#### Interim Report for the Professional Program Leading to the

#### [*name of degree*] Degree

**[*date of report*]**

**[*Name of University*]**

**[*Name of School/College/Faculty*]**

**[*City/Town*]**

**[*Country*]**

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| 1. Mission, Goals, and Values |  |
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| 5. School and University Internal Relationships |  |
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| 8. Competencies of Graduates |  |
| 9. Development and Delivery of the Curriculum |  |
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# 1. Introduction

The Accreditation Council for Pharmacy Education (ACPE) Board of Directors reviewed the [*name of program*] Program of [*name of university, name of college/faculty*], for purposes of [*state purpose of last evaluation*] at its [*date of meeting*] meeting. The Board noted [*summarize key findings and conclusions of the Board as well as main items needing attention in order to bring them into compliance*].

The Board [*summarize the International-Accreditation action taken, with applicable terms/dates*]. The Board requested [*summarize the request; details of specific monitoring is not needed here*].

**2. General Update Since the Last Evaluation Visit or Interim Report**

*Provide a brief general update on the Program, School/College/Faculty and University, mainly mentioning any notable developments that are not covered by the monitoring requests.*

**3. Notable Changes (if any) in Status with the National Accrediting Body and/or Education Authority since Last ACPE Evaluation Visit or Interim Report**

***[In addition to the items specifically requested by ACPE****, please provide* ***a brief description*** *of any notable changes since the last evaluation visit or interim report with regard to the accreditation status of the International-Accredited degree program and/or the University by the country’s national accreditation body and/or any other accreditation or authorization that applies to the degree program and/or University.]*

**4. Monitoring Requested for the Written Report:**

**Summary Table of the Criteria Requiring Monitoring**

*(Complete the table below; click on appropriate checkbox to indicate last assessment of compliance by ACPE. Delete non-applicable criteria.)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quality Criteria** | **Compliant** | **Compliant with Monitoring** | **Partially Compliant** | **Non Compliant** |
| ***MISSION, PLANNING, AND EVALUATION*** |  |  |  |  |
| 1. Mission, Goals, and Values |  |  |  |  |
| 1. Professional, Ethical and Harmonious Environment |  |  |  |  |
| 1. Strategic Planning and Continuous Quality Improvement |  |  |  |  |
| 1. Assessment of Achievement of Mission and Goals |  |  |  |  |
| ***ORGANIZATION AND ADMINISTRATION*** |  |  |  |  |
| 1. School and University Internal Relationships |  |  |  |  |
| 1. External Collaborative Relationships |  |  |  |  |
| 1. Organizational Structure and Governance of the School |  |  |  |  |
| ***CURRICULUM*** |  |  |  |  |
| 1. Competencies of Graduates |  |  |  |  |
| 1. Development and Delivery of the Curriculum |  |  |  |  |
| 1. Teaching and Learning Methods |  |  |  |  |
| 1. Curricular Foundation in the Sciences |  |  |  |  |
| 1. Simulation and Practice Experiences |  |  |  |  |
| 1. Assessment of Student Learning and Curricular Improvement |  |  |  |  |
| ***STUDENTS AND ACADEMIC POLICIES*** |  |  |  |  |
| 1. Student Services |  |  |  |  |
| 1. Program Information |  |  |  |  |
| 1. Academic Policies and Procedures |  |  |  |  |
| 1. Enrollment Management |  |  |  |  |
| 1. Student Representation, Perspectives, and Grievances |  |  |  |  |
| ***STAFF RESOURCES*** |  |  |  |  |
| 1. Academic and Other Staff Resources - Quantitative |  |  |  |  |
| 1. Academic Staff Resources - Qualitative |  |  |  |  |
| 1. Continuing Professional Development of the Staff |  |  |  |  |
| 1. Performance Evaluation of the Staff |  |  |  |  |
| ***FACILITIES AND RESOURCES*** |  |  |  |  |
| 1. Physical Facilities |  |  |  |  |
| 1. Library and Educational Resources |  |  |  |  |
| 1. Pharmacy Practice Sites and Preceptors |  |  |  |  |
| 1. Financial Resources |  |  |  |  |

*[For each criterion for which monitoring is requested, use the following format:]*

**[*Criterion Number*]: [*Criterion Name*]**

Following is a summary of the Board’s concerns related to this Criterion: *[Insert brief bulleted points.]* *[Note: Re-reading and then summarizing the Board’s and/or Team’s concerns helps to ensure that your response specifically addresses the request and concerns.]*

**Request:** *[Copy and paste the request exactly from the ACPE document.* ***Use bold text****.]*

**Faculty’s Response:** *[refer to Interim Report Guidelines for guidance on length and required detail.]*

**Additional Comments on the Criterion:** *(if applicable; optional)*

**Supporting Evidence:** *(If applicable, refer to appendix/appendices where supporting evidence is provided.)*

**5. General Updates**

*[Provide a* ***brief update*** *for each Quality Criterion for which specific monitoring was not requested by ACPE. For each Criterion, the text should be a maximum of ± 200 words.]*

**6. Substantive Change** *(if applicable) [Refer to Section 15 of the International-Accreditation and International-Preaccreditation Policies and Procedures for examples of what actual or anticipated changes should be reported to ACPE.]*

**7. Faculty Resource Report (FRR)** *[For the FRR, please use the template posted on the ACPE website:*

[*https://www.acpe-accredit.org/pdf/ISP/FacultyResourceReport.xlsx*](https://www.acpe-accredit.org/pdf/ISP/FacultyResourceReport.xlsx)*)*

**8. Faculty List** *[Please use the template posted on the ACPE website:* [*https://www.acpe-accredit.org/pdf/ISP/FacultyList.docx*](https://www.acpe-accredit.org/pdf/ISP/FacultyList.docx)*]*

**9. Summarized Study Plan/Curriculum by Academic Year (organized by year of study)**

**10. List of Current Committees**

[*please include a very brief statement about the function of each committee*]

**11. Organizational Chart of the School of Pharmacy**