate\_Bias\_ID.**

End of Block: 8.5. Campus Climate - Bias Identification and Reduction Initiatives

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Start of Block: 9.1. Wellness Initiatives

**Q303 9.1. Wellness Initiatives** The health and wellness of students, residents, faculty, staff and other health professionals are of utmost importance and increasing interest to COMs, students, policymakers and others. The **following seven sections** inquire about the wellness and culture programs/initiatives your COM may have implemented to enhance wellbeing for everyone. These programs often focus on promoting work-life balance, increasing empowerment and autonomy and providing well-being resources to everyone. Your program(s) may address physical, mental, emotional, spiritual, social and/or environmental factors, and AACOM would like to learn more about what your COM is currently doing, your future plans, how we can support these programs and share best practices. Have wellness initiatives been implemented at your COM for any of the following audiences? **(Select all that apply)** **Note: If any of the choices below are selected, with the exception of "Unsure", two follow-up questions will appear** requesting additional information on your target audience for you COM's wellness initiatives.

- Not Applicable (8)
- Students (1)
- Residents (2)
- Faculty (3)
- Staff (4)
- Other health professionals (5)
- Unsure (6)

*Display This Question:*

*If 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Students*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Residents*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Faculty*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Staff*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Other health professionals*

**Q304 9.2-1. Wellness Initiatives** On what audience is your COM most focused? **(Select all that apply)**

- Students (1)
- Residents (2)
- Faculty (3)
- Staff (4)
- Other health professionals (5)
- Unsure (6)

---

*Display This Question:*

*If 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Students*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Residents*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Faculty*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Staff*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Other health professionals*

*Or 9.1. Wellness Initiatives The health and wellness of students, residents, faculty, staff and othe... = Unsure*



Q505 How long has your wellness program existed?

- Unsure (5)
  - Less than one year (1)
  - 1-2 years (2)
  - 2-5 years (3)
  - 5-7 years (4)
  - 7-10 years (6)
  - More 10 years (**Specify how many years your COM wellness program or initiative has/ve existed.**) (7) \_\_\_\_\_
- 

Q312 You may write a comment below to further clarify your response:

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Q313 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Initiatives.**

End of Block: 9.1. Wellness Initiatives

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Start of Block: 9.2. Wellness Champions

**Q305 9.2. Wellness Champions** Does your COM have wellness champions at the following levels? **(Select all that apply)**

- Organization **(chief wellness officer or similar title)** (1)
  - GME **(affiliated residency programs)** (2)
  - Departmental **(for clinicians, trainees and/or faculty)** (3)
  - Dean's office **(for medical students)** (4)
  - Staff level **(for all employees)** (5)
  - Unsure (6)
  - Other **(Specify below)** (7)
- 

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Q314 You may write a comment below to further clarify your response:

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Q315 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Champions.**

End of Block: 9.2. Wellness Champions

---

Start of Block: 9.3. Wellness Budget

**Q306 9.3 Wellness Budget** Specify below the budget amount allocated for your COM's wellness initiatives? (**NOTE: Please provide the number only for this question. If you would like to provide details regarding your budget, use the comment question immediately following this question.**)

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Q316 You may write a comment below to further clarify your response:

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Q317 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Budget.**

End of Block: 9.3. Wellness Budget

Start of Block: 9.4. Wellness Strategies

**Q307 9.4. Wellness Strategies** Which of the following strategies are you including or hoping to include in your COM's wellness initiatives? (**Select any that apply to students, residents, faculty, staff and/or other health professionals.**)

Mandatory Curricular Component	Optional Extracurricular Activity	Hoping to Add in the Next 12Months	Not Planning to Add	If presently using one of the listed wellness strategies, indicate below how long you

					have been using this wellness strategy.
	&nbsp; (1)	&nbsp; (1)	&nbsp; (1)	&nbsp; (1)	&nbsp; (1)

Mindfulness/Meditation (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-reflection (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Resilience (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Narrative writing (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Healthy eating (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Exercise (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social activities (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Time management (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Leadership training (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Emotional intelligence (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Improvement processes (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prioritizing purpose (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Cognitive reframing (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Appreciative inquiry/Gratitude (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conflict management (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other ( <b>Specify below</b> ) (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q318 You may write a comment below to further clarify your response:

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Q319 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Strategies.**

End of Block: 9.4. Wellness Strategies

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Start of Block: 9.5. Wellness Methods

Q308 **9.5. Wellness Methods** Which methods are your COM presently using or hoping to add to promote wellbeing? **(Select any that apply)**

	Presently Using	Hoping to Add in Next 12 Months	Not Planning to Add	If presently using one of the listed wellness methods, indicate below how long you have been using this wellness method.
	&nbsp; (1)	&nbsp; (1)	&nbsp; (1)	&nbsp; (1)

Wellness workshop/retreat (4 hours or more) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Mandatory ongoing wellness lecture series (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Optional wellness activities (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wellness challenges (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Online learning modules (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wellness learning community/mentoring program (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Outside speakers (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Wellness program consultants (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



Reducing the number of required curricular hours (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reducing the number of or length of summative examinations (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Increasing unscheduled time during the academic year (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other ( <b>Specify below</b> ) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q320 You may write a comment below to further clarify your response:

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Q321 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Methods.**

End of Block: 9.5. Wellness Methods

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Start of Block: 9.6. Wellness Program Outcomes

Q322 **9.6. Wellness Program Outcomes** Does your COM program have formal results/outcomes on wellness program initiatives? **Note: If selecting "Yes," a follow-up question should appear,** requesting additional information on the published results/outcomes of your wellness program(s).

- Yes (1)
- No (2)
- Unsure (3)

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*Display This Question:*

*If 9.6. Wellness Program Outcomes Does your COM program have formal results/outcomes on wellness pro... = Yes*

Q346 **9.6-1. Wellness Program Published Outcomes** Has your COM program published results/outcomes on aspects of your wellness program?

- Yes (1)
- No (2)
- Not Sure (3)

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Q347 Indicate the name for your published results/outcomes and provide a link if accessible online.

