

CoA-NDT Advisory Committee Check-list
(Standard II.B)

Program Name and Location: _____

Staff Review Primary Reviewer: _____ Secondary Reviewer: _____

Membership	Documented in Minutes	No Evidence of Membership
Current student	<input type="checkbox"/>	<input type="checkbox"/>
Program graduate	<input type="checkbox"/>	<input type="checkbox"/>
Physician(s)	<input type="checkbox"/>	<input type="checkbox"/>
Employers	<input type="checkbox"/>	<input type="checkbox"/>
Public Member	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor Administration	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>

Meets at least annually

Minutes document at least one meeting of the Advisory Committee each year

Yes No

Comments:

Agenda items	Documented in Minutes	No Evidence in Minutes
Program goals and learning domains reviewed	<input type="checkbox"/>	<input type="checkbox"/>
Annual Report and Outcomes reviewed		
Graduate Surveys	<input type="checkbox"/>	<input type="checkbox"/>
Employer Surveys	<input type="checkbox"/>	<input type="checkbox"/>
Resource Assessment	<input type="checkbox"/>	<input type="checkbox"/>
Thresholds	<input type="checkbox"/>	<input type="checkbox"/>
Credentialing exam(s)	<input type="checkbox"/>	<input type="checkbox"/>
Other assessment results reviewed		
Student	<input type="checkbox"/>	<input type="checkbox"/>
Faculty	<input type="checkbox"/>	<input type="checkbox"/>
Program	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Did the program discuss/review analyses and action plans that resulted from either the Annual Report or other program evaluations?

Yes No

Comments:

Did the program discuss/review program status or changes (e.g., course changes, curriculum content and/or sequencing, admission requirements or class size) and substantive changes (e.g., program status, personnel, addition of distance education, addition of satellite locations)?

Yes No

Comments: