NAACLS Standards Compliance Guide

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Revised: 02/2025

NAACLS

naacls.org

Dear Colleague:

Thank you for your interest in the programmatic accreditation process provided by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). NAACLS accredits biomedical scientist (BMS), cytogenetic technologist (CG), doctor in clinical laboratory science (DCLS), diagnostic molecular scientist (DMS), histotechnician (HT), histotechnologist (HTL), medical laboratory assistant (MLA), medical laboratory microbiologist (MLM), medical laboratory scientist (MLS), medical laboratory technician (MLT), pathologists' assistant (Path A), phlebotomist (PBT), and public health microbiologist (PHM) educational programs.

NAACLS is recognized by the Council for Higher Education Accreditation (CHEA). Recognition by CHEA affirms that standards and processes of accrediting organizations are consistent with quality improvement and accountability expectations that CHEA has established. NAACLS also confirms the Code of Good Practice of the Association of Specialized and Professional Accreditors (ASPA). It is assumed that NAACLS volunteers also support the Code.

The **Standards Compliance Guide** is one of three documents needed by programs going through the accreditation process, along with the **NAACLS Standards** and the **Guide to Accreditation**. The Standards Compliance Guide (SCG) is designed to highlight documentation needed to demonstrate compliance with the NAACLS Standards. The SCG is intended for the convenience of program officials. A separate Standards Compliance Guide is available for the doctorate in clinical laboratory science (DCLS).

If you have questions, contact us at 773.714.8880 or info@naacls.org.

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

Sincerely,

The NAACLS Staff

Contents

Mission Statement

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is committed to being the premier accreditation agency for ensuring the advancement of education in clinical laboratory sciences and related health care disciplines provided by domestic and international programs.

Vision Statement

Medical laboratories preferentially seek graduates of NAACLS programs to assure quality, value, innovation, and safety for healthcare consumers.

Values

Quality
Education
Innovation
Collaboration
Peer Review
Global Accreditation

Confidentiality Policy on Programmatic Communications

NAACLS maintains confidentiality of information submitted in the accreditation process (1) to NAACLS by accredited programs and accreditation applicant programs, and (2) by NAACLS to those same programs. This includes, without limitation, communication by telephone, email, US mail, private delivery service, and messaging, through website submission, and in person. NAACLS does not share confidential information with the public.

Exceptions to this confidentiality include (1) publication of program information on the NAACLS public website, including, without limitation, program awards decided by the NAACLS Board of Directors, and (2) disclosure of information as may be legally required.

Intrinsic to private accreditation is the promotion of candor within its process, which includes constructive criticism that leads to improvement in the quality of an educational program. Maintaining confidentiality within the accreditation process promotes candor. Personnel within educational programs are more forthright and candid because they trust (a) that the information they disclose to an accrediting agency during the accreditation process will be used solely within that process and will not be otherwise disclosed, and (b) that the candid evaluation sent by the accrediting agency to the educational program for the purpose of fostering improvement in the program will also not be disclosed outside the process.

Contact Information

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How to use the Standards Compliance Guide

The Standards Compliance Guide highlights documentation needed to demonstrate compliance with the 2024 Standards and is intended for the convenience of program officials.

The Standards Compliance Guide is organized by Standard, with each standard or group of standards containing four parts, illustrating required and recommended components for:
1. The Self-Study Report and site visit.
2. The Accreditation Application Packet.
3. The Initial Program Progress Report.
4. Program Director Approval Form.

As a living document, the Standards Compliance Guide was created with the knowledge that it is continuously evolving. As such, it will be updated regularly to reflect current expectations and requirements and be made available on the NAACLS website as modified. For example, quantitative performance benchmarks are not detailed in the Standards, however they appear in the Standards Compliance Guide and are updated as needed to meet current professional practices. For this reason, NAACLS Standards remain a separate document from the Standards Compliance Guide.

In the Standards Compliance Guide, requirements are dated as appropriate and will be effective immediately, unless otherwise noted. Public notification of changes will be made on the NAACLS website (www.naacls.org) and in the NAACLS News Blog.

Tips for completing and reviewing Self-Studies:
1. When submitting documents for an Accreditation Application Packet, Self-Study Report, Action Plan or Progress Report, please label all supporting documents according to related Standard and content to ensure clarity, consistency, and readability.
2. Ensure attachments to the Self-Study Report are provided in every location within the template where they are required. While appearing redundant, this assures readers will be able to access the correct document for review.
3. Verify all documents are current at submission. Please submit all supporting documents in PDF format.
4. Verify that all links and attachments work prior to submitting an Accreditation Application Packet, Self-Study Report, Action Plan or Progress Report.
5. For assistance, NAACLS has identified experienced individuals as Discipline Lead Persons (DLPs) who are available to Program Directors and administrators. A list of these DLPs can be found on the NAACLS webpage: https://naacls.org/Program-Directors.aspx

Handling False Information

NAACLS is committed to honesty in reporting, professional integrity, and ethical conduct among officials of its accredited programs, Staff, and volunteers. Any alleged violation of these principles will result in the following actions:
- Any member of staff, Review Committees, or Board of Directors who believes that a program has submitted false information shall promptly inform the Chief Executive Officer of the allegation.
- If the Chief Executive Officer decides the allegation warrants further investigation, that individual shall inform the program official(s) and institution's Chief Executive Officer (by certified mail of the allegation(s) when appropriate) and request clarification and confirmation of the facts; responses must be received in the NAACLS office within 30

days and the Board President is notified of these actions.
- If, in the opinion of the Chief Executive Officer, facts substantiate the allegation, all reports, documentation, and communications are forwarded to the Executive Committee of the Board of Directors.

The Executive Committee may:
- Refer the situation to legal counsel.
- Request materials to verify compliance.
- Schedule an off-cycle site visit.
- Request the entire Board of Directors to consider a recommendation of Probationary Accreditation or withholding accreditation action if the program is in the process of re-accreditation.
- Conclude that NAACLS' policy has not been violated and the Chief Executive Officer then notifies the program and the institution's Chief Executive Officer that the situation has been clarified to the Board of Directors' satisfaction.

All written communications related to the allegation of submitting false information shall be marked "confidential" and be maintained electronically in a secured folder. Verbal information concerning suspect materials, the investigation, and any report or recommendations from the NAACLS Board of Directors shall be disseminated only among NAACLS personnel required to be involved in the report, investigation, and implementation of the action taken.

NAACLS reserves the right to review all accreditation actions if there is sufficient evidence that falsification of information was used to achieve accreditation, and it reserves the right to award a change in accreditation status.

Compliance Requirements and Recommendations for the Self-Study and Site Visit

Standard I.A: Sponsorship – Sponsoring Institution

Contents of Narrative for Self-Study:

Standard I.A.1-5

Briefly describe the organization of your program including the name of the sponsor, a brief history of the program, the certificate or degree awarded, and any specific information that will aid reviewers in understanding the program and/or institution.

If the sponsor is in a partnership with other providers of professional phase content, describe the relationship of each member of the partnership. Include specific roles and responsibilities of the partners, how those roles and responsibilities affect the faculty and the education of the students.

For more information on how NAACLS defines program, sponsor, partner, clinical/applied learning experiences affiliate and academic affiliate please see the glossary located at the end of the Standards Compliance Guide. For more details on NAACLS Sponsorship please see the Guide to Accreditation.

Accompanying Documentation for Self-Study:

Standard I.A.1-5*

Provide copies of award letters and/or certificates as proof of sponsor accreditation, along with a completed Sponsoring Institution Fact Sheet (found on the NAACLS website). Documents must include the following:
- Most recent NAACLS awards.
- If sponsoring institution is an academic institution: accrediting body documents and state approvals (if required).
- If sponsoring institution is a hospital, medical center or laboratory-based entity, accreditation and licensing agencies recognized by NAACLS include:
  - The Joint Commission
  - CAP
  - COLA
  - Det Norske Veritas Healthcare, Inc. (DNV)
  - The Healthcare Facilities Accreditation Program (HFAP)
  - Organizations holding CLIA Certificate of Compliance (COC)
  - Organizations holding CLIA Certificate of Accreditation (COA)
  - State-Level Licensing Agencies (e.g. California Department of Health)

Proof of Compliance for Accreditation Site Visits:

Standard I.A.1-5

Provide proof of degree or at minimum a certificate of completion, given upon program completion.

Standard I.B: Sponsorship – Responsibilities of the Sponsor and/or Program Partner

Contents of Narrative for Self-Study:

Standard I.B.1.a-c
Describe how the sponsor ensures compliance with all requirements of these standards.

Standard I.B.1.d
Describe the line of authority of the program, including the administrative/organizational structure. For programs in partnerships, highlight specific individuals with responsibilities to the students and what those responsibilities entail. This may include, but not limited to:
- program director
- faculty
- clinical/applied learning experiences liaison

Standard I.B.2.a-e
Describe how the sponsor and/or the program partner ensures compliance with all requirements of these standards.

