

NCCAA Annual 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:
➤ Any 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)
❖ The specific date of graduation must be entered into the NCCAA Program Portal as soon as available or certification of students may be delayed.
➤ Current 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: _____