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Q348 You may upload your published results/outcomes below if in document form. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Prgm\_Publ\_Outcomes.**

End of Block: 9.6. Wellness Program Outcomes

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Start of Block: 9.7. Wellness Components

Q309 **9.7. Wellness Components** Describe the components of your COM's wellness initiatives (e.g., **reducing in-class time; adding optional mindfulness exercises; monthly faculty check-ins on students**)

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Q349 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Wellness\_Cmpts.**

End of Block: 9.7. Wellness Components

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Start of Block: 10.1. Scholarships and Loans

QID187 **10.1. Scholarships and Loans** Provide financial assistance obtained by students for the **2023-24** academic year including repeaters. **Note:** *Total Students Receiving Loans and/or Scholarships, Grants, etc. cannot be greater than the enrollment for each class year according*

to data your COM provided for **Sections 2.1-1. and 2.1-2.** of the **2023-24 Annual Osteopathic Medical School Questionnaire (Annual Survey).**

	Scholarships, Grants, Fellowships, Work-Study, Fee Waivers, etc. (1)	Loans (2)	<b>TOTAL</b> Students Receiving Loans and/or Scholarships, Grants, etc. (6)
<input checked="" type="checkbox"/> Dollar Amount (1)			
<input checked="" type="checkbox"/> Number of Students <b>(Unduplicated*)</b> (2)			
<input checked="" type="checkbox"/> Dollar Amount (3)			
<input checked="" type="checkbox"/> Number of Students <b>(Unduplicated*)</b> (4)			
<input checked="" type="checkbox"/> Dollar Amount (5)			
<input checked="" type="checkbox"/> Number of Students <b>(Unduplicated*)</b> (6)			

Q441 You may write a comment below to further clarify your response:

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Q442 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Scholarships\_Loans.**

End of Block: 10.1. Scholarships and Loans

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Start of Block: 10.2. Tuition Discount Agreements

**QID189 10.2. Tuition Discount Agreements**

Indicate each applicable state for which the medical school has any agreements to offer in-state tuition to residents of other states.

**Note:** To *select multiple options in a row*, **click and drag your mouse or hold down "Shift"** when selecting. To *select non-sequential options*, **hold down "Control"** (on a PC) or

**"Command" (on a Mac) when clicking. To deselect an option, hold down "Control" or "Command" and click on the selected option.**

- Other (54)
- Alabama (AL) (1)
- Alaska (AK) (2)
- Arizona (AR) (3)
- Arkansas (AR) (4)
- American Samoa (AS) (55)
- California (CA) (5)
- Colorado (CO) (6)
- Connecticut (CT) (7)
- Delaware (DE) (8)
- District of Columbia (DC) (9)
- Florida (FL) (10)
- Georgia (GA) (11)
- Guam (GU) (56)
- Hawaii (HI) (12)
- Idaho (ID) (13)
- Illinois (IL) (14)

- Indiana (IN) (15)
- Iowa (IA) (16)
- Kansas (KS) (17)
- Kentucky (KY) (18)
- Louisiana (LA) (19)
- Maine (ME) (20)
- Maryland (MD) (21)
- Massachusetts (MA) (22)
- Michigan (MI) (23)
- Minnesota (MN) (24)
- Mississippi (MS) (25)
- Missouri (MO) (26)
- Montana (MT) (27)
- Nebraska (NE) (28)
- Nevada (NV) (29)
- New Hampshire (NH) (30)
- New Jersey (NJ) (31)
- New Mexico (NM) (32)

- New York (NY) (33)
- North Carolina (NC) (34)
- North Dakota (ND) (35)
- Ohio (OH) (36)
- Oklahoma (OK) (37)
- Oregon (OR) (38)
- Pennsylvania (PA) (39)
- Puerto Rico (PR) (40)
- Rhode Island (RI) (41)
- South Carolina (SC) (42)
- South Dakota (SD) (43)
- Tennessee (TN) (44)
- Texas (TX) (45)
- U.S. Virgin Islands (VI) (46)
- Utah (UT) (47)
- Vermont (VT) (48)
- Virginia (VA) (49)
- Washington (WA) (50)



- West Virginia (WV) (51)
  - Wisconsin (WI) (52)
  - Wyoming (WY) (53)
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Q443 You may write a comment below to further clarify your response:

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Q444 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Tuition\_Agrmts.**

End of Block: 10.2. Tuition Discount Agreements

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Start of Block: 10.3. Aid

QID190

**10.3. Aid**

Scholarships and grants awarded in **2023-24** without a service commitment rounded to nearest dollar amount. These awards are provided by individuals, agencies, foundations, etc.

**(Examples: NIH, MSTP funding, state scholarships, Robert Wood Johnson Foundation).** For a detailed list of state programs refer to the National Association of Student Financial Aid Administrators (NASFAA).

**Number Line Counts:** There are many aid categories for each aid type. These categories are the fundamental reporting base for capturing each aid category, and in each category, the count provided is the award count. The award count is the number of different awards provided to students in that category. Therefore, a student may be counted more than once if receiving

financial aid from more than one financial aid source or program within the same category. However, this is only for counting awards from different aid programs granted to each student. Students receiving awards from the same program for both semesters within the academic year should only be counted once. **Number of Students Unduplicated:** This requires a student only be counted once even if receiving multiple awards in any of the aid categories within that aid type, particularly when counting entering students who may have been eligible for student financial aid based on their enrollment status.

**Dollar Amount:** For each aid category, report the total dollar amounts awarded. Essentially, you are providing three different counts.

### **10.3-1. Aid Without a Service Commitment**

	Number of Awards (1)	Number of Students (UNDUPLICATED*) (2)	TOTAL Dollar Amount (3)
<b>10.3-1-1.</b> Scholarships for Disadvantaged Students (SDS) (1)			
<b>1. State (including states other than location of osteopathic medical school) (2)</b>			
<b>2. Osteopathic organization (state, national, society or foundation) (3)</b>			
<b>3. National Medical Fellowship (4)</b>			
<b>4. Other outside- funded need based scholarships without a service commitment (5)</b>			

<p>Other <b>outside-funded need based scholarships without a service commitment</b> (21)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (20)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (22)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (23)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (24)</p>			

<p>Other <b>outside-funded need based scholarships without a service commitment</b> (25)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (26)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (27)</p>			
<p>Other <b>outside-funded need based scholarships without a service commitment</b> (28)</p>			
<p><b>1. State (including states other than location of osteopathic medical school)</b> (6)</p>			
<p><b>2. Osteopathic organization (state, national, society or foundation)</b> (7)</p>			

<p><b>3. Veteran's Administration (VA) (8)</b></p>			
<p><b>4. Other outside-funded non-need based scholarships without a service commitment (9)</b></p>			
<p><b>Other outside-funded non-need based scholarships without a service commitment (13)</b></p>			
<p><b>Other outside-funded non-need based scholarships without a service commitment (14)</b></p>			
<p><b>Other outside-funded non-need based scholarships without a service commitment (15)</b></p>			
<p><b>Other outside-funded non-need based scholarships without a service commitment (16)</b></p>			