Standard I.B.2.f
Describe how activities assigned to students in the clinical/applied learning experiences setting are educational. For BMS programs only, describe how practical learning experiences (or activities) assigned to students in the professional setting are educational.

Standard I.B.3
Describe the exchange of information between the sponsor and/or program partner and its active affiliates. Active affiliates are defined as affiliates with current affiliation agreements or memorandum of understanding that have accommodated students within the past five years.

Standard I.B.4
Describe how the sponsor and/or the program partner provides eligible students with the opportunity to participate in clinical/applied learning experiences. For BMS programs only, describe how the sponsor provides eligible students the opportunity to participate in appropriate learning experiences for the field of practice.

Standard I.B.5
For each affiliate, explain the following:
a) The relationship between the sponsor and/or the program partner and affiliate.
b) The roles of the sponsor and that entity.
c) The responsibilities of the sponsor and that entity.

Please clearly indicate when multiple agencies are covered under one affiliation/partnership agreement, or policy. To ensure no errors when reviewing documents, please be consistent and complete when using names of affiliates/partners on documents submitted.

Accompanying Documentation for Self-Study:

Standard I.B.1

For programs with partnerships, please provide the sponsorship matrix.

Standard I.B.1.d

Provide an organizational chart for the sponsor. For programs in a partnership, provide one chart identifying members of the line of authority between all participants of the partnership.

Standard I.B.2.f

Submit documentation that verifies activities assigned to students in the clinical/applied learning experiences settings are educational.

When applicable, attach to the affiliate table provided in the Self-Study Template any of the following documents that are required by individual clinical/applied learning experiences affiliates but are not required for all students within the program:
- Objectives
- Evaluations
- Unique rules and policies

Standard I.B.3

Attach examples of documentation from within the last five years that supports the narrative explanation. Supporting documentation may include, but is not limited to:
- emails
- meeting minutes
- student placements
- evaluations and teaching observations of instructors
- phone logs
- text messages
- faculty appointments
- graduate information

Hospital-based programs utilizing multiple clinical facilities, provide documentation of communications between locations where students are placed and the sponsor.

Standard I.B.4

For each affiliation supply a completed Clinical/Applied Learning Experiences Affiliate Facility Fact Sheet; the template can be found on the NAACLS website.

Hospital-based programs utilizing multiple clinical facilities provide a completed Clinical/Applied Learning Experiences Affiliate Facility Fact Sheet for each hospital within the system where students are placed.

Standard I.B.5

For each affiliation supply a signed, current affiliation agreement or memorandum of understanding.

Documentation submitted and made available for review that contains confidential information (e.g., student names, Social Security numbers, etc.) must have such content redacted to protect privacy.

Proof of Compliance for Accreditation Site Visits:

Standard I.B.1
No additional information required unless concerns remain from the Self-Study Review process.

Standard I.B.3
Provide documentation of communications between the active clinical affiliates and facilities (whichever is applicable) and the sponsor and/or program partner from within the last five years to site visitors.

Hospital-based programs utilizing multiple clinical facilities should provide documentation of communications between each clinical site within the system and the sponsoring hospital.

Standard I.B.4-5
Provide completed Clinical/Applied Learning Experiences Affiliate Facility Fact Sheet and signed affiliation agreements or memorandum of understanding.

Standard II.A: Assessment and Continuous Quality Improvement – Systematic Assessment

Contents of Narrative for Self-Study:

Explain how the individuals, processes, and activities that are identified in a documented plan for continuous and systematic assessment determine program effectiveness. Include indicators that demonstrate the degree to which the program is meeting identified program/college/institution mission and stated outcomes/goals.

Accompanying Documentation for Self-Study:
- Program mission statement and outcomes/goals.
- Documented plan for the continuous and systematic assessment of program effectiveness that includes responsible individual(s), processes, and a schedule or timeline for identified assessment methods.

Proof of Compliance for Accreditation Site Visits:

Provide evidence of a mechanism for continually and systematically reviewing the effectiveness of the program.

Standard II.B: Assessment and Continuous Quality Improvement – Outcome Measures

Initial programs may not have data available and are not required to submit such measures, the narrative should include plans for collection, review, and how these results will be used in assessment and continuous quality improvement.

Please note that outcome measures data reported in the Self-Study Report may differ from data reported in the Annual Survey due to differences in the timing of the Self-Study Report. In addition, outcomes measures data reported in the Self-Study Report for Standard II may differ from data reported for Standard IV due to differences in reporting dates required by NAACLS for Standard II versus those defined by the program in Standard IV.

