

# NAACLS Guide to Doctoral Accreditation

Adopted 9/2020

The logo for NAACLS features the acronym "NAACLS" in a bold, black, sans-serif font. The letters are set against a light blue, semi-circular gradient background that resembles a rising sun or a lens flare. The letters "N", "A", and "C" have a slight shadow effect, making them appear to float above the blue shape.

National Accrediting Agency  
for Clinical Laboratory Sciences

Dear Colleague:

Thank you for your interest in the Doctoral accreditation process provided by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). NAACLS accredits the following educational programs: doctorate in clinical laboratory science (DCLS), medical laboratory scientist (MLS), medical laboratory technician (MLT), histotechnologist (HTL), histotechnician (HT), diagnostic molecular scientist (DMS), cytogenetic technologist (CG), and pathologists' assistant (PathA) educational programs. NAACLS also independently approves phlebotomist (PBT) and clinical assistant (CA) educational programs. NAACLS is recognized by the Council for Higher Education Accreditation (CHEA).

NAACLS confirms the Code of Good Practice of the Association of Specialized and Professional Accreditors. It is assumed that NAACLS volunteers also support the Code.

The **Doctoral Guide to Accreditation** is one of three documents needed by programs going through the accreditation process, along with the **NAACLS Standards for Doctoral Programs** and the **Doctoral Standards Compliance Guide**. The Doctoral Guide to Accreditation is designed to familiarize and assist you with the doctoral accreditation process. Section I contains procedures for review of the initial and continuing accreditation process. Section II contains Options and Processes for Programmatic Accreditation, along with fact sheets and other information useful during the review process.

A separate set of Standards, Standards Compliance Guide and Guide to Accreditation is available for medical laboratory scientist (MLS), medical laboratory technician (MLT), histotechnologist (HTL), histotechnician (HT), diagnostic molecular scientist (DMS), cytogenetic technologist (CG), pathologists' assistant (PathA) phlebotomist (PBT) and clinical assistant (CA) educational programs.

If you have questions, contact us at 773.714.8880 or [info@naaccls.org](mailto:info@naaccls.org).

We look forward to working with you and helping you make accreditation an achievable goal for your program.

Sincerely,

The NAACLS Staff

## Contents

Contents	3
Preamble/About NAACLS	4
Accreditation	6
Procedures for Review: Initial and Continuing Doctoral Accreditation	10
The Overall Accreditation Process	10
The Initial Doctoral Accreditation Process Chart	12
Initial Doctoral Accreditation Process	14
Continuing Accreditation Process Chart	17
The Doctoral Accreditation Process – The Self-Study	18
The Doctoral Accreditation Process – Site Visit Process	20
The Doctoral Accreditation Process – Review by Committee and BOD	22
Accreditation Categories	25
Annual Reporting	29
NAACLS' Due Process Procedure	30
Options and Processes for Programmatic Accreditation	32
Operational Characteristics of Sponsor Types	32
Accreditation Process for Multi-Location Sponsors	33
Other Processes for Consortium and Multi-Location Sponsors	34
Transferring Sponsorship	35
Inactive Status	37
Reactivation	37

## Preamble/About NAACLS

### National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is a nonprofit organization that independently accredits the doctorate in clinical laboratory science (DCLS), medical laboratory scientist (MLS), medical laboratory technician (MLT), histotechnologist (HTL), histotechnician (HT), diagnostic molecular scientist (DMS), cytogenetic technologist (CG), and pathologists' assistant (PathA) educational programs. NAACLS also independently approves phlebotomist (PBT) and clinical assistant (CA) educational programs.

#### Accredited Programs:

DCLS  
MLS  
MLT  
HTL  
HT  
DMS  
CG  
PathA

#### Major Differences:

Site Visit Process  
Longer Award Length  
Programs culminate in an associate's degree or higher

#### Approved Programs:

PBT  
CA

#### Major Differences:

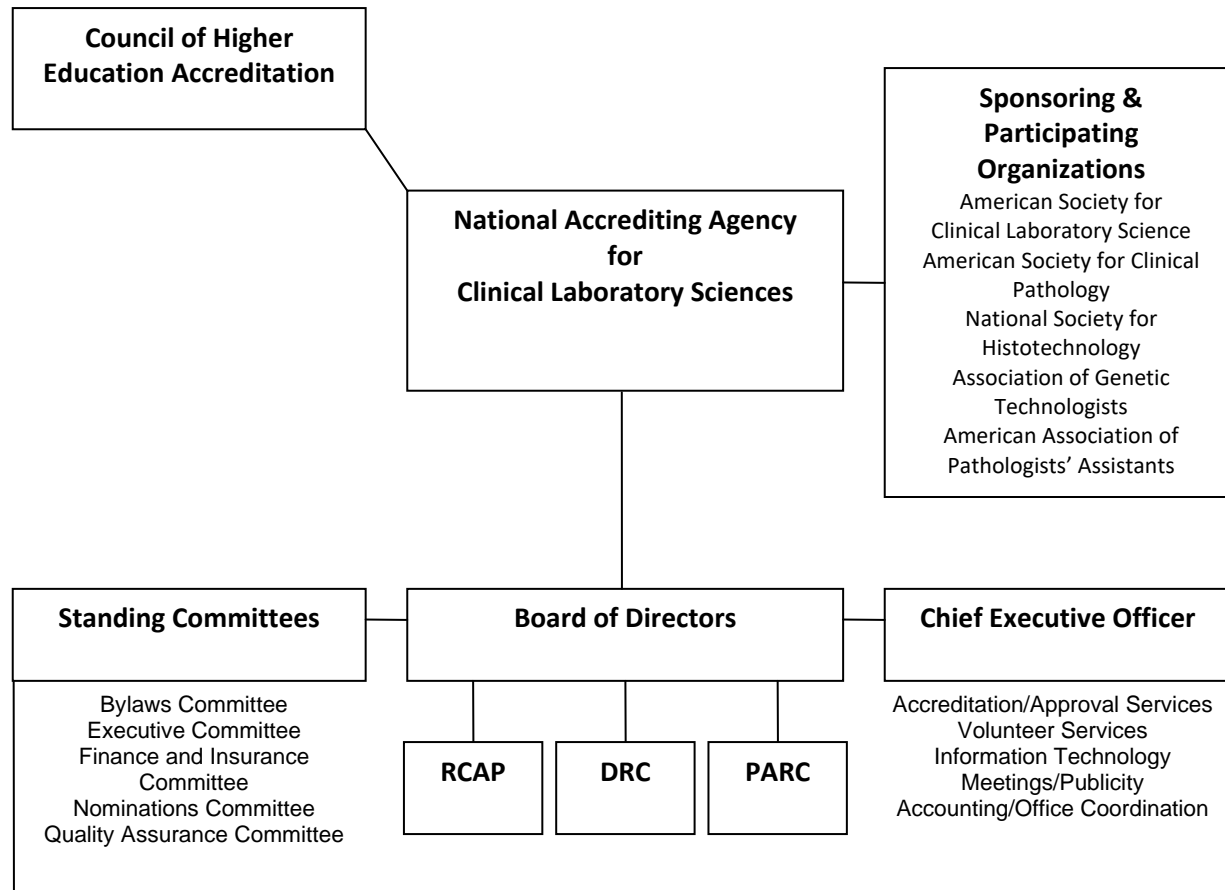
No Site Visit Process\*  
Shorter Award Length\*  
Programs culminate in a certificate

*\*Approved Programs with Sponsors that also have accredited programs may request a joint review, resulting in a site visit and a possible path to a longer award length*

NAACLS is comprised of three review committees, the Board of Directors and the executive office staff. The Review Committee for Accredited Programs (RCAP) reviews MLS, MLT, HTL, HT, DMS, CG and PathA programs for accreditation. The Doctoral Review Committee (DRC) reviews DCLS programs for accreditation. The Programs Approval Review Committee (PARC) reviews PBT and CA programs for approval. The Board of Directors functions as the governing unit of NAACLS and grants final accreditation and approval awards. The executive office staff facilitates both the accreditation and approval processes.

