Table 4.1A

Complete and submit Table 4.1A to describe the facilities. (On Campus Facilities – for each location).

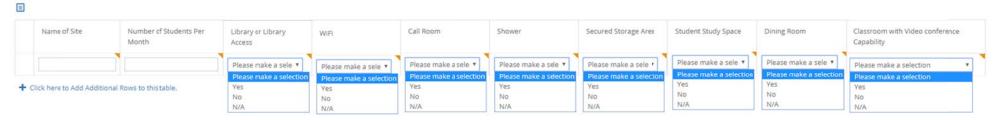*Enter N/A or 0 where appropriate. All fields require an entry.*

Name of Space (Please color key or identify to floor plan)	Space Description	Purpose (Role in Daily Operation eg. Curriculum, Student Services, etc)	Square Feet	Occupancy	Time Space is Available to Students	Is the space shared? With whom?

+ Click here to Add Additional Rows to this table.

Table 4.1B

Complete and submit Table 4.1B to describe the facilities. (Required Clinical Rotation Sites with over 4 Students per Month).

Enter N/A or 0 where appropriate. All fields require an entry.

	Name of Site	Number of Students Per Month	Library or Library Access	WiFi	Call Room	Shower	Secured Storage Area	Student Study Space	Dining Room	Classroom with Video conference Capability
			Please make a sele ▼	Please make a sele ▼	Please make a sele ▼	Please make a sele ▼	Please make a sele ▼	Please make a sele ▼	Please make a sele ▼	Please make a selection ▼
			Please make a selection	Please make a selection	Please make a selection	Please make a selection	Please make a selection	Please make a selection	Please make a selection	Please make a selection
			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
			No	No	No	No	No	No	No	No
			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

+ Click here to Add Additional Rows to this table.

Table 4.4

Complete and submit Table 4.4 to describe the learning resources.

Enter N/A or 0 where appropriate. All fields require an entry.

	Resource Type	Electronic, Paper, Other	Purpose	Number of Licenses or Other Access (Students, Facuty, or Both?)

➕ Click here to Add Additional Rows to this table.

Table 6

Complete and submit Table 6 for Element 6.4, 6.5, 6.6, 6.7 and 6.8.

Enter N/A or 0 where appropriate. All fields require an entry.

COURSE									Hands on OMM	Scientific Method	Self-Directed Learning	IPE
	Year (OMS I, II, III or IV7)	OPP	Medical Knowledge	Patient Care	Communication	Professionalism	PBLI	SBP				
[ ]	Plea ▾	Please make ▾	Please make a s⥿ ▾	Please make a s⥿ ▾	Please make as ▾	Please make a s⥿ ▾	Please make a s⥿ ▾	Please make a s⥿ ▾	Please make as ▾	Please make a s⥿ ▾	Please make a s⥿ ▾	Please make a s⥿ ▾

+ Click h

Year dropdown:
Please make a selection
OMS I
OMS II
OMS III
OMS IV
OMS I and II
OMS I and III
OMS I and IV
OMS I, II and III
OMS I, II, III and IV
OMS II and III
OMS II, III and IV
OMS II and IV
OMS III and IV

Category dropdowns (each column):
Please make a selection
Taught Here
Introduced Here
Final Assessment Occurs Here
Taught and Introduced Here
Taught and Final Assessment Occurs Here
Introduced and Final Assessment Occurs Here
Taught, Introduced and Final Assessment Here
N/A

Table 6.9 Part 1A

Complete and submit Table 6.9 Part 1 (for Element 6.9 and 6.10) demonstrating adequacy of core clinical rotation capacity.

Enter N/A or 0 where appropriate. All fields require an entry.

	Rotation Specialty (Core Rotations)	Medical School Year	Weeks Required	Available Slots per month

➕ Click here to Add Additional Rows to this table.

Table 6.9 Part 1B

Complete and submit Table 6.9 Part 1b (for Element 6.9 and 6.10) demonstrating adequacy of core clinical rotation capacity.

Enter N/A or 0 where appropriate. All fields require an entry.

	Rotation Specialty (Electives)	Medical School Year	Weeks Required	Available Slots per month

+ Click here to Add Additional Rows to this table.

Table 6.9 – Part 2

Complete and submit Table 6.9 Part 2 (for Element 6.9 and 6.10) demonstrating adequacy of core clinical rotation capacity.

Enter N/A or 0 where appropriate. All fields require an entry.

Site	Specialty Type	Core Specialty Rotations	Students from Other COMs	GME Existing	DO Supervisor	Number of COM Credentialed Faculty	Available Slots per Month
	Please make a selection	Please make a selection	Please make a selection		Please make a selection		

+ Click here to Add Additional Rows to t...