If the program was required to submit an Annual Survey Action Plan due to outcome measures that fell below NAACLS' approved benchmarks following the last accreditation review, and the program has not yet submitted an Interim Report since submitting the Action Plan, describe and analyze the results of the program's Action Plan. Please also include any feedback that was provided by NAACLS in the original review of the Action Plan.

Contents of Narrative for Self-Study:

Standard II. B.1-5
Complete the table as directed in the Self-Study Template. Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage placement rate and dividing by three.

Standard II.B.2
Describe the structure of the program and how the "final half" of the program was determined when submitting graduation rates.

Benchmark Requirements*:
- Graduate certification rates from the last three active years must demonstrate at least a 75% average pass rate for graduates who take a certification exam within the first year following graduation. Programs with no certification agency available must explain methods to evaluate graduate competencies.
- Graduation rates from the last three active years must demonstrate that an average of at least 70% of students who have begun the final half of the program go on to successfully graduate from the program.
- Graduate placement rates from the last three active years must demonstrate that an average of 70% of responding graduates either find employment in the field or a closely related field (for those who seek employment) or continue their education within one year of graduation.

Data from at least one of the following certification agencies must be provided for programs as identified below:
- **BMS**   Identify recognized certification agency, if available. For programs with no recognized certification agency, this benchmark does not apply.
- **CG**   ASCP BOC

- **DMS** ASCP BOC
- **HT** ASCP BOC
- **HTL** ASCP BOC
- **MLA** ASCP BOC, AMT, NHA, NCCT
- **MLM** ASCP BOC
- **MLS** ASCP BOC, AMT
- **MLT** ASCP BOC, AMT
- **Path A** ASCP BOC
- **PBT** ASCP BOC, AMT, NHA, NCCT
- **PHM** ABB/AAB

When data from more than one certification examination is reported, the summary table must be completed to determine the percentage of certified graduates within the first year following graduation. Each student is only counted once regardless of how many times they sat for any exam within one year. Each student is only counted once if they sat for exams from multiple agencies.

Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage pass rate and dividing by three.

*If outcome measures submitted for II.B. 'Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), additional information must be submitted for Standard VIII.C.

Accompanying Documentation for Self-Study:

Standard II.B.1
NAACLS Benchmarks for Certification Rates

Submit examples of tools used to collect data for applicable certification rates, including primary source documentation from the certification agency(ies) with student names redacted.

Standard II.B.2
NAACLS Benchmark for Graduation Rates

Submit examples of tools used to collect data for graduation rates with student names redacted.

Standard II.B.3
NAACLS Benchmark for Graduate Placement Rates

Submit examples of tools used to collect data for placement rates. If surveys are used, submit samples of those that have been completed with student names redacted.

Standard II.B.4
Submit examples of tools used to collect data for attrition rates. Examples may include, but are not limited to:
- Graduation rates data.
- Course and/or faculty evaluations.

- Exit interviews/advising and/or counseling records.
- Quizzes, examinations, laboratory exercises, practical exams, or capstone projects.

Standard II.B.5 (optional)

If applicable, supply other outcome measures data used in program evaluation as defined in Standard II.B.5. If appropriate, include institutional benchmarks.

Examples of other outcome measures might include, but are not limited to, results of capstone projects, faculty feedback, exit or final examinations, exit interviews with program graduates, results of student and graduate professional leadership projects, studies of the impact of the program on local and regional healthcare, etc.

Proof of Compliance for Accreditation Site Visits:

Standard II.B.1-5

Source data for certification, graduation and placement rates should be made available to site visitors, in addition to any outcome measures that were not provided in the Self-Study Report.

For BMS Programs: If there is a recognized certification for the field of practice, the program will provide the last three active years of data of graduate certification rates demonstrating an average of at least 75%* certification on those examinations, for those graduates who take the exam within the first year of graduation. Include primary source documentation from the certification agency(ies) with student names redacted. *Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage pass rate and dividing by three.*

*If there is no recognized certification for the field of practice, this benchmark does not apply.

Standard II.C: Assessment and Continuous Quality Improvement – Feedback

Contents of Narrative for Self-Study:

Standard II.C.1

Describe the process by which the program collects feedback from program graduates.

Standard II.C.2

Describe the process by which the program collects feedback from employers of program graduates.

Accompanying Documentation for Self-Study:

Programs undergoing initial accreditation are not required to submit documentation for Standard II.C.