NAACLS is an autonomous, nonprofit organization established in 1973 as the successor to the American Society for Clinical Pathology (ASCP) Board of Schools. ASCP and the American Society for Clinical Laboratory Science (ASCLS) are sponsoring organizations of NAACLS. The American Association of Pathologists' Assistants (AAPA), the National Society for Histotechnology (NSH) and the Association of Genetic Technologists (AGT) are participating organizations. NAACLS is recognized by the Council for Higher Education Accreditation (CHEA).

This diagram depicts NAACLS and the organizations that collaborate in the accreditation and/or approval of clinical laboratory science education programs:



**Accreditation**

Primary aspects of the NAACLS programmatic accreditation process are: (1) the self-study process; (2) the site visit process; (3) evaluation by a review committee, (4) assessment of review committee evaluation by the Quality Assurance Committee, and (5) evaluation by the Board of Directors. Evaluation is based on Standards, which are the minimum criteria used when determining programmatic accreditation.

NAACLS conducts various functions of programmatic accreditation including: (1) drafting and reviewing Standards for the operation of specialized programs; (2) selecting and training knowledgeable volunteers to review Self-Study Reports and serve as site visitors; (3) selecting representatives to serve on the review committees and the Board of Directors, and (4) granting accreditation awards based on a program's self-study and site visit processes.

The review committees are comprised of educators and practitioners representing their respective disciplines. The chair, chair-elect, and vice chair are elected annually by committee members. Members are appointed by the Board of Directors for staggered

terms to assure continuity on the committee.

### **Definition and Benefits of Accreditation**

Accreditation is a process of external peer review in which an agency grants public recognition to a program of study or an institution that meets established qualifications and educational standards. Programs that participate in the NAACLS Doctoral accreditation process culminate in the appropriate degree or certificate. Participation in the accreditation process is voluntary since there is no legal requirement for specialized programs and institutions to participate. However, there are factors that make accreditation valuable. The benefits include, but are not limited to, the following.

NAACLS Accreditation:

1. Through a review process that includes a Self-Study Review and Site Visit, identifies for the public specialized degree and certificate programs that meet nationally established standards of educational quality.
2. Stimulates improvement of educational programs by involving faculty and staff in ongoing self-evaluation, research and planning.
3. Promotes a better understanding of the goals of professional education.
4. Provides reasonable assurance that practitioners meet minimum educational standards upon entry into the profession.
5. Assists specialized programs in achieving their objectives.

Accreditation of NAACLS programs is a collaborative process involving several organizations and agencies.

### **Basic Eligibility Criteria for Becoming an Accredited Program**

NAACLS applies the following basic eligibility criteria when it considers an applicant program for initial accreditation:

1. The sponsoring institution and affiliates, clinical and/or academic, if any, must be accredited by recognized regional and/or national agencies.
2. Academic institutions sponsoring clinical laboratory science education programs must be empowered by a state authority to grant the appropriate degree.
3. The institution must be legally authorized under applicable state law to provide postsecondary education.

### **Review of Accredited Doctoral Programs**

Programs that seek accreditation by NAACLS are evaluated by the DRC, QA, and by

the Board of Directors.

### **DRC Evaluation**

The Doctoral Review Committee (DRC) evaluates programs seeking accreditation and forwards its accreditation recommendations to the Board of Directors. DRC members serve as readers of self-study and site visit materials for programs. NAACLS notifies the sponsoring institution of the DRC's recommendation to the Board of Directors. The DRC meets in the winter and summer annually.

### **Quality Assurance Assessment**

The Quality Assurance Committee reviews all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with Standards and accreditation policies. This review takes place before the sponsoring institution is notified of the Program Review Committee recommendations and before the recommendations are sent to the Board of Directors for final accreditation decisions.

### **Board of Directors' Evaluation**

The Board of Directors evaluates the review committees' accreditation recommendations for accuracy, objectivity and consistency. The board may approve a recommendation, amend it or return it to the committee for re-evaluation. NAACLS notifies the sponsoring institution of the board's accreditation action. The board meets in the spring and fall annually after the review committees' meetings.

### **Standards**

Standards are the minimum national standards used for the development and evaluation of accredited doctoral educational programs. They are developed through a process that requires input from and review by peer groups, sponsoring and participating organizations, affiliating organizations, other interested professional groups, as well as the public. The Standards describe the general characteristics of an acceptable program.

### **NAACLS Philosophy of Accreditation**

Accreditation in the United States is a voluntary process whereby educational programs and institutions request review by their peers. In the NAACLS process of accreditation, there are several steps and parties of review:

1. The Self Study process, which culminates in the Self-Study Report, and includes a review of the Self-Study Report and the program's response.
2. The Site Visit process, which includes the visit itself, the Site Visit Report, and the program's response.
3. The review by the Program Review Committee.

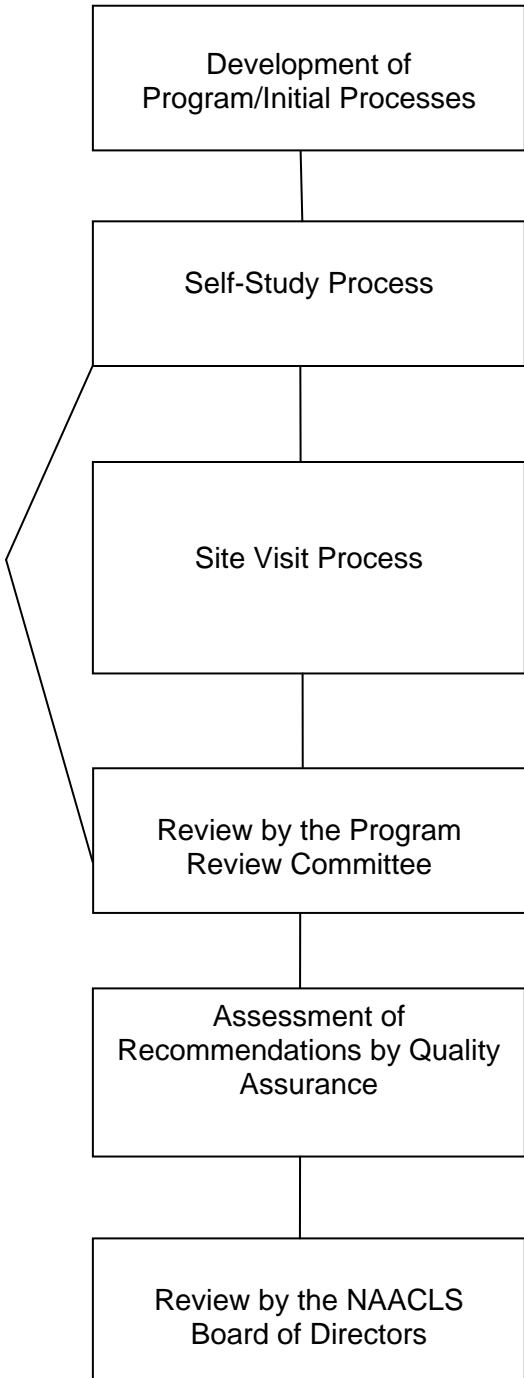
4. The assessment of the review committee recommendation by the Quality Assurance Committee.
5. The review by the NAACLS Board of Directors.

