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**National Institute for Health Specialties**

**Orthodontics and Dentofacial Orthopedics Program Information Form**

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| **Application Information** |
| Date: | Click or tap here to enter text. |
| Application Type: | [ ]  New (Initial Accreditation Application)[ ]  Renewal (Continued Accreditation Application) |
| Program Name: | Click or tap here to enter text. |
| Institution Name: | Click or tap here to enter text. |
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| When you have the completed forms, **number each page sequentially in the bottom**. Report this pagination in the Table of Contents and submit this cover page with the completed Program Information Form. |
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| **1. INTRODUCTION** |
| **A. Duration of Education** |
| What will be the length, in months, of the educational program? | Click or tap here to enter text. |
| **2. INSTITUTIONS** |
| **A. Participating Sites** |
| * + - 1. Is the program based at the primary clinical site?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| * + - 1. Is there a program letter of agreement (PLA) between the program and all participating sites?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| * + - 1. Describe how the program ensures that each participating site offers significant educational opportunities to residents. (Limit 300 words).

Click or tap here to enter text. |
| * + - 1. Are any of the planned participating sites at such a distance from the primary clinical site that residents’ attendance at rounds and lectures is impractical?
 | [ ]  Yes  | [ ]  No |
| If ‘YES’, explain how the program ensures that residents can access or attend rounds and lectures when assigned to these sites. (Limit 300 words).Click or tap here to enter text. |

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| **3. PROGRAM PERSONNEL AND RESOURCES**  |
| **A. Program Director** |
| If multiple sites are used, describe how the program director ensures that a unified educational experience occurs to each resident. (Limit 400 words).Click or tap here to enter text. |
| **B. Associate Program Director(s)** |
| * + - 1. Will the program have associate program director(s)?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. If ‘YES’, describe the criteria for appointment as an associate program director. (Limit 300 words)

Click or tap here to enter text. |
| 1. Will the associate program director(s):
 |
| 1. Dedicate at least 0.3 Full-Time Equivalent per week to the administration and educational aspects of the program.
 | [ ]  Yes | [ ]  No |
| 1. Report directly to the program director.
 | [ ]  Yes | [ ]  No |
| 1. Participate in educational programs to enhance their educational professional development.
 | [ ]  Yes | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| **C. Faculty**  |
| * + - 1. Do all faculty members hold appropriate qualifications in their field?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| * + - 1. Will the faculty:
 |
| 1. Dedicate time for administration and education as per the requirements of the NIHS?
 | [ ]  Yes | [ ]  No |
| 1. Participate in faculty development activities?
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **D. Other Program Personnel** |
| Is there a dedicated coordinator who has sufficient time to fulfil the responsibilities essential in meeting the educational goals and administrative requirements of the program? | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| **E. Resources** |
| Indicate resources provided at the planned clinical sites by completing the table below. *Site #1 is the primary clinical site.* |
| **Does the Institution provide:** | **Institution #1** | **Institution #2** | **Institution #3** | **Institution #4** | **Institution #5** |
| Space designated specifically for the advanced dental education program in Orthodontics and Dentofacial Orthopedics. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Flexibility to allow for changes in equipment location and for additions or deletions to improve operating efficiency and promote efficient use of dental instrumentation and allied personnel. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Diagnostic imaging and dental laboratory facilities in close proximity to the patient treatment area. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Accessibility for patients with special health care needs. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Reception and patient education areas. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| A sufficient number of dental chairs to accommodate the number of residents enrolled. | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| An adequate and diverse pool of patients requiring a sufficient scope, volume and variety of oral health care needs including patients with special needs | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Describe any additional resources not indicated above. (Limit 300 words)Click or tap here to enter text. |
| **4. RESIDENTS APPOINTMENT**  |
| **Resident Appointment and Eligibility Criteria** |

|  |  |
| --- | --- |
| Training years: |  |
| Number of approved resident positions (Resident Complement): | Per Residency Year:Click or tap here to enter text. | Per Program:Click or tap here to enter text. |
| Remarks / Additional Information: |  |

|  |
| --- |
| Describe the eligibility criteria for residents and resident selection criteria. (Limit 400 words).Click or tap here to enter text. |
| **5. EDUCATIONAL PROGRAM** |
| **A. Regularly Scheduled Didactic Sessions** |
| 1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission.
 |
| 1. Describe how the didactic program will be based upon the didactic content of Orthodontics and Dentofacial Orthopedics. (Limit 400 words).