Feedback from graduates must be collected no less than three months post-graduation.

Standard II.C.1-2

Submit examples of completed documentation, with graduate names redacted, that are used during the process of obtaining feedback from graduates and employers.

Examples of completed documentation could include, but are not limited to:
- Formal surveys.
- Records of informal communication via email, phone, or other methods.
- Records of informal meetings.
- Advisory committee meetings with graduates and employers in attendance.

Proof of Compliance for Accreditation Site Visits:

Standard II.C.1-2

Make primary sources of supportive documentation demonstrating data collection, review, and evaluation of feedback from graduates and employers available to site visitors.

Standard II.D: Assessment and Continuous Quality Improvement – Program Assessment and Modification

Contents of Narrative for Self-Study:

Standard II. D.1-4

Describe how the results of outcome measures and graduate feedback and employer feedback are reviewed and evaluated for program assessment and continuous quality improvement.

Initial programs may not have the required data available to collect. Therefore, the narrative should include plans for collection, review, and how results will be used in assessment and continuous quality improvement.

This diagram illustrates the ongoing process of program assessment and modification in which data is collected, evaluated, acted upon, and re-evaluated after changes are implemented so that change effectiveness can be determined, "closing the loop".
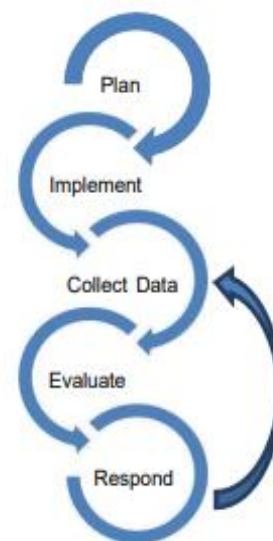
The Self-Study Report narrative must indicate how the program engages in a continual quality improvement process, evaluating effectiveness of changes and taking further steps and evaluation as needed based on results of change implementation, including:
- The individuals and/or groups involved in the process.
- Details of data collection, analysis, and discussion with appropriate parties.
- How information collected is used in ongoing quality improvement, curriculum development, resource acquisition/allocation, and program modification and improvement.
- Information on how changes are implemented in response to data.

Accompanying Documentation for Self-Study:

Programs undergoing initial accreditation are not required to submit documentation for Standard II.D.

Standard II.D.1

Submit documentation reflecting how review and evaluation of program outcome measures and feedback from graduates and employers is used in program planning, curriculum development, resource acquisition/allocation, program modification and continual process improvement.

Standard II.D.2

Submit documentation verifying that curriculum development and resource acquisition are incorporated into the continuous quality improvement process.

Examples of documentation for Standard II.D.1 and II.D.2 may include, but are not limited to:
- Meeting minutes (e.g., faculty, student, advisory committee, program affiliates, etc.).
- Student and graduate surveys.
- Records of employer communications.
- Discipline specific certification results, final exams.
- Invoices.

Standard II.D.3

Provide documentation of modifications that have been made based on analysis of required feedback and/or outcome measures.

Examples of documentation may include, but are not limited to:
- Program and course modifications (lecture or lab hours, content, method of delivery, etc.).
- Equipment purchases or acquisitions.
- Change in location, facility upgrades.
- Changes in resources such as reference books, textbooks, laboratory manuals, electronic devices.
- Changes in personnel.

Standard II.D.4

Submit documentation that demonstrates the evaluation of effectiveness (degree to which outcome measures or other metrics improved or not) of changes made in response to program's data analysis and continuous quality improvement processes. When possible, evaluation of effectiveness should be based on hard data such as exam scores or feedback from students, graduates, etc.

Documentation may include, but is not limited to:
- Spreadsheets or tables reflecting assessment process.
- Meeting minutes (advisory committee, program faculty, affiliates, curriculum team, etc.).
- Informal emails.
- Records of employer communications.
- Survey results (with names redacted).
- Certification results (with names redacted).

Two examples for tracking changes and documenting evaluation of effectiveness have been provided below; however, formats and content will vary by program and these formats are not required.

<u>Example #1</u>

	Program Outcome	Student Learning Outcome
Intended Outcomes	80% of program graduates pass the ASCP BOC exam within one year of graduation.	Upon completion of MLS 123, the student will demonstrate knowledge of laboratory principles and procedures for routine hematology.
Assessment Method and Responsible Party(ies)	Program director will collect and analyze ASCP BOC data as it becomes available, will submit results to NAACLS annually, and make available to the public.	The program director will analyze ASCP BOC scores in hematology related to routine hematology. Instructors will analyze results of final examination for cognitive knowledge of laboratory principles and technical abilities of procedures in routine hematology.
Frequency	Ongoing.	Ongoing analysis of BOC results is available. At the end of each semester in which MLS 123 is taught.