All of these parties are dedicated to a common goal, quality enhancement of laboratory education. Only through full and open communication and cooperative efforts can this goal occur.



## Procedures for Review: Initial and Continuing Doctoral Accreditation

### The Overall Accreditation Process



### **Development of Program/Initial Processes**

Programs seeking Initial Doctoral Accreditation must first comply with several requirements including a letter of intent, a completed initial application, payment of an initial application fee, and approval of a preliminary report.

### **The Self-Study Process**

The first step in the evaluation of a program is the program's own self-evaluation. This is accomplished by the Program Director with the cooperation of the program faculty and administration. NAACLS has made the forms that the reviewers will use available for download on the NAACLS web site ([www.naacls.org](http://www.naacls.org)) as an aid for program officials to evaluate their program. While the program's self-evaluation certainly should review the NAACLS Standards, other documents, such as the programmatic and institutional mission statements, supply additional information for the functions of the program. The eventual result of this self-evaluation is the Self-Study, which is a document that demonstrates the program compliance with the Standards. Recommendations for assembling the Self-Study are found in the Standards Compliance Guide.

The Self-Study reviewer is charged with the review of the Self-Study, ensuring that it adequately demonstrates the program's compliance with the Standards. The reviewer is evaluating the Self-Study, rather than the program, thus assuring that good practice processes are documented. In addition, the reviewer is the earliest outside source to review the adequacy of compliance. The program receives the Self-

Study Review and is directed to develop a Response to the Self-Study Review. The Response attempts to clarify issues identified in the Self-Study Review, and perhaps to develop new policies and procedures to address any concerns noted.

### **The Site Visit Process**

Site visits are fact-finding journeys. The objective of a site visit is to verify and supplement information presented in the Self-Study and the Response to the Self-Study Review. The Site Visit Report is the product of the Site Visit, and is a summary of information that the program has provided for the site visitors, keyed to the NAACLS Standards. The program receives the Site Visit Report and is directed to develop a Site Visit Report Response. The Response attempts to clarify issues identified in the Site Visit, and perhaps to develop new policies and procedures to address the concerns noted.

### **The Review by the Program Review Committee**

Based on the review of Self-Study Review, the Program's Response to the Self-Study Review, the Site Visit Report, and the Program's Response to the Site Visit Report, the Doctoral Review Committee makes determinations as to the compliance, partial compliance or non-compliance of a program with the Standards, and recommends accreditation actions to the NAACLS Board of Directors

### **Quality Assurance Assessment**

The Quality Assurance Committee reviews all accreditation recommendations before the sponsoring institution is notified of the Program Review Committee recommendations and before the recommendations are sent to the Board of Directors for final approval of accreditation and awards

### **The Review by the NAACLS Board of Directors**

Based on the recommendations of the Program Review Committee, and with review of consistent application of the Standards to insure that decisions are not arbitrary, capricious, or inconsistent, the Board of Directors makes the final determination to award, withhold, or withdraw accreditation.

## The Initial Doctoral Accreditation Process Chart

STEP	ACTION	RESPONSIBLE PARTY	TIME FRAME FOR THE PROGRAM
<b>1. Download the Initial Doctoral Accreditation Packet</b>	Access the Initial Doctoral Accreditation Packet on the NAACLS Website.	Appropriate institutional authority (pres, chancellor, provost, dean)	Starting point
<b>2. Provide all materials required by the Initial Doctoral Accreditation Packet</b>	Sponsoring Institution submits:  Interest Letter, signed by the appropriate institutional authority (pres, chancellor, provost, dean).  Initial Application Form (included in packet)  Initial Application Fee (\$600)  Preliminary Report (Requirements in packet)	Proposed Program Director/Department Chair	As soon as the program has completed all listed steps.
<b>3. Initial Doctoral Accreditation Packet Approved *</b>	Program encouraged to proceed with the Self-Study process. Program begins first class.	NAACLS	NAACLS Reviewers receive up to 2 months to review all submitted materials
*Once the Program's Initial Doctoral Accreditation Packet is completed and approved, the program is considered "NAACLS Doctoral Accreditation Candidate".			

*All documentation is reviewed by NAACLS. Program Review Committee recommendations are reviewed by the QA Committee and sent to the NAACLS Board of Directors to determine accreditation awards.*

### **Initial Doctoral Accreditation Process**

Institutional administrators submitting the Initial Doctoral Accreditation Packet must include the following:

1. A letter of interest. The chief executive officer must submit a letter to NAACLS stating the intent to apply for Doctoral accreditation.
2. The Application for Initial Doctoral Accreditation.
3. The Initial Application Fee.
4. The Preliminary Report.

### **Preliminary Report Requirements**

The Preliminary Report is a general overview of the program and although not a full Self-Study Report, it does form part of the foundation for the Initial Doctoral Accreditation. As such, the Preliminary Report must provide adequate evidence that the program will be able to meet the NAACLS Standards for Doctoral Accreditation and be accepted as satisfactory.

#### **Standard I. Sponsorship**

- Sponsoring Institution: Provide documents of current accreditation by a regional or national agency for the sponsoring institution.
- Affiliations: Provide letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites, providing evidence that enough sites are available to accommodate projected numbers of students.

#### **Standard II. Assessment and Continuous Quality Improvement**

- Program Evaluation: Summarize a plan for continuous and systematic assessment, proposed outcomes of program effectiveness with a plan for program modification and improvement.

#### **Standard III. Resources**

- Budget Information: Cost projection or a letter of financial support.
- Physical Resources: Describe facilities, equipment, and supplies sufficient to achieve program goals.

#### **Standard IV. Students**

- Show how program Mission, Goals and Outcomes: Provide program goals that will align, correlate, and support NAACLS DCLS competencies including both core and unique standards for the profession.

#### **Standard V. Operational Policies**

- Recruitment: Describe student recruitment, and selection of students appropriate to the size and scope of the program. Describe how admissions criteria and essential functions and student outcomes measures will be communicated to prospective students.

#### **Standard VII. Faculty**

- Program Director Qualifications: Provide resume (cv), transcripts, documentation of certification and proof of knowledge of education methods and administration as well as current NAACLS accreditation procedures and certification procedures.
- Personnel Plan: Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the program goals. Provide a list of faculty and the courses they may be teaching.
- Advisory Committee: Describe the membership of the Advisory Committee which will provide input into the program/curriculum to maintain current relevance and effectiveness.

#### **Standard VIII. Curriculum**

- Program and Course Descriptions: Provide a description of the proposed length of program or program tracks, courses, course descriptions with measurable program level student learning outcomes and sequencing.

Upon review of the Initial Doctoral Accreditation Application Packet, if the committee is reasonably assured that the program will meet the Standards, NAACLS notifies the program director. Additional documentation and clarification may be requested before a program is encouraged to proceed. Programs are allowed three opportunities to submit requested items to achieve a satisfactory Initial Accreditation Report Review. If the program is unable to achieve a satisfactory review upon the third submission, the program must begin the initial accreditation/approval process from the beginning, including submission of a new initial application and application fee.

5. Achieve NAACLS Doctoral Candidacy status.

NAACLS considers a program in candidacy status for Doctoral accreditation once the Doctoral application packet has been submitted and accepted by the Doctoral Review Committee.

Once a program reaches candidacy status it is required to make the following statement readily available to prospective and enrolled students.