Click or tap here to enter text. |
| 1. Describe how the program will provide opportunities for residents to interact with other residents and faculty in educational sessions at a frequency sufficient for peer-peer and peer-faculty interaction.

(Limit 400 words).Click or tap here to enter text. |
| 1. Will clinical training:
 |
| * 1. Include direct interaction between residents and attending dentists.
 | [ ]  Yes  | [ ]  No |
| * 1. Include supervision in the clinics
 | [ ]  Yes  | [ ]  No |
| * 1. Include case-based discussions
 | [ ]  Yes  | [ ]  No |
| * 1. Include use of current evidence in diagnostic and therapeutic decisions
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| **B. Clinical Experiences**  |
| * + - 1. Complete the table below the clinical experiences planned in each year of the program for each area indicated (to be supported by Appendix B. Residency Program Schedule).
 |
| **Clinical experience** | **Year 1** | **Year 2** | **Year 3** |
| Growth & Development | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Oral Diagnosis, Oral Pathology, Oral Radiology and Oral Medicine | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Prevention and Health Promotion | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Diagnosis of malocclusion and dentofacial deformities  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Orthodontic treatment (comprehensive, interceptive, and camouflaging treatment) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Management of a Contemporary Dental Practice | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Individuals with Special Health Care Needs | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Hospital Dentistry | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Orthognathic and craniofacial anomalies | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 1. Describe how the educational program is structured to allow residents to have clinical experiences in all of the Orthodontics and Dentofacial Orthopedics clinical domains? (Limit 500 words).

Click or tap here to enter text. |
| 1. Do all required rotations/educational experience have clearly defined written rotation-specific goals and objectives utilizing the NIHS competencies?
 | [ ]  Yes | [ ]  No |
| 1. Craniofacial Rotation /Maxillo-facial in Hospital
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words):Click or tap here to enter text. |
| 1. Will residents demonstrate competence in performing the following procedures at completion of training?
 |
| 1. Conventional Orthodontic treatment
 | [ ]  Yes  | [ ]  No |
| 1. Orthognathic treatment utilizing Fixed, and Removable appliances.
 | [ ]  Yes  | [ ]  No |
| 1. Craniofacial treatment/ interceptive orthodontic or orthopaedic correction
 | [ ]  Yes  | [ ]  No |
| 1. Orthodontic Mini-Implants
 | [ ]  Yes  | [ ]  No |
| 1. Clear aligners
 | [ ]  Yes  | [ ]  No |
| Explain any ‘NO’ responses. (Limit 250 words):Click or tap here to enter text. |
| **C. Residents’ Scholarly Activities**  |
| * + - 1. Do all residents engage in a scholarly activity under faculty supervision?
 | [ ]  Yes  | [ ]  No |
| Explain if ‘NO’. (Limit 250 words)Click or tap here to enter text. |
| * + - 1. Describe how the program ensures that all resident research projects are published or presented at institutional, local, regional or national meetings. (Limit 300 words).

Click or tap here to enter text. |
| * + - 1. Describe how resident research projects are evaluated. (Limit 300 words).

Click or tap here to enter text. |
| **D. Duty Hour and Work Limitations** |
| 1. Are all residents working duties compliant with duty-hour regulations?
 |
| 1. Duty hours are limited to 80-hours per week averaged over 4-weeks.
 | [ ]  Yes | [ ]  No |
| 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks.
 | [ ]  Yes | [ ]  No |
| 1. A minimum of 10-hours off in between all duty periods.
 | [ ]  Yes | [ ]  No |
| Explain if ‘NO’. (Limit 250 words).Click or tap here to enter text. |
| 1. Describe how the program ensures compliance with duty-hour regulations. (Limit 300 words).