Summary and Analysis of Results	**July 1, 2016-June 30, 2017:**
	  5 out of 6 (83%) graduates passed
	July 1, 2017 – June 30, 2018:
	  3/10 (30%) graduates passed
	July 1, 2018-June 30, 2019:
	  9/10 (90%) graduates passed
	Of the ten graduates who took the exam 2017- 2018, seven waited almost an entire year before sitting for the exam while the three who passed took the exam within two months.
		Over three years, graduates have obtained scores in the area of routine hematology that are greater than the national average.
		
		However, programmatic scores in the area of platelet function have trended down.
		
		Over three years, there has been a total average of 75% passing grades on the hematology final, and 85% passing grades on the practical examination.

Actions	Students are now provided with all information for BOC applications and letters requesting that transcripts be sent to the BOC prior to graduation. All instructors in the program encourage students to take the exam soon after graduation and the program director makes regular contact following graduation.	The program director and faculty have reviewed the curriculum for platelet function and analyzed three new updated texts to determine if content is aligned with current practice. A new unit has been added that goes into more depth regarding key markers associated with platelets and platelet functions.
Follow-up	Immediate results appear to have had a positive impact. Program director will continue monitoring.	There will be continued monitoring of BOC scores, final exams and practical examinations for routine hematology to determine if there is a shift in scores related to platelet function.

Example #2

Description of Change	Shortened Special Chem rotation by one week.
Reason of Change	Feedback from students and faculty rotation over the past several years.
Date Implemented	2021-2022 Class
Measurement Metric	Rotation grades & evaluations; BOC Scores
Year-one Impact	21-22 Rotation Grades - No significant changes INST feedback - No Negative Comments STU Feedback - No Negative Comments BOC Scores - Both Chem & Immuno scores improved over prior year
Year-two Impact	22-23 Rotation Grades - No significant changes INST feedback - No Negative Comments STU Feedback - No Negative Comments BOC Scores - Both Chem and Immuno scores remained consistent with previous year

Proof of Compliance for Accreditation Site Visits:

Standard II.D.1

Additional supportive documentation demonstrating data collection, review, evaluation, and follow-up that results in program improvement must be available for site visitors, including documentation that links program improvement to changes made in response to program review and evaluation.

Standard II.D.2

Provide access to completed surveys used to collect data for curriculum development and resource acquisition/allocation.

Standard II.D.3

No additional materials are required unless concerns remain from the Self-Study Review.

Standard II.D.4

Provide access to original completed surveys and certification exam results used to assess effectiveness of program modifications resulting from the quality improvement process.

Standard III.A: Resources – General Resources

Contents of Narrative for Self-Study:

Standard III.A.1

Describe the program's financial resources and adequacy for assuring achievement of program goals and continued program operation.

Standard III.A.2

Describe how personnel and physical resources are evaluated for adequacy in the program's assessment and continuous quality improvement process.

If the program had significant changes in class size, budget, affiliate/partner placements (may not apply to BMS Programs), or faculty resources during the last accreditation cycle, identify those changes and rationale leading to the change(s) and describe the effectiveness of the change(s).

Accompanying Documentation for Self-Study:

Standard III.A.1

Submit an institutionally approved budget or a written statement of continued financial support for the educational program from a member of administration with fiduciary responsibility for the sponsor (or one from each participating entity in a consortia or multi-location program).

Standard III.A.2

Provide examples of documentation and data derived from the program's continuous assessment process used to evaluate the adequacy of the program's personnel and physical resources.

Proof of Compliance for Accreditation Site Visits:

Standard III.A.1

Provide evidence that the financial resources for the continued operation of the program are sufficient to achieve program goals by including an adequate budget and/or documented funding resources and the results of program assessment and continuous quality improvement.

Suggested examples include, but are not limited to:
- emails or memos showing financial support
- purchase orders for supplies or equipment
- annual budget for the program
- program benchmarks
- student feedback
- employer feedback
- meeting minutes

Hospital-based programs utilizing multiple clinical facilities demonstrate that resources are sufficient for each location within the system where students are placed.

Standard III.A.2

Submit evidence that resource assessment is a part of continuous program evaluation.

Hospital-based programs utilizing multiple clinical facilities provide documentation that resource assessment takes place at each location within the system where students are placed.