<p>Other <b>outside-funded non-need based scholarships without a service commitment</b> (18)</p>			
<p>Other <b>outside-funded non-need based scholarships without a service commitment</b> (19)</p>			
<p>Other <b>outside-funded non-need based scholarships without a service commitment</b> (17)</p>			
<p>Other <b>outside-funded non-need based scholarships without a service commitment</b> (29)</p>			
<p>Other <b>outside-funded non-need based scholarships without a service commitment</b> (30)</p>			



<p><b>TOTAL</b> Outside-Funded Need Based Scholarships/Grants without a service commitment  <b>(Students are UNDUPLICATED*)</b>          (10)</p>			
<p><b>TOTAL</b> Outside-Funded Non-Need Based Scholarships/Grants without a service commitment  <b>(Students are UNDUPLICATED*)</b>          (11)</p>			
<p><b>TOTAL</b> Outside-Funded Scholarships/Grants without a service commitment  <b>(Students are UNDUPLICATED*)</b>          (12)</p>			

QID191 School-funded scholarships in **2023-24** without a service commitment funded with institutional resources (e.g., tuition remission, school-funded DO/PhD support, merit scholarships, operating and similar sources).

**Number Line Counts:** There are many aid categories for each aid type. These categories are the fundamental reporting base for capturing each aid category, and in each category, the count provided is the award count. The award count is the number of different awards provided to students in that category. Therefore, a student may be counted more than once if receiving financial aid from more than one financial aid source or program within the same category.

However, this is only for counting awards from different aid programs granted to each student. Students receiving awards from the same program for both semesters within the academic year should only be counted once. **Number of Students Unduplicated:** This requires a student only be counted once even if receiving multiple awards in any of the aid categories within that aid type, particularly when counting entering students who may have been eligible for student financial aid based on their enrollment status. **Dollar Amount:** For each aid category, report the total dollar amounts awarded. Essentially, you are providing three different counts.

### **10.3-2. School-Funded Aid Without a Service Commitment**

	Number of Awards (1)	Number of Students (UNDUPLICATED*) (2)	TOTAL Dollar Amount (3)
<b>10.3-2-1. Need Based: (1)</b>			
<b>1. DO/PhD stipend support (2)</b>			
<b>2. Tuition remission for employees/staff (3)</b>			
<b>3. Tuition/fee waivers (4)</b>			
<b>4. Merit/academic excellence awards (5)</b>			
<b>5. Other school-funded non-need based aid without a service commitment (6)</b>			
<b>Other school-funded non-need based aid without a service commitment (9)</b>			

<p><b>Other school-funded non-need based aid without a service commitment (10)</b></p>			
<p><b>Other school-funded non-need based aid without a service commitment (11)</b></p>			
<p><b>Other school-funded non-need based aid without a service commitment (12)</b></p>			
<p><b>Other school-funded non-need based aid without a service commitment (13)</b></p>			
<p><b>Other school-funded non-need based aid without a service commitment (14)</b></p>			
<p><b>Other school-funded non-need based aid without a service commitment (15)</b></p>			
<p><b>Other school-funded non-need based aid without a service commitment (16)</b></p>			

Other <b>school-funded non-need based aid without a service commitment</b> (17)			
<b>TOTAL School-Funded Non-Need Based (Students are UNDUPLICATED*)</b> (7)			
<b>TOTAL School-Funded Scholarships/Grants without a service commitment (UNDUPLICATED*)</b> (8)			

QID192 Federal work-study awards in **2023-24**

**10.3-3. Work-Study**

	Number of Awards (1)	Number of Students (2)	<b>TOTAL Dollar Amount</b> (3)
Federal Work-Study Awards (1)			

QID193 Scholarships and Grants awarded in **2023-24** with a service commitment (rounded to the nearest dollar). (Please include tuition, fees, and other reimbursable expenses (books,

health insurance, and supplies). Exclude stipends for living expenses. Exact amounts for reimbursable expenses may be unknown so estimates are acceptable. For a detailed list of state programs refer to the National Association of Student Financial Aid Administrators (NASFAA).

**Number Line Counts:** There are many aid categories for each aid type. These categories are the fundamental reporting base for capturing each aid category, and in each category, the count provided is the award count. The award count is the number of different awards provided to students in that category. Therefore, a student may be counted more than once if receiving financial aid from more than one financial aid source or program within the same category. However, this is only for counting awards from different aid programs granted to each student. Students receiving awards from the same program for both semesters within the academic year should only be counted once. **Number of Students Unduplicated:** This requires a student only be counted once even if receiving multiple awards in any of the aid categories within that aid type, particularly when counting entering students who may have been eligible for student financial aid based on their enrollment status. **Dollar Amount:** For each aid category, report the total dollar amounts awarded. Essentially, you are providing three different counts.

### **10.3-4. Aid With a Service Commitment**



	Number of Awards (1)	Number of Students <b>(UNDUPLICATED*)</b> (2)	<b>TOTAL</b> Dollar Amount (3)
National Health Service Corps <b>(NHSC)</b> (1)			
Armed Forces Health Professions <b>(AFHP)</b> (2)			
Indian Health Service <b>(IHS)</b> (3)			
AmeriCorps (4)			
State Funded <b>(including states other than location of osteopathic medical school)</b> <b>(Example: Western Interstate Commission on Higher Education or WICHE)</b> (5)			
Fellowships (6)			

<b>Other aid with a service commitment (7)</b>			
<b>Other aid with a service commitment (9)</b>			
<b>Other aid with a service commitment (10)</b>			
<b>Other aid with a service commitment (11)</b>			
<b>Other aid with a service commitment (12)</b>			
<b>Other aid with a service commitment (13)</b>			
<b>Other aid with a service commitment (14)</b>			

<p>Other aid with a  <b>service commitment</b>          (15)</p>			
<p>Other aid with a  <b>service commitment</b>          (16)</p>			
<p>Other aid with a  <b>service commitment</b>          (17)</p>			
<p><b>TOTAL</b>          Scholarships/Grants          with a Service          Commitment  <b>(Students are          UNDUPLICATED*)</b>          (8)</p>			

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QID195 Total scholarships, grants, etc. awarded in **2023-24**

