# NCCAA Anesthesiologist Assistant Program Checklist

The following information is requested by the NCCAA in order to allow NCCAA to prepare and provide better service to both the AA educational program administration and the students.  Please complete the form and return to:  contact@nccaa.org.

➢ **Program Director:**

- Name:  _____

- Email:  _____

- Phone number:  _____

➢ **Additional program administrators (to be included on NCCAA correspondence)**

- Name:  _____

- Email:  _____

- Phone number:  _____

➢ **Length of program in months:**  _____

➢ **Month program matriculates new students:**  _____

➢ **Date of first class matriculation:**  _____

➢ **Specific graduation date:**  _____
- If specific date is unknown, enter as accurately as possible, eg., 2nd Friday of given month
  o The specific date of graduation must be entered into the NCCAA Program Portal as soon as available or certification of students may be delayed.

➢ **Number of students in each currently matriculated class:**

- 1st Year Students:  _____

- 2nd Year Students:  _____

- 3rd Year Students (if applicable):  _____

➢ **Projected class size growth for next five years:**

- 2025: _____  2026: _____  2027: _____  2028: _____  2029: _____