

**COCA Candidate Table 4.1
On Campus Facilities**

Name of Space for Use by DO Students (as referenced in floor plan)	Space Description	Purpose (Role in Daily Operation eg. Curriculum, Student Services, etc)	Maximum Occupancy (identify with an asterisk if this is a fire code designation)	Number of hours per day space is available to DO students	If the space is shared, with whom?	Number of DO students using this space at any one time	Number of non-DO students using this DO campus space
--	-------------------	---	--	---	------------------------------------	--	--

**COCA Candidate Table 6.5
Core Clinical Clerkships**

Site	Site City	Site State	Core Rotations	If other was selected in column D, please specify	Total slots/year only available to your COM	Medical School Year	# of weeks required for rotation	Supervisor	If other was selected in column I, please specify	Number of COM Credentialed Faculty	Type of Facility	Working with a Resident	Type of Affiliation	If other was selected in column N, please specify
Name of the healthcare facility where the core clerkships are located.	Location of clinical site	Location of clinical site	Choose any of the options in the drop down menu below. If you select other, please specify.		In this column enter the number of slots available to your COM.	Choose any of the options in the drop down menu below.		Choose any of the options in the drop down menu below. If you select other, please specify.		Indicate the number of COM Credentialed Faculty for this specialty.	Choose any of the options in the drop down menu below. If you select yes, indicate the #.	Choose any of the options in the drop down menu below. If you select yes, indicate the #.	Choose one of the options in the drop down menu. If you select other, describe the affiliation.	
			Drop down: Family Medicine Internal Medicine Psychiatry Neurology OB/Gyn Pediatrics Surgery Rural Cardiology Critical Care Emergency Medicine Underserved Community Health Center Sub-specialty Medicine Sub-specialty Surgery Other			Drop down: Year 3 Year 4 Both		Drop down: DO Attending MD Attending Other			Drop down: In-patient Out-patient Both	Drop down: Yes No	Drop down: Signed affiliation agreement Letter of intent MOU Other	

**COCA Candidate Table 7.1
Faculty Qualifications**

Specialty or Field	Last Name	First Name	Degrees	Anticipated Hire Date	Total Contracted FTE for Institution	FTE Value of Teaching in DO program (enter as a decimal)	FTE Value of Research & Scholarly Activity in DO program (enter as a decimal)	FTE Value of Service in DO Program (enter as a decimal)	FTE Value of Administration in DO Program (enter as a decimal)	FTE Value of Clinical Practice in DO Program (enter as a decimal)	Total FTE devoted to DO program
--------------------	-----------	------------	---------	-----------------------	--------------------------------------	--	---	---	--	---	---------------------------------

Only include on-campus faculty

Total of columns G, H, I, J, and K. This not not exceed the value noted in Column F.

0
0
0
0

Please copy this formula to all succeeding rows.

**COCA Candidate Table 7.1b
Institutional Staff Shared with COM**

Department	Position Title	Last Name	First Name	Degrees	Anticipated Hire Date	Institutional Staff	FTE of Institutional Staff Time Dedicated to COM
------------	----------------	-----------	------------	---------	-----------------------	---------------------	--

Include staff from these areas (if you select other, please specify):

Drop down:

- Administrative
- Financial aid
- Information technology
- Registrar
- Student Services
- Library
- Media resources
- Student support services
- Simulation
- Faculty development
- Student counseling
- Other areas

Drop down:

- 1.0 FTE
- 0.9 FTE
- 0.8 FTE
- 0.7 FTE
- 0.6 FTE
- 0.5 FTE
- 0.4 FTE
- 0.3 FTE
- 0.2 FTE
- 0.1 FTE

Drop Down:

- 1.0 FTE
- 0.9 FTE
- 0.8 FTE
- 0.7 FTE
- 0.6 FTE
- 0.5 FTE
- 0.4 FTE
- 0.3 FTE
- 0.2 FTE
- 0.1 FTE

**COCA Pre-Accreditation Table 4.1
On Campus Facilities**

Name of Space for Use by DO Students (as referenced in floor plan)	Space Description	Purpose (Role in Daily Operation eg. Curriculum, Student Services, etc)	Maximum Occupancy (identify with an asterisk if this is a fire code designation)	Number of hours per day space is available to DO students	If the space shared, with whom?	Number of DO students using this space at any one time	Number of non-DO students using this DO campus space
--	-------------------	---	--	---	---------------------------------	--	--