**10.3-5. Total Aid**

	Number of Awards (1)	Number of Students (UNDUPLICATED*) (2)	TOTAL Dollar Amount (3)
<p><b>TOTAL</b>            Scholarships/Grants            without a service            commitment  <b>(TOTALS 10.3-1.            PLUS 10.3-2.)</b>  <b>(Students are            UNDUPLICATED*)</b>            (1)</p>			
<p><b>TOTAL</b> Work-Study  <b>(Table 10.3-3.)</b> (2)</p>			
<p><b>TOTAL</b>            Scholarships/Grants            with a service            commitment <b>(TOTAL            10.3-4.)</b> <b>(Students            are            UNDUPLICATED*)</b>            (3)</p>			

**TOTAL**  
Scholarships/Grants  
**(Number of**  
**students and Actual**  
**Dollars should**  
**equal TOTALS in**  
**Question 10.1.**  
**Scholarships)**  
**(Students are**  
**UNDUPLICATED\*)**  
(4)

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Q413 You may write a comment below to further clarify your response:

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Q414 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Aid.**

End of Block: 10.3. Aid

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Start of Block: 10.4. Loans

QID196

**10.4. Loans**

Loans provided in **2023-24** including school-funded (i.e., provided through endowment, operating budget, etc.) and outside-funded (i.e., provided by individuals, foundations, medical societies, and other sources outside the school). Please round to the nearest dollar.

**Number Line Counts:** There are many aid categories for each aid type. These categories are the fundamental reporting base for capturing each aid category, and in each category, the count provided is the award count. The award count is the number of different awards provided to students in that category. Therefore, a student may be counted more than once if receiving financial aid from more than one financial aid source or program within the same category. However, this is only for counting awards from different aid programs granted to each student. Students receiving awards from the same program for both semesters within the academic year should only be counted once.

**Number of Students Unduplicated:** This requires a student only be counted once even if receiving multiple awards in any of the aid categories within that aid type, particularly when counting entering students who may have been eligible for student financial aid based on their enrollment status. **Note:** *The bottom row for Number of Students is not necessarily a sum of those above it, as students can receive multiple loans.*

**Dollar Amount:** For each aid category, report the total dollar amounts awarded.





	Number of Awards (1)	Number of Students ( <b>UNDUPLICATED*</b> ) (2)	<b>TOTAL</b> Dollar Amount (3)
Subsidized Stafford Student Loan ( <b>FFEL Program – school lender</b> ) (1)			
Subsidized Stafford Student Loan ( <b>FFEL Program – other lender and Direct Loan Program</b> ) (2)			
Unsubsidized Stafford Student Loan ( <b>FFEL Program – school lender</b> ) (3)			
Unsubsidized Stafford Student Loan ( <b>FFEL Program – other lender and Direct Loan Program</b> ) (4)			
Federal PLUS Loan ( <b>FFEL Program and Direct Loan Program</b> ) (5)			

Perkins Loan (6)			
Primary Care Loan <b>(PCL)</b> (7)			
Loans for Disadvantaged Students <b>(LDS)</b> (8)			
Osteopathic organization loans <b>(state, national, society or foundation)</b> (9)			
State government loans <b>(including states other than location of osteopathic medical school)</b> (10)			
Alternative loans <b>(Signature, T.H.E., MedCap, Robert Wood Johnson, PEP, StillLoan, MedFunds, CitiAssist, MedEXCEL, Med- Achiever, etc.)</b> (11)			

<p><b>Other loans, school-funded (12)</b></p>			
<p><b>Other loans, school-funded (13)</b></p>			
<p><b>Other loans, school-funded (15)</b></p>			
<p><b>Other loans, school-funded (16)</b></p>			
<p><b>Other loans, school-funded (17)</b></p>			
<p><b>Other loans, outside-funded (18)</b></p>			
<p><b>Other loans, outside-funded (19)</b></p>			
<p><b>Other loans, outside-funded (20)</b></p>			
<p><b>Other loans, outside-funded (21)</b></p>			

<p>Other loans,  <b>outside-funded (22)</b></p>			
<p><b>TOTAL Loans          (Number of          Students and          TOTAL dollar          amount should          equal TOTALS in          Question 10.1.          Loans) (Students          are          UNDUPLICATED*)          (14)</b></p>			

Q416 You may write a comment below to further clarify your response:

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Q417 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Loans.**

End of Block: 10.4. Loans

Start of Block: 10.5. Cost of Attendance - Average Osteopathic Medical School Costs



QID197

**10.5. Cost of Attendance - Average Osteopathic Medical School Costs**

Please indicate the cost of attendance (COA) for academic year **2024-25** per federal government definitions. **Use an on-campus COA amount and the average of in-state and out-of-state COA amount where applicable.**

	First Year (1)	Second Year (2)	Third Year (3)	Fourth Year (4)
Tuition and Fees (1)				
Room and Board (2)				
Books, Supplies, Equipment and Technology (3)				
Personal Expenses (4)				
Total				

**Q522 10.5-1. Cost of Attendance - Graduate Indebtedness** Indicate below the average Graduate Indebtedness for your COM's **2024** Graduating Class?

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**Q528 10.5-2. Cost of Attendance - 2025 Entering Class** Indicate below the cost of attendance (COA) for the **2025** entering class.

	In-State (1)	Out-of-State (2)
Tuition (1)		
Resident Fees (2)		
Health Insurance Fees (3)		
Room and Board (4)		
Books and Supplies (6)		
Acceptance Deposit (7)		
Additional Deposit (8)		
Secondary Application Fee (10)		

**Q529 10.5-2-1. Cost of Attendance - 2025 Entering Class** Indicate below if the following deposits are applied toward medical school tuition and fees and if they are refundable?

	Yes/No/Unsure			You may clarify your "Other" response using the space below for additional comments.	Is Deposit Refundable?	
	Yes (1)	No (2)	Unsure (3)		Comment (1)	Yes (1)
Acceptance Deposit (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>
Additional Deposit (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

Q241 You may write a comment below to further clarify your response:

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Q418 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_COA.**

End of Block: 10.5. Cost of Attendance - Average Osteopathic Medical School Costs

Start of Block: 10.5-3. Cost of Attendance - Clinical Rotation Expenses

**Q537 10.5-3. Cost of Attendance - Clinical Rotation Expenses** Does your COM and/or university (if your COM is part of a larger university system) provide(s) or pay(s) for housing for medical students while they are doing off-site clinical rotations? (Select all that apply)

**Note: If you select a response, with the exception of "Never," seven follow-up questions should appear prompting you to provide additional information on how your COM and/or university provide(s) or pay(s) for housing for medical students while serving in off-site clinical rotations.**

- Unsure (7)
- Never- This support is not needed (1)
- Never - It is the medical student's responsibility (2)
- Yes - While at required clerkships (3)
- Yes - While at elective rotations (5)
- Other (6)

*Skip To: Q546 If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Never- This support is not needed*

*Skip To: Q546 If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Never - It is the medical student's responsibility*

*Skip To: Q545 If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Never- This support is not needed*

*Skip To: Q545 If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Never - It is the medical student's responsibility*

*Skip To: Q548 If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Never- This support is not needed*



Skip To: Q548 If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Never - It is the medical student's responsibility

Display This Question:

If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure

Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships

Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations

Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other

Q538 If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, what type of housing is provided? (**Select all that apply**)

- Unsure (6)
- Leased apartments at parent/additional college or university location (1)
- Commercially-leased apartments (2)
- Extended stay hotels (3)
- Community faculty/alumni (4)
- Other (5)

Display This Question:

If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure

Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships

Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations

Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other

Q539 If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, is there a minimum distance from the primary medical school location to qualify or establish eligibility?