Documentation submitted and made available for review containing confidential information (e.g., student/faculty names, Social Security numbers, etc.) must have such content redacted to protect privacy.

Standard III.B: Resources – Personnel Resources

Contents of Narrative for Self-Study:

Standard III.B.1

Describe personnel resources (e.g., didactic, clinical/applied learning experiences faculty, and staff) and how they support the program outcomes.

Accompanying Documentation for Self-Study:

Standard III.B.1

Include the following:
- Instructor to student ratios for lecture, student laboratory (if applicable) and clinical laboratory (if applicable).
- Program specific faculty and staff job descriptions.
- Examples of evidence of program evaluation of the faculty/staff ratio for lecture, student laboratory (if applicable), and clinical laboratory (if applicable).

Proof of Compliance for Accreditation Site Visits:

Standard III.B.1

Documentation that faculty and staff are sufficient and appropriately qualified to perform the functions in documented job descriptions and to allow achievement of program goals.

Suggested supporting documentation includes, but is not limited to:
- Examples of completed evaluation forms.
- Examples of student feedback regarding faculty and staff knowledge and ability to help students meet stated objectives in lectures, the student laboratory (if applicable), and clinical laboratory (if applicable).
- Examples of faculty and staff feedback regarding their ability to meet course and program requirements.
- Evidence of successful certification results for specific discipline areas.
- Evidence of meeting program identified goals and outcomes.

For Hospital-Based Programs
For hospital-based programs utilizing multiple clinical facilities, provide documentation for each location within the system where students are placed.

Documentation submitted and made available for review containing confidential information (e.g., student/faculty names, Social Security numbers, etc.) should have such content redacted to protect privacy.

Standard III.C: Resources – Physical Resources

Contents of Narrative for Self-Study:

Standard III.C.1
Describe the program's academic and clinical/applied learning physical resources including facilities, equipment and supplies, information resources, and instructional resources.

Accompanying Documentation for Self-Study:

Standard III.C.1
Provide a sample list of equipment and instructional resources available to students and describe how they are utilized in the curriculum.

Proof of Compliance for Accreditation Site Visits:

Standard III.C.1
Provide documentation that the program's facilities, equipment and supplies, information resources, and instructional resources are sufficient to achieve program goals.

Suggested documentation of physical resources adequacy may include, but is not limited to:
- Student evaluation of resources including texts, library, technology, laboratory supplies and equipment, and other instructional resources.
- Minutes of meetings where effectiveness and adequacy of resources are evaluated.
- Budget requests and/or material procurement in response to an evaluation process.

Standard IV.A: Students – Publications and Disclosures

Data published for Standard IV.A.1.d may be different from what is submitted in the NAACLS Annual Survey and for Standard II.B as reporting periods may differ.

Standard IV.A.1.d – for Periodic Review
Results of external certification outcomes, graduation rates outcomes, and placement rates outcomes of each of the last three active years must be readily available to prospective and enrolled students. If posted on a website, they must be no more than one click away from the program's homepage with the link clearly identified as program outcomes.

Programs must accurately present all outcomes data for each of the last three active years, listed year by year, as a percentage. In addition, programs must identify the specific date range for reported outcomes. For example, for a calendar year, report January 1, 2023 - December 31, 2023, or for an academic year it may be August 2023 - May 2023, depending on the institution.

If outcome measures are not posted on a website, describe how access is provided to

prospective and enrolled students.

NAACLS will be checking for this information at least once a year.

Programs seeking initial accreditation are not required to make outcome information available to prospective and enrolled students. However, after year two of the initial accreditation, all items required by Standard IV.A.1.d must be available to prospective and enrolled students.

Contents of Narrative for Self-Study:

Standard IV.A.1.a-m

Identify the specific publication(s) and/or locations in which these requirements are defined, published, and readily available to prospective and enrolled students.

Briefly describe how information is made available to prospective students, applicants, and enrolled students.

Note: For all sub-standards under Standard IV.A.1, besides A.1.d, NAACLS does not prescribe where any document or information is published. Additionally, NAACLS does not require publication in more than one location. However, the program must ensure information is available and current.

Standard IV.A.1.j

Stipends and scholarships toward a student's education do not imply employment and do not allow student responsibility for direct patient and/or reportable work during scheduled educational periods.

Accompanying Documentation for Self-Study:

Standard IV.A.1.a-m

Submit, or provide a link to, current publications that address each of the items listed in Standard IV.A.1. a-m.