Click or tap here to enter text. |
| 1. Describe how faculty provides appropriate supervision to residents in patient care activities. (Limit 400 words)

Click or tap here to enter text. |
| **6. CORE COMPETENCIES** |
| **A. Patient Care and procedural skills** |
| 1. How will all graduating residents demonstrate the ability to provide patient care that is compassionate, appropriate, and effective for the treatment of oral health problems and the promotion of oral health? Describe how this will be evaluated. (Limit 300 words)

 Click or tap here to enter text. |
| 1. How will the program demonstrate that all graduating residents have documented records included in the resident clinical logs for completion of specified procedures and/or patient complexity, including orthognathic patients?

Click or tap here to enter text. |
| 1. How will the program demonstrate that all graduating residents have documented records included in the resident clinical logs for completion of specified procedures and/or patient complexity, including patient with developing malocclusion?

Click or tap here to enter text. |
| 1. How will the program demonstrate that all graduating residents have documented records included in the resident clinical logs for completion of specified procedures and/or patient complexity, including interceptive treatment?

Click or tap here to enter text. |
| 1. How will the program demonstrate that all graduating residents have documented records included in the resident clinical logs for completion of specified procedures and/or patient complexity, including clinical procedures (e.g. emergency, trauma, orthodontic, multi-disciplinary, etc.)?

Click or tap here to enter text. |
| 1. How will the program demonstrate that all graduating residents have documented records included in the resident clinical logs for completion of specified procedures and/or patient complexity, including patient diversity/complexity (e.g., well-patient, medically complex, special needs, hospital based, etc.)? (Limit 400 words).

Click or tap here to enter text. |
| **B. Medical Knowledge** |
| * + - 1. How will all graduating residents demonstrate competency in their knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care? Describe how these skills are evaluated (Limit 400 words).

Click or tap here to enter text. |
| **C. Practice-Based Learning and Improvement** |
| 1. How will graduating residents demonstrate the ability to investigate and evaluate their care of patients, applying scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning? Describe how these skills are evaluated (Limit 300 words)

Click or tap here to enter text. |
| 1. How will graduating residents demonstrate that they have developed skills and habits to be able to meet the following goals?
2. Identifying strengths, deficiencies, and limits in one’s knowledge and expertise;
3. Setting learning and improvement goals;
4. Identifying and performing appropriate learning activities;
5. Systematically analyzing practice using quality improvement methods and implementing changes with the goal of practice improvement;
6. Incorporating feedback and formative evaluation into daily practice;
7. Locating, appraising, and assimilating evidence from scientific studies related to their patients’ health problems; and,
8. Using information technology to optimize learning.

Provide an example of how skills will be assessed in five of the seven areas listed above. (Limit 500 words)Click or tap here to enter text. |
| **D. Interpersonal and Communication Skills** |
| 1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals?

Describe how these skills are evaluated (Limit 300 words)Click or tap here to enter text. |
| 1. How will graduating residents demonstrate their ability to?
2. Communicating effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
3. Communicating effectively with dentists, physicians, other health professionals and health- and oral health-related agencies;
4. Working effectively as a member or leader of a health care team or other professional group;
5. Educating patients, families, residents, and other health professionals;
6. Acting in a consultative role to other dentists, physicians and oral health professionals;
7. Maintaining comprehensive, timely, and legible medical and dental records, if applicable.

Provide an example of how these skills will be assessed in four of the six areas listed above. (Limit 300 words)Click or tap here to enter text. |
| **E. Professionalism** |
| 1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and to adhering to ethical principles?