- Unsure (5)
- Yes - 40-60 mile radius (6)
- Yes - 60 mile radius or more (1)
- Yes - One-hour drive or farther (2)
- No - Approvals are on a case-by-case basis (3)
- Other (4)

---

*Display This Question:*

*If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other*

Q540 If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, is there a maximum amount of time for which you cover housing expenses?

- Unsure (4)
  - Yes - 6 months or less (1)
  - No - Length of support is determined by individual case/needs (2)
  - Other (3)
-

*Display This Question:*

*If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other*

**Q541** If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, what is the primary reason? (**Select all that apply**)

- To support students in meeting the required curriculum (1)
- To promote growth and recruitment at clinical sites distant from the primary medical school location (2)
- To support the COM's mission (4)
- Other (3)

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*Display This Question:*

*If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other*

Q542 If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, what percentage of your OMS3 and OMS4 medical students does this impact in a typical academic year?

- Unsure (5)
- 0-5 percent (1)
- 6-10 percent (2)
- 11-20 percent (3)
- More than 20 percent (4)

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*Display This Question:*

*If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other*

Q543 If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, what type of reporting is used to document this activity? (**Select all that apply**)

- Unsure (5)
- Student financial aid/1098T (1)
- 1099s are issued for housing value (2)
- Other reporting (3)
- No reporting (4)

*Display This Question:*

*If 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Unsure*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at required clerkships*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Yes - While at elective rotations*

*Or 10.5-3. Cost of Attendance - Clinical Rotation Expenses Does your COM and/or university (if your... = Other*

**Q544** If your COM and/or university (**if your COM is part of a larger university system**) provide(s) or pay(s) for housing for medical students, what is the funding source? (**Select all that apply**)

- Institution's Operating Budget (1)
- Dean's tax/reserve (2)
- Health care network/hospitals (3)
- Contract(s) (6)
- Grant(s) (7)
- Other (5)

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**Q545** What is your typical class size?

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**Q546** Does your COM and/or university (**if your COM is part of a larger university system**) cover(s) parking and/or transportation costs for medical students? (**Select all that apply**)

**Note: If you select a response, with the exception of "Never," four follow-up questions**

***should appear prompting you to provide additional information on how your COM and/or university cover(s) parking and/or transportation costs for medical students.***

- Unsure (1)
- Never- This support is not needed (2)
- Never - It is the medical student's responsibility (3)
- Yes - While at required clerkships (4)
- Yes - While at elective rotations (5)
- Other (6)

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Page Break

*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) cover(s) park... = Unsure*

*Or Does your COM and/or university (if your COM is part of a larger university system) cover(s) park... = Yes - While at required clerkships*

*Or Does your COM and/or university (if your COM is part of a larger university system) cover(s) park... = Yes - While at elective rotations*

*Or Does your COM and/or university (if your COM is part of a larger university system) cover(s) park... = Other*

**Q547 If your COM and/or university (if your COM is part of a larger university system) cover(s) parking and/or transportation costs for medical students, what is the funding source? (Select all that apply)**

- Institution's Operating Budget (1)
  - Dean's tax/reserve (2)
  - Health care network/hospitals (3)
  - Contract(s) (4)
  - Grant(s) (5)
  - Other (6)
- 

**Q548 Does your COM and/or university (if your COM is part of a larger university system) have a written policy on whether and/or when your school will provide(s) or pay(s) for housing and/or parking or transportation?**

- Unsure (5)
  - Yes (1)
  - No (2)
  - No, but one is being developed (3)
  - No, but one is needed (4)
-

*Display This Question:*

*If Does your COM and/or university (if your COM is part of a larger university system) have a written... = Yes*

Q549 Are you willing to share your COM and/or university (**if your COM is part of a larger university system**) written policy on whether and/or when your school will provide(s) or pay(s) for housing and/or parking or transportation?

Yes (1)

No (2)

*Display This Question:*

*If Are you willing to share your COM and/or university (if your COM is part of a larger university s... = Yes*

Q550 If you selected "**Yes**" to the previous question on sharing your written policy, provide your policy or a link (**if available per your institution's website**) to your policy below.

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Q551 You may write a comment below to further clarify your response:

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Q552 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_COA\_Housing&Trans.**

End of Block: 10.5-3. Cost of Attendance - Clinical Rotation Expenses

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Start of Block: 11.1. Fiscal Year

Q465 If you are an additional location completing **Section 11.1. Fiscal Year**, do your additional location and parent or main campus have the same fiscal year accounting and reporting structure? **Note: If your response is "Yes," you will be directed to Section 11.2. Expenditures.** You are only required to enter data on your fiscal year accounting and reporting structure for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (4)

Skip To: End of Block If If you are an additional location completing Section 11.1. Fiscal Year, do your additional locati... = Yes

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QID201

**11.1. Fiscal Year**

Supply the **start** month of your school's **2023** fiscal year

▼ January (1) ... December (12)

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QID225 Supply the **start** day of your school's **2023** fiscal year

▼ 1 (1) ... 31 (31)

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QID227 Supply the **end** month of your school's **2023** fiscal year

▼ January (1) ... December (12)

QID228 Supply the **end** day of your school's **2023** fiscal year

▼ 1 (1) ... 31 (31)

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Q240 You may write a comment below to further clarify your response:

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Q445 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Fiscal\_Year.**

End of Block: 11.1. Fiscal Year

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Start of Block: 11.2. Expenditures

Q466 If you are an additional location completing **Sections 11.2. Expenditures - Recorded Funds in Medical School Accounts** and **11.2-1. Expenditures - Non-recorded Funds in Medical School Accounts**, do your additional location and parent or main campus have or share the same expenditures? **Note: If your response is "Yes," you will be directed to Section 11.3. Summary of Revenues.** You are only required to enter data on your expenditures for your parent or main campus survey.