Specialty Type dropdown:
Please make a selection
Core Rotation Specialty
Elective Rotation Specialty
Other

Other ▾
If your selected other, please specify below

Core Specialty Rotations dropdown:
Please make a selection
Family Medicine
Internal Medicine
Psychiatry
Neurology
OB/Gyn
Pediatrics
Surgery
Rural
Cardiology
Critical Care
Emergency Medicine
Underserved
Community Health Center
Subspecialty Medicine
Subspecialty Surgery
Other

Other ▾
If your selected other, please specify below

Students from Other COMs dropdown:
Please make a selection
Yes
Not

DO Supervisor dropdown:
Please make a selection
Yes
No

Table 7A

Complete and submit Table 7A (Faculty).   **The last row should include the total FTE.**

Enter N/A or 0 where appropriate. All fields require an entry.

	Specialty or Field	Last Name	First Name	Degree	Contracted FTE	COM only Teaching	Research & Scholarly Activity	Service	Administration	Clinical Practice	FTE dedicated to the COM

➕ Click here to Add Additional Rows to ths table.

Table 7B

Complete and submit Table 7B (COM Staff).

Enter N/A or 0 where appropriate. All fields require an entry.

	Department	Position Title	Last Name	First Name	Degree	FTE (to COM)

➕ Click here to Add Additional Rows to this table.

Table 8

Complete and submit Part 1 of Table 8 (for Element 8.1 and 8.2) to identify the activity of the COM's faculty (and staff, if applicable) over the past year.

Enter N/A or 0 where appropriate. All fields require an entry.

	Activity 2016-17	Research or Scholarly Activity	Number of Research Activities Ongoing or Completed	Number Students Participated In
		Please make a selection ▾		
		Please make a selection		
		Research		
		Scholarly Activity		

➕ Click here to Add Additional Rows to this table.

Table 9.5

Complete Table 9.5.

Enter N/A or 0 where appropriate. All fields require an entry.

	Academic Counseling Type	Date of Counseling Activity	Person(s) Providing Counseling	Number of students involved in activity	Year of students involved in activity (i.e. OMS II, OMS III)
					Please make a selection

+ Click here to Add Additional Rows to this table.

Please make a selection
OMS I
OMS II
OMS III
OMS IV
OMS I and II
OMS I, II and III
OMS I, II, III and IV
OMS II and II
OMS II, III and IV
OMS II and IV
OMS III and V

Table 9.6

Enter N/A or 0 where appropriate. All fields require an entry.

	Career Counseling Type	Date of Counseling activity	Person(s) Providing Counseling	Number of students involved in activity	Year of students involved in activity (i.e. OMS II, OMS III)
					Please make a selection ▾

+ Click here to Add Additional Rows to this table.

Dropdown options:
- Please make a selection
- OMS I
- OMS II
- OMS III
- OMS IV
- OMS I and II
- OMS I, II and III
- OMS I, II, III and IV
- OMS II and III
- OMS II, III and IV
- OMS II and IV
- OMS III and IV

Table 10.1

Complete and submit Table 10.1.

Enter N/A or 0 where appropriate. All fields require an entry.

COM Affiliated Resources	OPTI or Educational Consortium Member	# of Accredited PGY1 Positions	Amount of Financial Support	Faculty Support	Faculty Development	DME/DIO or Other Administrative Support	Scholarly Activity Support	CME Activities Sponsored

➕ Click here to Add Additional Rows to this table.

Table 10.2

Complete and submit Table 10.2 for Element 10.2 and 10.3.

Enter N/A or 0 where appropriate. All fields require an entry.

	Site Name	Sponsoring Institution Name	Specialty	Number of Categorical PGY 1 Positions	Number of Provisional PGY 1 Positions	Accreditation	Assisted with ACGME Application	Assisted with Osteopathic Recognition Application	Has the program achieved Osteopathic Recognition	Number of COM Credentialed Faculty	COM Support of the Residency	Do COM Students Rotate with this Program
			Please ma ▼			Please ma ▼	Please make a ▼	Please make a selection ▼	Please make a selection ▼		Didactics Scholarly and Re	Please make a select ▼

Specialty dropdown
Please make a selection
Family Medicine
Internal Medicine
Pediatrics
OBGYN
General Surgery
Psychiatry
Emergency Medicine
Other

Accreditation dropdown
Please make a selection
ACGME
AOA
Non-Accredited
Other

Assisted with ACGME Application dropdown
Please make a selection
Yes
No

Assisted with Osteopathic Recognition Application dropdown
Please make a selection
Yes
No

Has the program achieved Osteopathic Recognition dropdown
Please make a selection
Yes
No

Do COM Students Rotate with this Program dropdown
Please make a selection
Yes, Core Rotation
Yes, Elective Rotation
Yes, Core and Elective Rotation
No

✚ Click here to Add Additional Rows to this