The Doctoral program in [name of program] at [name of parent institution of higher education] is a Candidate for Accreditation by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Rd, Suite 720 Rosemont IL 60018-5119; 773.714.8880. Candidacy is a “pre-accreditation” status with NAACLS, awarded to developing or emerging programs for a maximum period of 4 years.

After one year in Doctoral Candidacy Status, the program is required to participate in annual reporting. The criteria which the program must report on will be issued by NAACLS in the form of a survey every fall.

A program’s self study due date will be set for three years after the Initial Doctoral Accreditation Packet is approved or after the third student graduates, whichever comes first.

## Continuing Accreditation Process Chart

STEP	ACTION	RESPONSIBLE PARTY	TIME FRAME FOR THE PROGRAM
<b>1. Self Study submitted to NAACLS</b>	Submit Self Study to NAACLS.	Program Director	Submitted by due date listed on Notification of Renewal.
<b>2. Self Study Review</b>	Self-Study is evaluated.	NAACLS	Self-Study Review forwarded to program typically within 2-3 months.
<b>3. Response to Self-Study Review</b>	Response to Self-Study Review is submitted with supporting documentation.	Program Director	Within 1 month of receipt of Self-Study Review.
<b>4. Site Visit</b>	Site Visit Team submits a written report following the site visit.	NAACLS	Site Visit Report forwarded to program within 1.5 months following the site visit.
<b>5. Response to Site Visit Report</b>	Response to Site Visit Report is submitted with supporting documentation.	Program Director	Within 1 month of receipt of Site Visit Report.

*All documentation is reviewed by NAACLS. Program Review Committee recommendations are reviewed by the Quality Assurance Committee and sent to the NAACLS Board of Directors to determine accreditation/approval awards.*

### The Doctoral Accreditation Process – The Self-Study

Programs seeking initial Doctoral accreditation turn in the self-study report three years after the Initial Doctoral Accreditation Packet is approved or after the third student graduates, whichever comes first, while programs seeking continuing Doctoral accreditation receive a Notification of Renewal from NAACLS approximately one year before the Self-Study Report is due.

#### **Self-Study Process**

The self-study process is one of the primary aspects of the Doctoral accreditation process. It involves a programmatic self-review of internal policies, functions, resources and external relationships to allow ongoing improvement of the program. The program director presents the results of the self-study process in a Self-Study Report, which demonstrates the program's compliance with the Standards.

The self-study process enables the institution to:

1. Evaluate the program before the site visit.
2. Take remedial action if one or more aspects of the program do not meet the Standards.
3. Enhance positive aspects of the program.

The program director is responsible for supervising the self-study process and submitting the Self-Study Report. The self-study process is most efficient when everyone associated with the program participates, including administrators, faculty, students, graduates, employers of graduates and representatives of institutional affiliates. Personnel from other disciplines or programs are frequently helpful.

### **Conducting the Self-Study Process**

The program director *may* conduct the self-study process in the following sequence:

1. Organize at least one committee of representatives from interested groups. Each committee may form subcommittees to address specific aspects of the self-study process in relation to the Standards.
2. Familiarize committee members with the Doctoral Standards, the Guide to Doctoral Accreditation, and the Doctoral Standards Compliance Guide. Make assignments as needed.
3. Gather each committee's evaluations of the program and organize materials for the Self-Study Report.
4. Prepare the Self-Study Report and have the committee members and administrators review it.

### **Turning in the Self-Study Report**

Recommended documentation for the self-study can be found in the Doctoral Standards Compliance Guide. See the NAACLS Website for ways you can electronically submit your self-study report. Self-studies will only be accepted if they are submitted on a NAACLS Self Study Template.

In the event that the Self-Study will not be complete in time to arrive at the NAACLS office by the listed due date, please contact the NAACLS office as soon as possible.

### **Self-Study Review**

A Self-Study Review is an annotated abstract of the information provided in the Self-Study Report. After the program director submits the Self-Study Report to NAACLS, staff assigns a qualified reviewer who determines if the program has submitted all required information and if narrative and documentary materials clearly describe the program. Ultimately, determining compliance with the Standards is the function of the Board of Directors, upon recommendation by the appropriate review committee; however, the Self-Study Reviewer identifies missing information and/or documents, areas of concern, and any additional areas the site visitors and review committees should address.



NAACLS Staff receives the Self-Study Review from the assigned reviewer, and sends it to the program director. The program director is encouraged to share this review with the administration and faculty. The program director **must** submit to NAACLS a response to the Self-Study Review. Should the materials within the Self-Study Report be cited as lacking or in need of clarification, these materials should **also** be re-submitted with the response.

## **The Doctoral Accreditation Process – Site Visit Process**

### **Site Visit Process**

After the self-study process has been completed, NAACLS arranges for the program's site visit. During the site visit, NAACLS' volunteer site visitors meet with faculty and administrators, review materials and verify the Self-Study Report's content. Several aspects of a program's operation can only be assessed on site. For example, the amount of space at the site may be minimal, but excellent adaptations in the use of the facilities are made. Also, interviews enable the site visitors to obtain viewpoints from all participants in the program.

### **Site Visit Team Composition.**

All site visit teams will consist of a minimum of two members, a Team Coordinator, and a Team Member. Between the two, the following qualifications must be met.

- Knowledge of the DCLS Standards
- Knowledge of and experience with clinical laboratory advance practice
- Experience with graduate level and/or advanced practice education

### **Arranging Site Visits**

Before the Self-Study Report due date, NAACLS will request site visit dates. Once these dates are received, NAACLS will begin to recruit site visitors. NAACLS assigns site visitors to programs undergoing accreditation review, based upon proximity to the program being visited, experience as a site visitor, and training through various resources.

After NAACLS identifies a site visit team, the program director is notified and asked to approve the proposed team. If conflicts are identified, the program director must contact NAACLS immediately. NAACLS will then attempt to recruit a substitute team member.

Once the site visit team is approved, the program director must contact the team coordinator to make arrangements for the site visit.

Prior to the site visit, NAACLS sends the program invoices for a site visit preparation fee and for 80 percent of the estimated site visit expenses. Invoices must be paid prior to the site visit. All programs are assessed a standard site visit preparation fee.

Additional persons or observers must not accompany the site visit team without prior approval from the program director, site visitors, and NAACLS. Observers must not act as an impediment to the process.

### **Role of the Team Coordinator and Setting the Itinerary**

The team coordinator is the primary contact with the program regarding the site visit itinerary as well as lodging and ground transportation arrangements. It is also the

Team Coordinator who keeps team member(s) informed about arrangements.

The program director and team coordinator prepare the itinerary for the site visit and confirm appointments with those who need to be interviewed.

The itinerary should include:

1. Time for the preliminary interview.
2. Persons to be interviewed.
3. Time and place that each interview will occur.
4. Time that facilities will be visited.
5. Time for the team to work on the Site Visit Report.
6. Time for the exit interview.

The team coordinator should also consult with team member(s) and the program director regarding any additional issues to be clarified during the site visit. The team usually meets the evening before the site visit to develop strategies and assign individual responsibilities. The team may request that the program director provide additional documentation at this time.

### **Conducting the Site Visit**

The site visit team:

1. Verifies that information and documents contained in the Self-Study Report are accurate.
2. Reviews any information missing from the Self-Study Report.
3. Addresses the concerns raised by the paper reviewer.
4. Addresses aspects of the program that can only be determined on site.
5. Completes the Site Visit Report.

Site visitors are professional, objective and friendly; they are peers, voluntarily performing a service to the program. With program personnel, they discuss areas of strength and areas of concern regarding the program. The site visitors should stress that the team is serving in a fact-finding capacity with the intent to assist program personnel in a positive and constructive manner. Site visitors should review the steps and responsibilities in the NAACLS accreditation process with program personnel, as listed in the Volunteer Manual.

