

## Program Director Credentials

MS, CSMLS, ASCP

### Email Address

sancheztl@uthscsa.edu

### Phone #

+12104508742

If there has been a change of the sponsor's CEO/President in the last year, please list the following contact information about the *new* CEO/President below (skip this question if nothing has changed):

If there has been a change of the sponsor's Dean or Comparable Administrator in the last year, please list the following contact information about the *new* Dean or Comparable Administrator below (skip this question if nothing has changed):

If someone other than the program director is completing this survey, please list contact information below. If the program director is completing this survey, then skip this question.

First Name

Last Name

Title

Email Address

Phone Number

## Sponsor Information

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Please confirm the sponsorship type for this program (See NAACLS Standard I for definitions):

Sponsoring Institution

Please describe your institution:

Academic Health Center/Medical School

Which agency accredits the institution that sponsors your program? (Select all that apply)  
*Note that NAACLS does not accredit institutions.*

Southern Association of Colleges and Schools, Commission on Colleges

Is the institution recognized by the state/province in which it is located?

Yes

## Program Information - 2023 survey for the MLS program at University of Texas Health Sciences Center at San Antonio.

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What is the status of student enrollment in this program? Please answer with the option that most closely resembles your program).

Active- Annual Enrollment (have enrolled students in the last academic school year)