- Yes (2)
- No (3)
- Not applicable (4)



**QID204 11.2. Expenditures - Recorded Funds in Medical School Accounts Data requested in this section is for Fiscal Year (2023) rather than the current Fiscal Year (2024).** **Instruction, Teaching and Training- All Other:** All other instructors, teachers and trainers that do not fall within the basic and clinical science categories or House staff. Examples would be volunteers, contractors, preceptors, etc. **Service:** The participation in the organization, activities and/or projects of either the department or college that enhance the college's mission to serve students, faculty and the community. Examples would be mentoring and support programs for students, professional development programs for faculty and community support programs (**medical or ancillary services, financial, counseling, etc.**). This category also includes public services established primarily to benefit individuals and/or groups external to your college. These activities include community service programs (**non-credit instructional activities**) and cooperative extension services (**conferences, general advisory services, reference bureaus, public broadcasting (radio and television), consulting, etc.**). **NOTE:** *Some items such as professional development programs for faculty, medical or ancillary services and student services are interchangeable with Program Support depending upon function.* **Program Support:** This includes functions that support the college's primary missions such as libraries, museums and/or galleries; academic administration; educational media services; academic IT support; ancillary support; academic advising; academic personnel development; and course and curriculum development. Institutional support items could also be included: executive management, public relations, development and fundraising and fiscal operations (**accounting and/or bursar's office, etc.**). **House Staff:** Residency programs comprised of residents who are qualified physicians participating in education/training or the staff participating in the training and education of residents. **Operation and Maintenance of Plant:** Functions that ensure a safe and effective environment for students, faculty and staff, etc., which include plant administration (**IT Support**), building operations and maintenance (**operation; maintenance; and repair of equipment, control systems, buildings, etc.**), grounds maintenance (**lawns, trees, shrubs, sidewalks, signs, storm drains, fences, irrigation, etc.**), custodial services (**general cleaning and sanitizing functions, pest and rodent control, trash removal, window cleaning, etc.**), utilities operations and maintenance (**distribution of electricity, water, gas, and oil; production and distribution of steam, chilled water, compressed air, and treated water; continuous operation, maintenance, and repair of Central Plant equipment and central control system; utility planning, budgeting, analysis and conservation**). **Other Functions:** This would be any additional expenditures the college has that do not fall under any of the aforementioned categories. **Funds Transfer:** Funds transferred from one account within a department or division to another account to cover expenditures, particularly when that account budget has been overextended. An example of a funds transfer would be transferring funds from a General Account to an Infrastructure/Facilities Account to cover annual principal

and interest expenditures for a new medical building. **Note:** *Restricted data will not be published in an identifiable manner.*

	Instruction, Teaching and Training - Basic Science Departments (1)	Instruction, Teaching and Training - Clinical Science Departments (2)	Instruction, Teaching and Training - All Other (3)	Research (4)	Service (5)	Program Support (6)	Scholarships and Fellowships (7)	House Staff (8)	Operation and Maintenance of Plant (9)	Other Functions (10)	Fund Transfer (11)
<b>1.</b> Unrestricted Current Funds Recorded in Medical School Accounts (1)											
<b>2.</b> Federal Grants & Contracts ( <b>Direct</b> ) (4)											

<b>3.</b> State Grant s and Contr acts <b>(Direc          t) (5)</b>										
<b>4.</b> Local Grant s & Contr acts <b>(Direc          t) (6)</b>										
<b>5.</b> Privat e Grant s & Contr acts <b>(Direc          t) (7)</b>										
<b>6.</b> Other restric ted funds <b>(8)</b>										
<b>Total</b>										



**QID204 11.2-1. Expenditures - Non-recorded Funds in Medical School Accounts** Data requested in this section is for Fiscal Year (2023) rather than the current Fiscal Year (2024). **Instruction, Teaching and Training- All Other:** All other instructors, teachers and trainers that do not fall within the basic and clinical science categories or House staff. Examples would be volunteers, contractors, preceptors, etc. **Service:** The participation in the organization, activities and/or projects of either the department or college that enhance the college's mission to serve students, faculty and the community. Examples would be mentoring and support programs for students, professional development programs for faculty and community support programs (medical or ancillary services, financial, counseling, etc.). This category also includes public services established primarily to benefit individuals and/or groups external to your college. These activities include community service programs (non-credit instructional activities) and cooperative extension services (conferences, general advisory services, reference bureaus, public broadcasting (radio and television), consulting, etc.). **NOTE:** *Some items such as professional development programs for faculty, medical or ancillary services and student services are interchangeable with Program Support depending upon function.* **Program Support:** This includes functions that support the college's primary missions such as libraries, museums and/or galleries; academic administration; educational media services; academic IT support; ancillary support; academic advising; academic personnel development; and course and curriculum development. Institutional support items could also be included: executive management, public relations, development and fundraising and fiscal operations (accounting and/or bursar's office, etc.). **House Staff:** Residency programs comprised of residents who are qualified physicians participating in education/training or the staff participating in the training and education of residents. **Operation and Maintenance of Plant:** Functions that ensure a safe and effective environment for students, faculty and staff, etc., which include plant administration (IT Support), building operations and maintenance (operation; maintenance; and repair of equipment, control systems, buildings, etc.), grounds maintenance (lawns, trees, shrubs, sidewalks, signs, storm drains, fences, irrigation, etc.), custodial services (general cleaning and sanitizing functions, pest and rodent control, trash removal, window cleaning, etc.), utilities operations and maintenance (distribution of electricity, water, gas, and oil; production and distribution of steam, chilled water, compressed air, and treated water; continuous operation, maintenance, and repair of Central Plant equipment and central control system; utility planning, budgeting, analysis and conservation). **Other Functions:** This would be any additional expenditures the college has that do not fall under any of the aforementioned categories. **Funds Transfer:** Funds transferred from one account within a department or division to another account to cover expenditures, particularly when that account budget has been overextended. An example of a funds transfer would be transferring funds from a General Account to an Infrastructure/Facilities Account to cover annual principal

and interest expenditures for a new medical building. **Note:** Restricted data will not be published in an identifiable manner.