Information concerning clinical affiliates is critical for the site visit team and should be made available to the site visitors at the Program's sponsoring institution. It is suggested that appropriate contact persons from each clinical affiliate be available for interview at the sponsoring institution during the site visit. If interviews cannot be conducted in this manner, arrangements should be made for telephone conversations.

Interviews of students and of recent graduates should be arranged. If students at the clinical facilities cannot be at the sponsoring institution, teleconferences should be arranged.

All interested individuals, including administrators, faculty and students may attend the exit interview. During the exit interview, the site visit team reports its findings. All aspects of the program that will be included in the Site Visit Report must be discussed at the exit interview. Program personnel should find no surprises when they receive the written report. If the team observes an apparent deficiency in relation to the Standards, it should state this in clear and concise terms, giving the rationale for the assessment. The team should allow the program the opportunity to respond to apparent deficiencies.

The site visit team does not have the authority to speak on behalf of nor bind NAACLS regarding a program's compliance with the Standards, nor can they predict accreditation actions. These responsibilities rest solely with the NAACLS Board of Directors, which has the sole and exclusive right to determine whether or not accreditation is to be granted or continued.

### **Aborting a Site Visit**

An institution undergoing a site visit or the site visitors themselves may elect to abort a visit under special circumstances. If the program officials or site visitors feel that an objective review is not possible, they may contact the NAACLS President or Chief Executive Officer by phone. They must do so prior to the exit interview or the visit will be considered complete and the review processes will continue.

The NAACLS official will ask for the request and justification to be written and faxed or emailed immediately to the office. Upon receipt of the request and with agreement of the NAACLS official, the program and visitors will be notified that the visit must be stopped. The institution's CEO is required, in writing, to request another visit.

### **After the Site Visit**

NAACLS receives the Site Visit Report and sends it to the program director. The program director is encouraged to share this report with the administration and faculty. The program director must submit to NAACLS a response to the Site Visit Report. Should there be a need to submit additional information, correct factual errors, address any comments or negative responses found in the body of the report **and/or** in the "Areas of Concern," these materials should **also** be submitted with the response.

### **Interim Review of Programs**

If an accredited program is brought to the attention of a review committee or the Board of Directors because the possibility of non-compliance with the Standards exists, the Board of Directors may determine that a site visit is needed. The team composition is at the discretion of the Board of Directors.

## **The Doctoral Accreditation Process – Review by Committee and BOD**

### **Review by the Doctoral Review Committee**

The Doctoral Review Committee meets once per year to discuss Recommendations for Doctoral Accreditation. For each program, the committee reviews the Self-Study Review, the Self-Study Review Response, the Site Visit Report, the Site Visit Report Response, and any supplementary materials that have been received by the NAACLS office with enough time to distribute to the Committee. **The Doctoral Review Committee does not review the original Self-Study document, so, if a response references the Self-Study, that portion of the Self-Study must be re-submitted within the response.**

The Doctoral Review Committee first reviews the program to determine compliance with the Standards. Based on the compliance with the Standards, the Committee then recommends an accreditation action. All recommendations are reviewed by the Quality Assurance Committee, and then sent to the Board of Directors, who will make the final decision on all accreditation awards.

When determining accreditation recommendations, the review committee states that a program is in compliance, partial compliance or non-compliance with the Standards. These definitions are provided to clarify the accreditation categories:

#### *Compliance*

This indicates that a program meets the requirements of the Standards.

#### *Partial Compliance*

This indicates that a program partially meets the requirements of the cited Standard(s) or that compliance with the cited Standard(s) is planned or in progress but plans have not been completed. A citation of partial compliance is accompanied by a rationale and recommendation for compliance with the cited Standard(s) in the accreditation recommendation letter to the program and in the board award.

#### *Non-Compliance*

This indicates that a program fails to meet the cited Standard(s). A citation of non-compliance is accompanied by a rationale and recommendation for compliance with the cited Standard(s) in the accreditation/approval recommendation letter to the program and in the board award.

NAACLS notifies the sponsoring institution's chief executive officer, program director and medical advisor/medical director (if applicable) of its accreditation recommendation and board award.

The number of citations of partial compliance and non-compliance determine the award recommended. Citations are counted as follows:

Standards	Number of possible citations
I.A/B/C, I.D	2
II.A, II.B	2
III.A, III.B, III.C, III.D	4
IV.A, IV.B, IV.C, IV.D	4
V.A-F	1
VI.A-G	1
VII.A, VII.B, VII.C, VII.D	4
VIII.A, VIII.B, VIII.C	3
<b>Total:</b>	<b>21</b>

## **Accreditation Categories**

### **Accreditation for Ten Years**

The maximum length of accreditation for ten years may be awarded to a program that has:

1. No partial or non-compliance citations in the current review cycle.
2. No non-compliance citations and up to two partial citations in the previous review cycle.
3. No period of inactivity or probationary status during the last period of accreditation.

Accreditation for ten years will not be awarded to programs seeking initial accreditation.

### **Accreditation for Five Years**

For programs seeking initial accreditation, the maximum length of accreditation awarded is five years.

For programs seeking continuing accreditation, five years may be awarded to programs with no full citations of noncompliance that do not otherwise qualify for the ten-year accreditation award:

1. The program received one or more partial compliance citations in the current review cycle, or
2. In the previous review cycle, the program received a noncompliance citation or more than two partial compliance citations, or
3. The program has had a period of inactivity or probationary status during the last period of accreditation.

If there are any citations, a Progress Report documenting the program's compliance with the cited Standards is required within one year.

For initial programs, an Initial Progress Report is not required.

### **Accreditation for Less Than Five Years**

Two years' accreditation may be recommended for a program with one to three full citations of noncompliance, with or without citations of partial compliance.

A Progress Report documenting the program's compliance with the cited Standards is required within one year. Accreditation may be extended for the balance of the full five years if the Progress Report demonstrates compliance with the cited Standards.

### Probationary Accreditation

Probationary Accreditation of six months to one year is awarded to a program with:

1. Four or more full citations of noncompliance

The number of citations indicates a program has deficiencies that may jeopardize an acceptable educational experience for students. A Progress Report documenting the program's compliance with the cited Standards is required. Accreditation may be extended for the balance of five years if the Progress Report demonstrates compliance.

2. A Progress Report found to be unsatisfactory

A program whose Progress Report on previously cited Standards is unsatisfactory due to concerns at the noncompliance level will be placed on probation for six (6) months. A program whose progress report on previously cited Standards is unsatisfactory due to concerns at the "partial compliance" level will be placed on probation for one (1) year.

If Probationary Accreditation is recommended for the program, the program director is sent an outline of NAACLS' Due Process Procedure. The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. If the program director wishes NAACLS to reconsider the recommendation for Probationary Accreditation, the program director must request this in writing within 30 days.

A program's failure to comply with the Standard(s) within the Probationary Accreditation period results in an action of Withdrawing Accreditation.

### Withholding Accreditation

**This award applies only to initial applicants.** Accreditation may be withheld from a program if it does not meet the Standard(s) and deficiencies noted may not be easily correctable.

If NAACLS recommends Withholding Accreditation status for a program, it identifies all aspects of the program that are not in compliance with Standard(s) and sends guidance to the program regarding all possible means of meeting the requirements. The institution may withdraw the application for accreditation before the NAACLS Board of Directors acts upon this recommendation.