**COCA Pre-Accreditation Table 4.4
Learning Resources**

Resource Type (Suggested Examples)	Number of resources available	Electronic, Paper, Other	If other was selected in column C, please specify	For electronic resources, indicate the number of users the licence permits (if unlimited, write in "unlimited",)
------------------------------------	-------------------------------	--------------------------	---	---

- Drop down:**
 Library
 Simulation
 Question bank
 Online resources
 Other learning resources

**COCA Pre-Accreditation Table 5.2a
Student Diversity**

Previous Academic Year

Accepted Students

Diversity Categories	Male students	Female students	Undisclosed students	Total
	Enter #	Enter #	Enter #	Total
European American				0
Hispanic American				0
African American				0
Asian American				0
American Indian				0
International				0
Other				0

Matriculated Students

Male students	Female students	Undisclosed students	Total
Enter #	Enter #	Enter #	Total
			0
			0
			0
			0
			0
			0
			0

Current Academic Year

Accepted Students

Diversity Categories	Male students	Female students	Undisclosed students	Total
	Enter #	Enter #	Enter #	Total
European American				0
Hispanic American				0
African American				0
Asian American				0
American Indian				0
International				0
Other				0

Matriculated Students

Male students	Female students	Undisclosed students	Total
Enter #	Enter #	Enter #	Total
			0
			0
			0
			0
			0
			0
			0

**COCA Pre-Accreditation Table 5.2b
Faculty Diversity**

Previous Academic Year

Diversity Categories	# Faculty on staff	# of Faculty offered a position	# of Faculty hired	Total
		Enter #	Enter #	
European American				0
Hispanic American				0
African American				0
Asian American				0
American Indian				0
International				0
Other				0

Current Academic Year

Diversity Categories	# Faculty on staff	# of Faculty offered a position	# of Faculty hired	Total
		Enter #	Enter #	
European American				0
Hispanic American				0
African American				0
Asian American				0
American Indian				0
International				0
Other				0

**COCA Pre-Accreditation Table 5.2c
Diversity in Senior Administrative Staff Positions**

Previous Academic Year

Diversity Categories	# of Administrators on staff	# of Administrators offered a position	# of Administrators hired	Total
----------------------	------------------------------	--	---------------------------	-------

Insert #

Insert #

European American
Hispanic American
African American
Asian American
American Indian
International
Other

0
0
0
0
0
0
0

Current Academic Year

Diversity Categories		# of Administrators offered a position	# of Administrators hired	Total
----------------------	--	--	---------------------------	-------

Insert #

Insert #

European American
Hispanic American
African American
Asian American
American Indian
International
Other

0
0
0
0
0
0
0

**COCA Pre-Accreditation Table 6.9a
Student Population**

For each year of the last three years, provide the number of OMS II and other students eligible for clinical rotations.

Academic year	Number of OMS II students	Number of repeating OMS II students	Number of other students	Number of other repeating students	Total
					0
					0
					0

**COCA Pre-Accreditation Table 6.9b
Core Clinical Clerships**

Site	Site City	Site State	Core Rotations	If other, please specify	Total slots/year only available to your COM	Medical School Year	# of weeks required for rotation	Supervisor	If other was selected in column I, please specify	Number of COM Credentialed Faculty	Type of Facility	Working with a Resident	Type of Affiliation	If other was selected in column N, please specify
Healthcare facility where the core clinical clerkships are located.	Location of clinical site	Location of clinical site	Choose any of the options in the drop down menu below. If you select other, please specify.		Enter the number of slots available to your COM.	Choose any of the options in the drop down menu below.		Choose any of the options in the drop down menu below. If you select other, please specify.		Indicate the number of COM Credentialed Faculty for this specialty.	Choose any of the options in the drop down menu below. If you select yes, indicate the #.	Choose any of the options in the drop down menu below. If you select yes, indicate the #.	Choose one of the options in the drop down menu. If you select other, describe the affiliation.	
			Drop down: Family Medicine Internal Medicine Psychiatry Neurology OB/Gyn Pediatrics Surgery Rural Cardiology Critical Care Emergency Medicine Underserved Community Health Center Sub-specialty Medicine Sub-specialty Surgery Other			Drop down: Year 3 Year 4 Both		Drop down: DO Attending MD Attending Other			Drop down: In-patient Out-patient Both	Drop down: Yes No	Drop Down: Signed affiliation agreement Letter of Intent MOU Other	

