

Exit Survey

INSTRUCTIONS: As part of the formal accreditation withdrawal process, please complete this questionnaire.

Program Name:
Program Number:

Date:

Name & Title of Person Completing Survey:

Please provide a brief summary of the factors that led to the decision to discontinue the ophthalmic training program.

Please rate each of the following items by circling the appropriate rating according to the following scale:
5 Above Average **4** Average **3** Satisfactory **2** Below Average **1** Poor **N** Not Applicable

A. Clinical and classroom resources available for students. <i>Comments:</i>	5 4 3 2 1 N
B. Financial resources available for program/students. <i>Comments:</i>	5 4 3 2 1 N
C. Qualified faculty and medical director available for students. <i>Comments:</i>	5 4 3 2 1 N
D. Quality and quantity of student applicants. <i>Comments:</i>	5 4 3 2 1 N
E. Adequate support of sponsoring institution or consortium. <i>Comments:</i>	5 4 3 2 1 N
F. Adequate marketing of program. <i>Comments:</i>	5 4 3 2 1 N

Additional Questions/Issues

Issue	Response
Planned/Approved number of students in a program per year	
Largest number of students graduated in one year	
Smallest number of students graduated in one year	
Number of Program Directors over the years the program was functioning	
Number of Medical Directors over the years the program was functioning	
Number of years the program functioned	
Adequate placement of graduates	
Is there a demand for graduates?	
Institution did not want to support salary of Program Director	
Were there adequate instructors/faculty to teach?	
Was accreditation and its maintenance a barrier to continuation of program?	

Please describe the key reason(s) that lead to the closing of the program.

Please describe any additional recommendations you have for other current, or soon-to-open, ophthalmic programs in order to be successful.

Is there anything ICA could have done to provide more support?

Would support from IJCAHPO, COTP, ICA, etc. have made a difference?