	Instruction, Teaching and Training - Basic Science Departments (1)	Instruction, Teaching and Training - Clinical Science Departments (2)	Instruction, Teaching and Training - All Other (3)	Research (4)	Service (5)	Program Support (6)	Scholarships and Fellowships (7)	House Staff (8)	Operation and Maintenance of Plant (9)	Other Functions (10)	Fund Transfer (11)
<b>7.</b> Federal Grants & Contracts (Direct) (1)											
<b>8.</b> Other Grants & Contracts (2)											
<b>9.</b> All other Non-Recorded Expenditures (3)											

Total

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Q448 You may write a comment below to further clarify your response:

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Q449 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Expnds.**

End of Block: 11.2. Expenditures

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Start of Block: 11.3. Summary of Revenues

Q480 If you are an additional location completing **Section 11.3. Summary of Revenues**, do your additional location and parent or main campus have the same revenue funds? **Note: If your response is "Yes," you will be directed to Section 11.4. Federal Indirect Cost Recovery Rate. You are only required to enter data on your revenue funds for your parent or main campus survey.**

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If If you are an additional location completing Section 11.3. Summary of Revenues, do your additiona... = Yes*

**QID206 11.3. Summary of Revenues**

Identify all current revenue funds by major source of funds. Revenue should include only those revenues generated during the current period. Do not include carry forward balances from previous years or reserves when reporting revenues. Revenues from restricted funds should be reported only to the extent they are expended during the current period.

**Note:** *Data requested in this section is for Fiscal Year (2023) rather than current Fiscal Year (2024). For funds recorded as grant revenue and expended as capital equipment, include in the "Other Revenues" category since this qualifies as an asset.*

## Current Revenue Funds

	Recorded in Medical School Accounts (1)	Not Recorded in Medical Accounts (2)
<b>1. DO program (34)</b>		
<b>2. Other programs (35)</b>		
<b>3. Federal (36)</b>		
<b>4. State (37)</b>		
<b>5. Local (38)</b>		
<b>6. Parent University Appropriations (39)</b>		
<b>7. Federal (40)</b>		
<b>8. State (41)</b>		
<b>9. Local (42)</b>		

10. Private (43)		
11. Indirect Cost Recoveries (44)		
12. Gifts (45)		
13. Endowment Income (46)		
14. Medical Practice Plans (47)		
15. GME Revenues from Intern/Resident Programs Controlled by the College of Osteopathic Medicine (48)		
16. Other Revenues (49)		
Total		

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Q238 You may write a comment below to further clarify your response:

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Q447 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Summ\_Revs.**

End of Block: 11.3. Summary of Revenues

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Start of Block: 11.4. Federal Indirect Cost Recovery Rate

Q481 If you are an additional location completing **Section 11.4 Federal Indirect Cost Recovery Rate**, do your additional location and parent or main campus have the same federal indirect cost recovery rate negotiated with the federal government? **Note: If your response is "Yes," you will be directed to Section 12.1. Contracts and Grants Activity.** You are only required to enter data on your federal cost recovery rate for your parent or main campus survey.

- Yes (1)
- No (2)
- Not applicable (3)

*Skip To: End of Block If you are an additional location completing Section 11.4 Federal Indirect Cost Recovery Rate, do... = Yes*

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QID210

#### 11.4. Federal Indirect Cost Recovery Rate

Provide the federal indirect cost recovery rate that your school has negotiated with the federal government.

**Note:** Data requested in this section is for Fiscal Year (2023) rather than the current Fiscal Year (2024).

Does your school have an on-site negotiated indirect cost recovery agreement (**NICRA**)?

**Note: If selecting "Yes," a follow-up question should appear requesting additional information on your COM's on-site negotiated indirect recovery agreement rate.**

Yes (1)

No (2)

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*Display This Question:*

*If 11.4. Federal Indirect Cost Recovery Rate Provide the federal indirect cost recovery rate that... = Yes*

QID275 If **"Yes,"** what is your school's on-site negotiated indirect cost recovery agreement rate?

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Q237 You may write a comment below to further clarify your response:

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Q450 You may upload a document below to further clarify your response. To better identify COM data when exporting from system, **label your document using the following file naming convention: 2024-25\_COM Acronym\_Fed\_Idx\_Recy\_Rate.**

End of Block: 11.4. Federal Indirect Cost Recovery Rate

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Start of Block: 12.1. Contracts and Grants Activity

Q482 If you are an additional location completing the following sections, do your additional location and parent or main campus have the same contracts, grants and fellowship activity?  
**Section 12.1. Contracts and Grants Activity, Section 12.1-1. Contracts and Grants**



**Activity - National Institutes of Health Grant Funding, Section 12.1-2. Contracts and Grants Activity - National Institutes of Health Grant Funding, and Section 12.1-3. Contracts and Grants Activity - Data Requests**

**Note: If your response is "Yes," you will be directed to the Signature/Capture Response page.** You are only required to enter data on your contracts, grants and fellowship activity for your parent or main campus survey.

- Yes (2)
- No (3)
- Not applicable (4)

*Skip To: End of Block If you are an additional location completing the following sections, do your additional location... = Yes*

QID211

**12.1. Contracts and Grants Activity**

Is contract and grant activity applicable? **Note: If selecting "Yes," five follow-up questions should appear** requesting additional information on your COM's contracts and grants activity.

- Yes (1)
- No (2)

*Display This Question:*

*If 12.1. Contracts and Grants Activity Is contract and grant activity applicable? Note: If selecti... = Yes*

**Q335 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding**

How many National Institutes of Health (NIH) grants has your COM applied to over the past five years?

▼ None (1) ... More than 20 (6)

*Display This Question:*

*If 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 1*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 2*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 3*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 4*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 5*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 6-10*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 11-15*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 16-20*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = More than 20*

Q515 If you have applied for an NIH grant within the past 5 years, select the NIH Institute or Center below, indicating in the text box how many grants for which you have applied.