Describe how these will be evaluated? (Limit 300 words)Click or tap here to enter text. |
| 1. How will graduating residents demonstrate:
	1. Compassion, integrity, and respect for others;
	2. Responsiveness to patient needs that supersedes self-interest;
	3. Respect for patient privacy and autonomy;
	4. Accountability to patients, society, and the profession;
	5. Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation;
	6. Ability to recognize and develop a plan for one’s own professional well being
	7. Appropriately disclosing and addressing conflict or duality of interest

Provide an example of how traits will be assessed in four of the seven areas listed above. (Limit 300 words)Click or tap here to enter text. |
| **F. Systems-Based Practice** |
| * + - 1. How will graduating residents demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of oral health, as well as the ability to call effectively on other resources to provide optimal oral health care?

Describe how these skills will be evaluated. (Limit 300 words)Click or tap here to enter text. |
| 2. How will graduating residents demonstrate their ability to:* 1. Work effectively in various oral health care delivery settings and systems relevant to their clinical specialty;
	2. Coordinate patient oral health care across the health care continuum and beyond as relevant to their clinical specialty;
	3. Advocate for quality patient care and optimal patient care systems;
	4. Work in interprofessional teams to enhance patient safety and improve patient care quality;
	5. Participate in identifying system errors and implementing potential systems solutions;
	6. Incorporate considerations of value, cost awareness, delivery and payment, and risk benefit analysis in patient and/or population-based care as appropriate; and,
	7. Understand oral health care finances and its impact on individual patients’ health decisions.

Provide an example of how skill will be assessed in four of the seven areas listed above? (Limit 400 words)Click or tap here to enter text. |
| **7. APPENDIX** |
| A. Formal Didactic Sessions by Academic Year  |
| 1. For each year of residency, please attach a list of all scheduled didactic courses (including discussion groups, lectures, grand rounds, basic science, skills labs, and journal club) at all participating sites attended by residents, using the format below. If attended by residents from multiple years, list in each year but provide a full description **only the first time it is listed.**Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**Year in the program:Number: Title:a) Type of Format (e.g., lecture, discussion groups, etc.)b) Required or electivec) Brief description (three or four sentences)d) Frequency, length of session, and total number of sessions**Example:**

|  |
| --- |
| Y-101. Introduction to Orthodontics and Dentofacial Orthopedicsa) Seminarb) Required Y-1c) Fundamental concepts of the practice of Orthodontics and Dentofacial Orthopedics in the various clinical settings.d) Weekly, for 16 sessions02. Scientific Literature and case presentationsa) Discussion groupsb) Required, Y-1, Y-2, Y-3c) Clinical case presentations, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions.d) once weekly, 48 sessions |

 |
| 2. If attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).Click or tap here to enter text. |

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| B. Residency Program Block Diagram/Schedule |
| A block diagram is a representation of the rotation schedule for a resident in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.* Create and upload a PDF of your program’s block diagram using the information below as a guide.
* Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below.
* In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
* **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
* The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation, if any. If a block is purely research, it should be labeled as such, and should not be associated with a participating site.
* If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.

**Sample Block Diagrams****Block Diagram 1(1)** In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** |
| **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 1 |
| **Rotation Name** | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics |
| **% Clinical** | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Block Diagram 2 (1)** In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** |
| **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 3 |  |
| **Rotation Name** | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics |
| **% Outpatient** | 100 | 100 | 100 | 100 | 100 | 0 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Block Diagram 3 (1)** In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an external rotation, which can be chosen from a list of clinical rotations and a vacation month.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** | **5** | **6** |
| **Site** | Site 1 | Site 1 | Site 2 | Site 2 | Site 3 |  |
| **Rotation Name** | Clinics | Clinics | Clinics | Clinics | Clinics | Clinics |
| **% Outpatient** | 100 | 100 | 100 | 100 | 100 | 0 |
| **% Research** | 0 | 0 | 0 | 0 | 0 | 0 |

**Block Diagram 4 (1)** In this example for a subspecialty program, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the resident’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Block** | **1** | **2** | **3** | **4** |
| **Site** | Site 1 | Site 2 | Site 2 |  |
| **Rotation Name** | Clinics | Clinics | Clinics | Research |
| **% Outpatient** | 100 | 100 | 100 |  |
| **% Research** | 0 | 0 | 0 | 100 |

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken. |