receiving support and the amounts of awards by discipline for each fiscal year are shown in Table I.

TABLE I.—HEALTH PROFESSIONS EDUCATIONAL ASSISTANCE ACT, BASIC IMPROVEMENT GRANTS, FISCAL YEARS 1966–68

Discipline	Fiscal year 1966		Fiscal year 1967		Fiscal year 1968	
	Number of participating schools	Amount	Number of participating schools	Amount	Number of participating schools	Amount
Medicine	91	$6,566,249	99	$18,780,518	99	$20,242,500
Dentistry	49	2,975,283	53	8,440,653	51	8,859,500
Optometry	9	398,119	10	1,231,266	10	1,360,500
Osteopathy	5	355,834	5	983,293	5	1,063,000
Podiatry	5	186,515	5	564,270	5	635,000
Total	159	10,482,000	172	30,000,000	170	32,160,500

With basic improvement grant funds, schools are improving and expanding their educational capabilities. The majority of the funds are being used for support of teaching faculty. With these grants schools are developing new courses, improving teaching methods (including use of visual aids), expanding curriculum areas, improving library resources, and otherwise supporting and strengthening their teaching programs. For example, dental schools have added courses in community dentistry, preventive dentistry, human behavior, pathology and hospital dentistry. Schools of medicine and osteopathy have strengthened and expanded both basic science courses and clinical instruction and are experimenting with innovations in education. For example, one school designed courses to introduce students to the clinical aspects of medicine earlier than in the traditional curriculum. Students are now introduced to pediatrics and obstetrics in the sophomore year.

Special improvement grants

Special improvement grants, are to be used to overcome educational weaknesses related to accreditation problems and to carry out the specialize functions which the school serves. Funds for these grants are available for the first time in fiscal year 1968, with approximately $17.5 million available for these purposes. For this year, the statutory maximum amount of any grant to a school is $300,000.

Requests totaling $34.3 million from 136 schools were received. The National Advisory Council on Medical, Dental, Optometric, and Podiatric Education has recommended approval of 124 applications totaling $29 million.

In awarding these grants, priority will be given to schools which plan to use special improvement funds to improve further these aspects of their educational program which have placed the school's accreditation status in jeopardy.

The applications from schools whose accreditation is in jeopardy show a determination to solve those accreditation problems which, indeed, can be solved primarily with additional funds. These and other schools in serious financial straits have reflected in their applications careful planning to overcome their most critical weaknesses.

Other schools have given careful thought to using their funds to add breadth and depth to their curricula by filling in gaps in instructional areas, by the addition of new courses, and by improving student-faculty ratios.

C. Health professions student loans

The Health Professions Student Loan Program began in 1965 with 147 schools of medicine, dentistry, osteopathy and optometry participating. Schools of pharmacy and podiatry participated in the program for the first time in 1967 and schools of veterinary medicine, in 1968. Participating schools numbered 217 in 1968—an increase of 48 percent in four years. Similarly, the number of students enrolled in participating schools rose from 47,430 in 1965 to about 64,470 in 1968—an increase of 36 percent.

In 1965, 11,554 students received loans averaging $817. In 1968, an estimated 25,383 students in health professions schools, representing 39 percent of the total enrollment, received loans averaging about $1,050. The number of participating schools, students enrolled therein, students assisted, amounts allocated and average loan for each discipline for each fiscal year are shown in Table II.