**COCA Pre-Accreditation Table 7.1a
On Campus Faculty Qualifications**

Specialty or Field	Last Name	First Name	Degrees	Hire Date	Total Contracted FTE for Institution	FTE Value of Teaching in DO program (enter as a decimal)	FTE Value of Research & Scholarly Activity in DO program (enter as a decimal)	FTE Value of Service in DO Program (enter as a decimal)	FTE Value of Administration in DO Program (enter as a decimal)	FTE Value of Clinical Practice in DO Program (enter as a decimal)	Total FTE devoted to DO program
--------------------	-----------	------------	---------	-----------	--------------------------------------	--	---	---	--	---	---------------------------------

Total of columns G, H, I, J, and K. This not not exceed the value noted in Column F.

0
0
0

Please copy this formula to all succeeding rows.

**COCA Pre-Accreditation Table 7.1b
Institutional Staff Shared with COM**

Department	If other was selected A, please specify	Position Title	Last Name	First Name	Degrees	Hire Date	Institutional Staff	FTE of Institutional Staff Time Dedicated to COM
------------	---	----------------	-----------	------------	---------	-----------	---------------------	--

Include staff from these areas (if you select other, please specify):

Drop down:

- Administrative
- Financial aid
- Information technology
- Registrar
- Student Services
- Library
- Media resources
- Student support services
- Simulation
- Faculty development
- Student counseling
- Other areas

Drop down:

- 1.0 FTE
- 0.9 FTE
- 0.8 FTE
- 0.7 FTE
- 0.6 FTE
- 0.5 FTE
- 0.4 FTE
- 0.3 FTE
- 0.2 FTE
- 0.1 FTE

Drop down:

- 1.0 FTE
- 0.9 FTE
- 0.8 FTE
- 0.7 FTE
- 0.6 FTE
- 0.5 FTE
- 0.4 FTE
- 0.3 FTE
- 0.2 FTE
- 0.1 FTE

**COCA Pre-Accreditation Table 7.2
Qualifications of Faculty in a Patient Care Setting**

Last Name	First Name	Degrees	Current License	Primary Certification	Specialty	Boarded by	Secondary Certification	Speciality	Boarded by	Clinical Site	# of Students per Rotation Supervised by the Faculty	Faculty Status
			Drop Down: Yes No	Drop Down: Board Certified Board Eligible		Drop Down: AOA ABMS	Drop Down: Board Certified Board Eligible		Drop Down: AOA ABMS			Drop Down: Credentialed Approved

**COCA Pre-Accreditation Table 8
Research and Scholarly Activity for the Last Three Years**

Academic Year (1) State the academic year the research or scholarly activity was conducted.	Types of Research and/or Scholarly Activity	If other was selected in column B, please specify	Osteopathic Research?	Number of Research or Scholarly Activities Completed	Number of Faculty Participants	Number of Staff Participants	Number of Student Participants
	Research in basic science, education, translational science, patient care or population health Peer reviewed grants Quality improvements and/or patient safety initiatives Systematic reviews, meta-analyses, review articles or chapters in textbooks or case reports Creation of curricula, evaluation tools, didactic educational activities or electronic educational materials Contribution to professional committees, educational organizations or editorial boards Innovations in education Dissemination of scholarly activity Other (please specify)		Yes or No				

Enter similar information below for additional academic years.

**COCA Pre-Accreditation Table 9.5
Academic Counseling**

OMS I			
Academic Counseling Type	Person(s) Providing the Counseling	If other was selected in column B, please specify	Approximate number of students involved in the academic year
Tutoring	Drop Down: Faculty Staff Administration Peers Other		
Study skills	Drop Down: Faculty Staff Administration Peers Other		
Test taking	Drop Down: Faculty Staff Administration Peers Other		
COMLEX preparation	Drop Down: Faculty Staff Administration Peers Other		
Learning styles	Drop Down: Faculty Staff Administration Peers Other		
Use of learning resources	Drop Down: Faculty Staff Administration Peers Other		
Other (if you select other, please specify)	Drop Down: Faculty Staff Administration Peers Other		

Enter similar information below for OMS II, OMS III, and OMS IV students