If NAACLS recommends Withholding Accreditation status, it notifies the chief executive officer and program officials of its Due Process Procedure. If the officials choose to exercise the options under the Due Process Procedure, they must do so in writing within thirty days after receiving their award (for a program to appeal a decision by the NAACLS Board of Directors, it must appeal the DRC recommendation. Please see the NAACLS Due Process Procedure at the end of this document for details). If not, they



may reapply for accreditation one year after NAACLS' action. During that time, the program director and chief executive officer should correct deficiencies in the program and document compliance with the Standard(s).

#### Withdrawing Accreditation

This may be awarded to a program when:

1. The program fails to comply with the Standard(s) within the specified period of Probationary Accreditation or Administrative Probationary Accreditation.
2. All other possibilities have been exhausted.

NAACLS offers the program the option to follow NAACLS' Due Process Procedure. The program may reapply one year after the effective date of the board award.

***When accreditation is withheld or withdrawn from a program, students enrolled in the program at the time of this award are permitted to complete the program and are then considered graduates of a NAACLS accredited program.***

**NAACLS must award a program Probationary Accreditation or Administrative Probationary Accreditation before it can withdraw accreditation from the program.**

#### Voluntary Withdrawal of Accreditation

NAACLS recognizes and accepts this action at the sponsoring institution's request. The program's name is removed from the list of accredited programs.

#### Reapplication for Accreditation

If a program withdraws or is denied accreditation, it may not reapply until a period of one year has elapsed.

#### Administrative Probationary Accreditation

This may be awarded to a program that does not comply with the following administrative requirements for maintaining accreditation:

1. Submission of a Self-Study Report, an Application for Continuing Accreditation, or a required Progress Report by the established due date.
2. Payment of all accreditation fees.
3. Notification to NAACLS of relevant administrative and operational changes within 30 days. This includes changes in program official names, addresses or telephone numbers; affiliates, status (i.e., inactivity, closure) or location; and institution name.
4. Completing an Annual Report prescribed by NAACLS and returning it by the established deadline.

5. In accordance with federal and state requirements, verifying compliance with these Standards upon request from NAACLS.
6. Agreeing to a reasonable site visit date before the end of the period for which accreditation was last awarded.

Before a program is placed on Administrative Probationary Accreditation, NAACLS informs the program director by certified mail of the relevant requirements, policies and procedures that will be followed. **Administrative Probationary Accreditation is not subject to appeal.** During a period of Administrative Probationary Accreditation, programs are recognized as being accredited.

If NAACLS awards Administrative Probationary Accreditation to the program, its notification letter states that the program is in non-compliance with requirements for maintaining accreditation and lists the requirements in question. A program's failure to comply with requirements for maintaining accreditation results in Withdrawing Accreditation status.

The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. A program that has been placed on Administrative Probationary Accreditation cannot receive ten years of accreditation at the next review.

### **Quality Assurance Assessment**

The Quality Assurance Committee reviews all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with Standards and accreditation policies. This review takes place before the sponsoring institution is notified of the Program Review Committee recommendations and before the recommendations are sent to the Board of Directors for final approval of accreditation awards. The Quality Assurance Committee may recommend actions directly to the review committees and/or the Board of Directors.

### **Due Process**

Once the Quality Assurance Committee and the appropriate review committees have approved a recommendation for a program, the recommendation is then sent to the program prior to submission to the Board of Directors. The program has the option to accept the recommendation (no action required) or to request reconsideration of the recommendation.

### **Review by the Board of Directors**

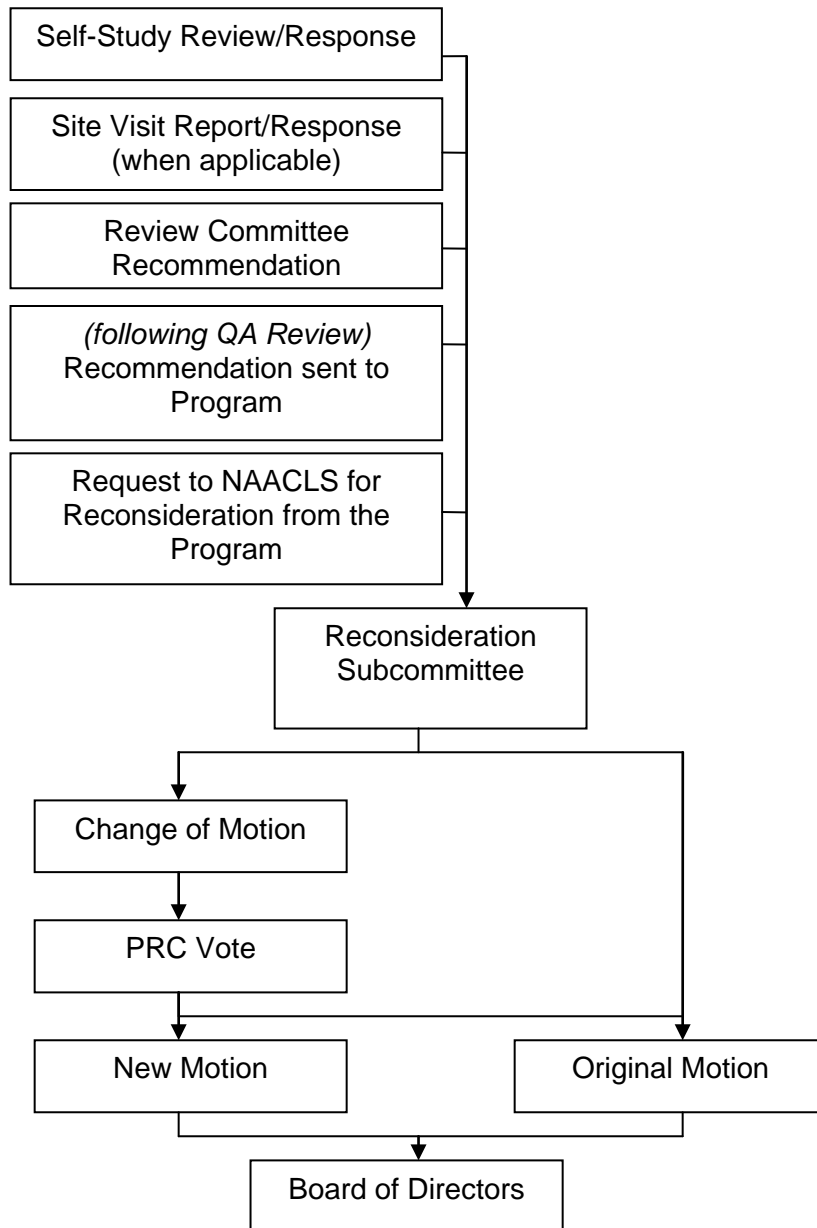
The Board of Directors receives the recommendations of the Program Review Committees and reviews them for consistency in the application of Standards, the consistency of the years awarded and the consistency of process. The Board then acts on accreditation actions, including granting, continuing and withdrawing accreditation.

## **Annual Reporting**

NAACLS' Standards require annual reporting from NAACLS accredited doctoral programs. Doctoral Annual Reporting will focus on a program's compliance with Standard II, and their annual efforts in continual improvement. Items provided in Annual Reporting will be reviewed by the DRC.

## NAACLS' Due Process Procedure

### Reconsideration Process



### Purpose and Criteria

The Due Process Procedure provides an opportunity to reexamine a NAACLS action of accreditation. There are two levels of due process: first to the review committee (Reconsideration), second to the Board of Directors (Appeal). The process may not be used to postpone implementing the accreditation action. The program's request to the review committee to reconsider the accreditation recommendation must include a concise statement citing the cause for reconsideration and the basis for the request with relation to the materials available during the respective review cycle.

