



Medical Laboratory Assistant Program Update

Program Name: _____

Specific location for this program: _____

Name of Institute: _____

Institute address: _____

City: _____ Postal Code: _____

Institute phone number: () -

Institute web address: _____

Name of Director/Program Head: _____

Director/Program Head email address: _____

Director/Program Head phone number: () -

Name and title of person to direct follow-up questions to:

Email address: _____

Phone number: () -

Enrollment:

Is your program cohort based or continuous entry? Cohort Continuous

For cohort based programs, please provide the following information:

How many cohort intakes do you have per year? _____

How many students are admitted into each cohort? _____

What are the dates of your cohort intakes? _____

For the **2021 calendar year**, please provide information for each cohort that will be in session:

1. Cohort start date (D/M/Y): ___/___/___ Cohort end date: ___/___/___

Number of students: _____

2. Cohort start date (D/M/Y): ___/___/___ Cohort end date: ___/___/___

Number of students: _____

3. Cohort start date (D/M/Y): ___/___/___ Cohort end date: ___/___/___

Number of students: _____

Program Format:

Is the Program offered full time or part time? Full Part

Total time in months to complete the Program: _____

Number of hours dedicated to teaching theory: _____

Is theory taught in the classroom, online, or both?

Classroom Online Both

If online, are classes provided synchronously (live interaction) or asynchronously (student accesses course material when they choose to)?

Synchronously Asynchronously

Number of hours dedicated to in-house practical: _____

Number of hours in clinical training (clinical placement): _____

Program Quality Improvement:

Has the Program participated in any internal program review activities? Yes No

If yes, date of last program review: (D/M/Y): ___/___/___

Have any significant changes been made to the Program within the last 3 years?

Yes No

If yes, please describe.

Date the curriculum was last reviewed/revised: (D/M/Y): ____/____/____

Please list each course (course number and name) that is currently offered in the Program (One line per course):

Program Instruction:

Please provide the names and qualifications of all program teaching staff (One line per staff member):

If you need more space ... here you go...

Clinical placements:

For each clinical placement site, indicate the name of the site, address, and the name of a contact person:

Are affiliation agreements in place with ALL clinical placement sites?

Yes No Some are

Do you use HSPNet for requesting student clinical placements? Yes No

Impact of COVID-19:

Has COVID-19 impacted the operation and delivery of your Program? Yes No

If yes, please describe.

Has COVID-19 impacted your Program's access to student clinical placements? Yes No

If yes, please describe.