- National Cancer Institute (**NCI**) (1) \_\_\_\_\_
- National Eye Institute (**NEI**) (2) \_\_\_\_\_
- National Heart, Lung, and Blood Institute (**NHLBI**) (3) \_\_\_\_\_
- National Human Genome Research Institute (**NHGRI**) (4) \_\_\_\_\_
- National Institute on Aging (**NIA**) (5) \_\_\_\_\_
- National Institute on Alcohol Abuse and Alcoholism (**NIAAA**) (6) \_\_\_\_\_
- National Institute of Allergy and Infectious Diseases (**NIAID**) (7) \_\_\_\_\_
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (**NIAMS**) (8) \_\_\_\_\_
- National Institute of Biomedical Imaging and Bioengineering (**NIBIB**) (9) \_\_\_\_\_
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (**NICHHD**) (10) \_\_\_\_\_
- National Institute on Deafness and Other Communication Disorders (**NIDCD**) (11) \_\_\_\_\_
- National Institute of Dental and Craniofacial Research (**NIDCR**) (12) \_\_\_\_\_
- National Institute of Diabetes and Digestive and Kidney Diseases (**NIDDK**) (13) \_\_\_\_\_

- National Institute on Drug Abuse (**NIDA**) (14)

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- National Institute of Environmental Health Sciences (**NIEHS**) (15)

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- National Institute of General Medical Sciences (**NIGMS**) (16)

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- National Institute of Mental Health (**NIMH**) (17)

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- National Institute on Minority Health and Health Disparities (**NIMHD**) (18)

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- National Institute of Neurological Disorders and Stroke (**NINDS**) (19)

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- National Institute of Nursing Research (**NINR**) (20)

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- National Library of Medicine (**NLM**) (21)

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- NIH Clinical Center (**CC**) (23)

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- Center for Information Technology (**CIT**) (24)

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- Center for Scientific Review (**CSR**) (25)

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- Fogarty International Center (**FIC**) (26)

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- National Center for Advancing Translational Sciences (**NCATS**) (27)

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National Center for Complementary and Integrative Health (NCCIH) (28)

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*Display This Question:*

*If 12.1. Contracts and Grants Activity Is contract and grant activity applicable? Note: If selecti... = Yes*

**Q336 12.1-2. Contracts and Grants Activity - National Institutes of Health Grant Funding** How many NIH grants has your COM received over the past five years?

▼ None (1) ... More than 20 (10)

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*Display This Question:*

*If 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 1*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 2*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 3*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 4*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 5*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 6-10*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 11-15*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = 16-20*

*Or 12.1-1. Contracts and Grants Activity - National Institutes of Health Grant Funding How many Nati... = More than 20*

Q461 If you have received an NIH grant within the past 5 years, select the NIH Institute or Center below, indicating in the text box how many grants you have received.

- National Cancer Institute (**NCI**) (1) \_\_\_\_\_
- National Eye Institute (**NEI**) (2) \_\_\_\_\_
- National Heart, Lung, and Blood Institute (**NHLBI**) (3) \_\_\_\_\_
- National Human Genome Research Institute (**NHGRI**) (4) \_\_\_\_\_
- National Institute on Aging (**NIA**) (5) \_\_\_\_\_
- National Institute on Alcohol Abuse and Alcoholism (**NIAAA**) (6) \_\_\_\_\_
- National Institute of Allergy and Infectious Diseases (**NIAID**) (7) \_\_\_\_\_
- National Institute of Arthritis and Musculoskeletal and Skin Diseases (**NIAMS**) (8) \_\_\_\_\_
- National Institute of Biomedical Imaging and Bioengineering (**NIBIB**) (9) \_\_\_\_\_
- Eunice Kennedy Shriver National Institute of Child Health and Human Development (**NICHD**) (10) \_\_\_\_\_
- National Institute on Deafness and Other Communication Disorders (**NIDCD**) (11) \_\_\_\_\_
- National Institute of Dental and Craniofacial Research (**NIDCR**) (12) \_\_\_\_\_
- National Institute of Diabetes and Digestive and Kidney Diseases (**NIDDK**) (13) \_\_\_\_\_

National Institute on Drug Abuse (**NIDA**) (14)

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National Institute of Environmental Health Sciences (**NIEHS**) (15)

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National Institute of General Medical Sciences (**NIGMS**) (16)

---

National Institute of Mental Health (**NIMH**) (17)

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National Institute on Minority Health and Health Disparities (**NIMHD**) (18)

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National Institute of Neurological Disorders and Stroke (**NINDS**) (19)

---

National Institute of Nursing Research (**NINR**) (20)

---

National Library of Medicine (**NLM**) (21)

---

NIH Clinical Center (**CC**) (23)

---

Center for Information Technology (**CIT**) (24)

---

Center for Scientific Review (**CSR**) (25)

---

Fogarty International Center (**FIC**) (26)

---

National Center for Advancing Translational Sciences (**NCATS**) (27)

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National Center for Complementary and Integrative Health (NCCIH) (28)

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Display This Question:

If 12.1. Contracts and Grants Activity Is contract and grant activity applicable? Note: If selecti... = Yes

**QID297 12.1-3. Contracts and Grants Activity - Data Requests** Provide data requests for each research contract, grant or fellowship active at your COM in **FY2024** by downloading and completing the following Excel file: **Part 11.1 3. Contracts and Grants Activity - Data Requests FY2024**. Before uploading it below, **label your document using the following file naming convention: FY2024\_COM Acronym\_Contracts\_Grants**.

End of Block: 12.1. Contracts and Grants Activity

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Start of Block: Signature/Capture Response

**Q219 Signature/Capture Response** This **IS NOT** the Submission page. This is acknowledgment that the Data provided are complete and accurately reflect your college of osteopathic medicine (COM) for the academic year **2024-25**. It is understood that the AOA's Commission on Osteopathic College Accreditation (COCA) annually reviews data from the Annual Osteopathic Medical School Questionnaire (Annual Survey) and that data are subject to review and verification during accreditation visits. It is also understood that the data provided for the Annual Survey will be used for reporting and research purposes, as well as future planning and strategies.

End of Block: Signature/Capture Response

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Start of Block: Annual Survey Feedback Page

Display This Question:

If test = yes

**Q195** Use the following text box to record any questions, comments or concerns you may have regarding the Annual Survey. **Note: By clicking "Submit," you are ONLY submitting your comment and NOT the Annual Survey. You will be directed to an Instructions page providing more information on the Submissions page or Table of Contents Verifier.**

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End of Block: Annual Survey Feedback Page

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Start of Block: Table of Contents Verifier Intro

Q308 The **next page is the Submission page** of the **2024-25 Annual Osteopathic Medical School Questionnaire (Annual Survey)**. A Table of Contents verifier will assist you in ensuring all sections are complete and your data entries are accurate. If you wish to return to a section to confirm the completion and/or accuracy of your data, click on the corresponding section link.

**Note:** *If you attempt to submit your survey with incomplete sections or invalid responses, you will be directed to a subsequent page of the Table of Contents Verifier that will highlight in red all incomplete sections and invalid responses.* **IMPORTANT:** *In order to submit your Annual Survey successfully, you must scroll down and **CLICK THE FORWARD ARROW**. Your survey has not been submitted if you have not followed this step.* Thank you for completing the **2024-25 Annual Survey**.

End of Block: Table of Contents Verifier Intro

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