### Reconsideration Process

Programs are given an opportunity to request Reconsideration after they have received

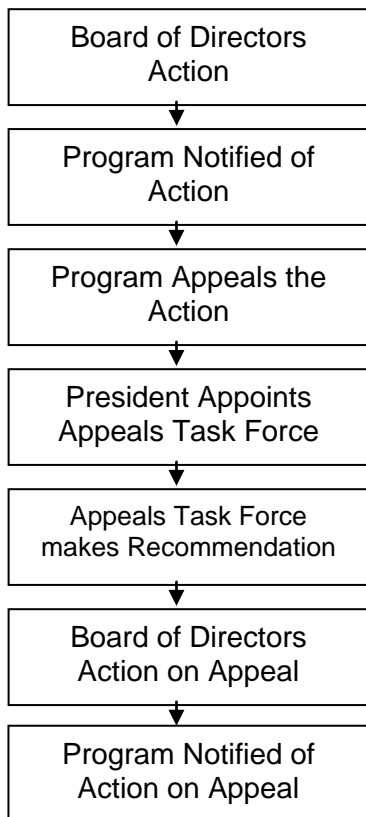
notification of the review committee's recommendation. In order to take advantage of this due process option, within **30 days** from receipt of the review committee's notification, the program must provide in writing to NAACLS a request for Reconsideration of the committee's recommendation. The request must be based on the non-application or mis-application of Standards and/or inconsistency with established procedures.

The program must have completed all previous steps in the accreditation process. These include responding to the Self-Study Review (and Site Visit Report, when applicable) by either concurring with the findings or addressing each negative finding or concern. All missing or additional documentation must be submitted in these responses. **No new materials will be evaluated in the reconsideration process.**

The reconsideration request will be reviewed by a subcommittee of the Program Review Committee which will either uphold the original recommendation or present another motion to the entire committee for a vote. Depending upon the outcome of the vote, a new recommendation may be forwarded to the Board of Directors.

A program may petition the Board of Directors for appeal only if the review committee's recommendation appears arbitrary, capricious or inconsistent with the Standards and NAACLS' procedures.

### Appeal Process



### Appeals Process

Programs have the opportunity to appeal decisions of the Board of Directors related to their accreditation status. Within **30 days** from receipt of the board letter stating the action, the program must notify the executive director of intent to appeal.

The letter of intent must indicate a specific misapplication of Standards (or non-application) or an inconsistency with established procedures. The program should have completed all previous steps in the accreditation process (including requesting Reconsideration if the BOD award is the same as the review committee recommendation) and responding to the Self-Study Review, and Site Visit Report, when applicable) by either concurring with findings or addressing any negative findings or concerns in the reports.

The president of the Board of Directors establishes an ad hoc task force of at least three individuals to review the appeal. The task force is appointed by the president from a pool of persons having previously served on the Board of Directors or review committees but who played no role in the decision which is under

appeal.

The Appeals Task Force conducts a thorough review of all existing documentation and recommends an accreditation award to the Board of Directors. The board makes the final decision related to the appeal. A program may appeal a specific accreditation action only once.

## Options and Processes for Programmatic Accreditation

### Operational Characteristics of Sponsor Types

The differences between the different types of sponsorship can be seen in how the responsibilities listed under Standard 1D are met:

<b>Responsibility listed under Standard 1D</b>	<b>Who is responsible?</b>				
	<b><u>Sponsoring Institution</u></b>	<b><u>Consortium Sponsor:</u></b>		<b><u>Multi-Location Sponsor:</u></b>	
		A separate and distinct entity with MOU containing elements listed in Standard 1B.		A specified location of an entity that controls a system of campuses, colleges, etc.	
		<i>Consortium in its entirety</i>	<i>At least 1 member of consortia</i>	<i>The location seeking accreditation</i>	<i>The controlling entity</i>
Having a formal affiliation agreement with all other entities that are involved in the education of the students, which describes the relationship, the roles, the responsibilities of the sponsor and that entity, and the assurance for completion of students assigned clinical requirements in the event that an affiliation is discontinued	X	X		X (either)	X (either)
Supporting curriculum planning and course selection by program faculty and staff	X	X			X
Appointing faculty and staff	X	X		X	
Maintaining student transcripts permanently	X	X		X	
Granting the degree and/or certificate documenting satisfactory completion of the educational program	X		X		X
Ensuring that appropriate personal safety measures are addressed for students and faculty	X	X		X	
Ensuring that all provisions of the Standards are met	X	X		X	
Ensuring that graduates of the program have obtained or will obtain the minimum degree and/or certificate upon completion of the program	X	X		X	
Ensuring that the activities assigned to students in the clinical setting are educational	X	X		X	
Maintain documented ongoing communication between the sponsor and its affiliates for exchange of information and coordination of the program	X	X		X	

## **Sponsoring Institution**

In cases where the sponsoring institution is an academic institution, other academic institutions may serve as academic affiliates. If the Sponsoring Institution is a single location of an accredited entity that controls a system of locations, other locations within the entity may serve as affiliates.

## **Consortium Sponsor**

A Consortium Sponsor is a distinct entity that exists for the purpose of operating an educational program, has a legally established governing body with a formal memorandum of understanding between its members that contains the elements listed in Standard 1B, and is solely eligible for a single NAACLS Accreditation Award.

## **Multi-Location Sponsor**

A Multi-Location Sponsor delivers the NAACLS Accredited Program in its entirety, is a specified location of an entity that controls a system of locations, and is eligible for a consolidated review that includes 1) a combined Self-Study with other accredited locations in the system, and 2) a condensed site visit process. Each location is eligible for its own accreditation award.

## **Accreditation Process for Multi-Location Sponsors**

### Preliminary Review

1. Initial application packet and initial application fees, must be submitted for each location seeking accreditation.
2. The controlling entity is also responsible for the submission of the Multi-Location Proposal Report. The Multi-Location Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Multi-Location sponsor. The Multi-Location Proposal Report will be reviewed by the Review Committee with the Preliminary Report, and if approved, a self-study due date will be determined.

### Self-Study Submission

The controlling entity is responsible for submission of a combined Self-Study for all Multi-Location Sponsors. Each Multi-Location Sponsor at which instruction occurs should submit Self-Study documentation to the controlling entity as required.

Depending upon size and coordination required, a two or three day visit consisting of two or three site visitors will be scheduled for all geographically local locations. Distant locations will be verified during a separate site visit.

## Recommendations and Awards

1. Each Multi-Location Sponsor receives separate accreditation recommendations and awards.
2. All Multi-Location Sponsors must have their accreditation cycles aligned. In cases where one or more Multi-Location Sponsors receives an award that is less than an award given to another Multi-Location Sponsor, an interim report will be required from the Multi-Location Sponsors that received the lesser award in order to realign the accreditation cycles. If multiple Multi-Location Sponsors fail to meet standards, then the accreditation status of all Multi-Location Sponsors underneath that particular controlling entity may be impacted.

### **Other Processes for Consortium and Multi-Location Sponsors**

#### **Two or more existing NAACLS Accredited Programs that choose to form a Consortium**

All parties will be responsible for the submission of the Consortium Proposal Report. The Consortium Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Consortium Sponsor. The Consortium Proposal Report will be reviewed by the DRC, and if approved, the new consortium’s accreditation award will be created by averaging the length of years remaining between the former sponsors.

#### **Adding entities to an existing Accredited Consortium**

Both parties will be responsible for the submission of the Consortium Proposal Report as it relates to the new participating entity. The Consortium Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Consortium Sponsor. The Consortium Proposal Report will be reviewed by the appropriate review committee, and if approved, the consortium will maintain their current accreditation award. In the case that the newly added entity was an existing accredited NAACLS program, Withdrawal of Accreditation will be scheduled.

