National Accrediting Agency for Clinical Laboratory Sciences

MEDICAL DIRECTOR/MEDICAL ADVISOR

APPROVAL FORM

(for Pathologists’ Assistant Programs)

An Application Fee ($200) is required to process the Medical Director/Medical Advisor Approval Form

**Instructions for submitting documentation for approval as medical director / medical advisor.**

Sign and return the completed typewritten form along with:

**(1) A complete curriculum vitae that includes all of the following:**

* Education: institution(s) (medical school and residency training in pathology), major, degree type/certificate, and graduation/completion year
* Laboratory Experience: institution, position, dates, and discipline

**(2) Validation of certification (copy of license and anatomic pathologist board certification)**

**(3) Documentation that shows faculty appointment in the sponsoring institution**

**(4) The person designated as the medical director must be separate from the program director**

**Please refer to page 3 for qualifications for the Medical Director / Medical Advisor.**

**Misrepresentation of information will negatively affect the accreditation status of the program and may lead to withdrawal of accreditation.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Type: | [ ]  Initial |  | [ ]  Continuing |  |

**I. GENERAL INFORMATION**

*PLEASE TYPE INFORMATION CAREFULLY.*

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Name and credentials |  | Date |
| Certification: |  |  [ ]  Board Certified |  | [ ]  Board Admissible |  |  |
| Clinical: |  | Clinical:      |  | Anatomical:      | Other:      |
|  |  | Date |  | Date | Date |

|  |
| --- |
|       |
| Institution      |
| Mailing Address      |
| Mailing Address                   |
| City / State / Zip      |  |       |  |       |
| Telephone      | Fax |  | Email |
| Effective date of change      |
| Previous Medical Director / Medical Advisor      |
| Current Program Director |

*To comply with Standard VII.F the program must have a qualified medical director / medical advisor. The signature below acknowledges that the Proposed Medical Director / Medical Advisor meets the qualifications for a NAACLS accredited Pathologists’ Assistant program, and that documented proof of these qualifications is included with this application.*

|  |
| --- |
|       |
| Name and Title |
|  |  |       |
| Signature |  | Date |

**II. Information on this form was completed by:**

|  |
| --- |
|       |
| Name/Title      |
| Date |
| Signature |

**Misrepresentation of information will negatively affect the accreditation status of the program and may lead to withdrawal of accreditation.**

If you have questions, call 773.714.8880.

Sign and return this completed application along with the required documentation described on page one to:

 Jessy Jasso at POForms@naacls.org

**VII.F. Responsibilities and Qualifications for a Medical Director / Medical Advisor for Pathologists’ Assistant Programs**

Standard VII. F

1. Medical Director

The Program must have a qualified medical director separate from the program director.

1. Qualifications

The medical director must:

* + 1. have a faculty appointment in the sponsoring institution
		2. be a licensed, board‐certified anatomic pathologist.

 2. Responsibilities

The medical director must provide continuous medical direction for clinical instruction. The medical director must actively elicit the understanding and support of practicing physicians, and must participate in the clinical instruction of pathology within the program.