#### **Seeking Accreditation for Multi-Location Sponsors that have the same controlling entity as other Multi-Location Sponsors**

Since each Multi-Location sponsor under a controlling entity receives separate accreditation recommendations and awards, adding a new Multi-Location sponsor requires the following steps to be:

1. Request from NAACLS information regarding the accreditation process.



Review of a program is undertaken only when authorized by the new Multi-Location Sponsor's chief executive officer. The chief executive officer must submit a letter to NAACLS stating the intent to apply for accreditation. After receipt of the letter, the institution is sent an Application for Initial Accreditation.

2. Submit the Application for Initial Accreditation to NAACLS, along with an updated Multi-Location Proposal Report. The new sponsor and the controlling entity is also responsible for the submission of the Multi-Location Proposal Report. The Multi-Location Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the "Operational Characteristics" of a Multi-Location sponsor. The Multi-Location Proposal Report will be reviewed by the Doctoral Review Committee
3. Pay the Initial Application Fee.

Once the application packet has been received, and the updated Multi-Location Proposal Report is approved, NAACLS staff will request that the new Multi-Location Sponsor submit a Self-Study (a preliminary report may also be requested, depending on the projected timeline of accreditation). The materials will be reviewed, and a review will be sent to the new sponsor, which will be given a chance to respond to any concerns.

The new sponsor will also be required to have a one day site visit. Following the Site Visit, the new sponsor will be given a chance to respond to any concerns, and will be placed on the agenda of the next review committee meeting. The review committee will then make an accreditation award recommendation to the Board of Directors, who will review the recommendation at their next meeting.

### **Transferring Sponsorship**

The following procedures outline the steps for transfer of program sponsorship from one institution to another.

The chief executive officer of the institution relinquishing sponsorship, or an official designee, provides NAACLS with a notice of intent to transfer the program.

The chief executive officer of the new sponsoring institution, or an official designee, completes and forwards the NAACLS application for transfer of sponsorship of the program, together with a summary of the pertinent rationale for program relocation:

- A. Statements and appropriate exhibits fulfilling the general characteristics of a sponsoring institution. A sponsoring institution or consortium:
  1. Demonstrates evidence of sound financial support of the educational program on a current and continuing basis.
  2. Appoints faculty to the program based on established criteria for eligibility,

- including professional and academic qualifications.
3. Assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of affiliating institutions, if any.
  4. Exercises primary responsibility in coordination of classroom or online teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
  5. Receives and processes applications for admission to the program.
  6. Accepts applicants who are then enrolled as full or part-time students with all customary privileges for use of available student services and facilities.
  7. Grants a degree or certificate, or other official evidence of completion of the program.
- B. Reasonable assurances that the Standards will continue to be met. These will include, but not be limited to:
1. An organization chart identifying the program's position within the organizational structure and all key personnel by name and title.
  2. Curriculum vitae of the program director, the clinical coordinator (optional) and the medical advisor/medical director (if applicable).
  3. Institutional support resources to include: space, library facilities, etc.
  4. A specific financial commitment.
  5. A curriculum outline and a list of principal faculty and lecturers with their qualifications.
  6. Identification of all clinical and academic affiliates along with copies of formal affiliation agreements.
- C. NAACLS acknowledges receipt of these letters and exhibits. If the materials submitted indicate that the program continues to be in compliance with the Doctoral Standards, NAACLS approves the transfer of sponsorship and an appropriate accreditation category and length. The length of accreditation recommended for the newly sponsoring institution is usually the amount of time remaining in the program's last award. NAACLS also determines applicable fees and informs the new sponsor of these fees.
- D. The program must remain fairly constant in the transfer process with similar personnel, affiliations and curriculum. Major changes may result in consideration of the program as an initial applicant.
- E. The length of accreditation recommended will depend upon when this action takes place. If the action occurs at the end of an accreditation cycle, the program may be recommended for the maximum eligible period of continuing accreditation. This action requires two separate motions on the part of the review committee:
1. Voluntary Withdrawal of Accreditation, naming the discontinued sponsor.

2. Motion recommending appropriate action.
- F. Should the information and exhibits provided by the new sponsor be found less than adequate, NAACLS may:
1. Require modification and submission of the most recent Self-Study Report with specific deadline date; or
  2. Require a new Self-Study Report (by date), and/or
  3. Recommend that accreditation be withheld from the new sponsor for reasons stated. This recommendation may or may not be based on a special, modified site visit.

### **Inactive Status**

A program is considered inactive if it does not enroll, or progress students through the plan of study for at least half of the program's defined completion time. An inactive program has the following responsibilities:

1. Notify NAACLS.
2. Payment of NAACLS' full annual accreditation fees.
3. Notification of any changes in program director during the inactive period.

A program may request inactive status for a maximum period of two years. At the end of the two year period, the program must do one of the following:

1. Reactivate the program by enrolling students, or progressing students through the plan of study, and following the reactivation process, or
2. Submit a letter from the administrative officer requesting Voluntary Withdrawal of Accreditation; the effective date of closure and the reasons for this action must be included.

Failure to initiate one of these options before the inactive period expires will result in NAACLS placing the program on Administrative Probationary Accreditation/Approval.

### **Reactivation**

If an inactive program reactivates and the Self Study due date has elapsed, a Self Study will be due shortly after notifying NAACLS of reactivation. The reason for inactivity, and reactivation, resolution of issues which led to program inactivity and a description of a formal evaluation plan for continually and systematically reviewing the effectiveness of the program must be included in the report.

If an inactive program reactivates and the Self-Study Report due date has not elapsed, then a Progress Report for Reactivation is required. The Progress Report must include the following:

## **Standard I. Sponsorship**

- Sponsoring Institution: Provide documents of current accreditation by a regional or national agency for the sponsoring institution.
- Affiliations: Provide letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites, providing evidence that enough sites are available to accommodate projected numbers of students.

## **Standard II. Assessment and Continuous Quality Improvement**

- Program Evaluation: Summarize a plan for continuous and systematic assessment, proposed outcomes of program effectiveness with a plan for program modification and improvement.

## **Standard III. Resources**

- Budget Information: Cost projection or a letter of financial support.
- Physical Resources: Describe facilities, equipment, and supplies sufficient to achieve program goals.

## **Standard IV. Students**

- Show how program Mission, Goals and Outcomes: Provide program goals that will align, correlate, and support NAACLS DCLS competencies including both core and unique standards for the profession.

## **Standard V. Operational Policies**

- Recruitment: Describe student recruitment, and selection of students appropriate to the size and scope of the program. Describe how admissions criteria and essential functions and student outcomes measures will be communicated to prospective students.

## **Standard VII. Faculty**

- Program Director Qualifications: Provide resume (cv), transcripts, documentation of certification and proof of knowledge of education methods and administration as well as current NAACLS accreditation procedures and certification procedures.
- Personnel Plan: Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the program goals. Provide a list of faculty and the courses they may be teaching .
- Advisory Committee: Describe the membership of the Advisory Committee which will provide input into the program/curriculum to maintain current relevance and effectiveness.

## **Standard VIII. Curriculum**

- Program and Course Descriptions: Provide a description of the proposed length of program or program tracks, courses, course descriptions with measurable program level student learning outcomes and sequencing.
- This Progress Report will receive a preliminary review to determine if all required information is present. It will then be presented to the programs review committee at the next regular meeting. The review committee will vote on the acceptability of the report, and the program will be notified of the committee's decision.