Proof of Compliance for Accreditation Site Visits:

Standard IV.A.1

Provide evidence that applicants and students have access to the information listed in Standard IV.A.1.

Suggested examples include, but are not limited to:
- Student handbooks or catalog.
- Materials are provided during counseling sessions, open houses, new applicant interviews, or admissions areas.
- Example material covered during meetings, interviews, and/or advising sessions.
- Evidence of postings, emails or mailing lists to potential applicants.

Documentation submitted must be current and accurately reflect the program offered.

Standard IV.B: Students – Student Records

Contents of Narrative for Self-Study:

Standard IV.B.1

Describe how the sponsoring institution maintains records for enrolled students and graduates in compliance with government or sponsor regulations.

Standard IV.B.2

Describe how transcripts/student records are permanently retained and contain elements required of the standard.

Accompanying Documentation for Self-Study:

Standard IV.B.1

Provide evidence that student records are maintained and contain the materials required by Standard IV.B.

Standard IV.B.2

Provide an example of a completed transcript or record with identifying student information redacted.

Proof of Compliance for Accreditation Site Visits:

Standard IV.B.1

Provide evidence that student records are maintained and contain the materials required by Standard IV.B.

Standard IV.B.2

Provide access to official permanently retained student transcript/record. Documents must not be removed from the site, printed, copied, or transcribed, and information must remain confidential.

Standard IV.C: Students – Health and Safety

Contents of Narrative for Self-Study:

Standard IV.C.1

Describe how the health and safety of students, faculty, program specific staff and patients, are safeguarded during educational activities. Include how access to health and emergency services is achieved.

Standard IV.C.2

Describe how biohazard and safety training is accomplished and documented for each enrolled student, all faculty members, and program specific staff.

Accompanying Documentation for Self-Study:

Standard IV.C.1

Include the policy(ies) and procedures used for safeguarding the health and safety of students, faculty, program specific staff and patients.

Standard IV.C.2

Provide examples of evidence that each enrolled student, all faculty members, and program specific staff have received biohazard and safety training.

Documentation submitted and made available for review containing confidential information (e.g. student names, Social Security numbers, etc.) may have such content redacted to protect privacy.

Proof of Compliance for Accreditation Site Visits:

Standard IV.C.1

No additional documentation needed unless concerns remain from the Self-Study Review.

Standard IV.C.2

Documentation that students, all faculty members, and program specific staff receive biohazard and safety training and that it is documented. Suggested documentation may include, but is not limited to:

- Documentation of biohazard and safety course materials with associated grades or evidence of participation.
- Certification indicating completion of biohazard and safety training from a third party with associated grades or evidence of participation.

Documents must not be removed from the site, printed, copied, or transcribed, and information must remain confidential.

Standard V: Operational Policies – Fair Practices

Contents of Narrative for Self-Study:

Standard V.A

Describe student and faculty recruitment procedures and explain how they are non-discriminatory.

Standard V.B-D

No narrative needed for Standards V.B, V.C or V.D.

Standard V.E

Explain how the program ensures that students have an assigned preceptor, appropriate for the discipline, who directly oversees their clinical/applied learning experiences.

Standard V.F

Explain how the program ensures that students are not substituted for laboratory employees/personnel during clinical/applied learning experiences.

Standard V.G

Explain under what conditions student employment can occur at a clinical/applied learning experiences site.

Accompanying Documentation for Self-Study:

Standard V.A

No accompanying documentation is required for Standard V.A.

Standard V.B

Submit evidence of non-discrimination policy statements along with student admission requirements and faculty appointment criteria.

Standard V.C

Submit a policy or handbook statement that indicates that granting of the degree or certificate is not contingent upon passing an external certification or licensure exam (may not apply to BMS programs.).

Standard V.D

Provide a general plan or plans that address both temporary and permanent program closures and provide a foundation for determining how students will complete their course of study (complete details are not necessary, but it must be complete enough that the plan could be submitted within 30 days of closure notification). A statement that closure will not occur is not acceptable.

Standard V.E

Submit documentation to verify that students have an assigned preceptor, appropriate for the discipline, who directly oversees their clinical/applied learning experiences.

Examples of documentation could include, but are not limited to:
- Examples of schedules with student and preceptor identified.
- Communication and documentation of expectations between the program and clinical/applied learning experiences site.
- Student feedback about preceptor assignment.

Standard V.F

Submit documentation that verifies students are not substituted for site employees/personnel during the clinical/applied learning experiences.

Examples of documentation could include, but are not limited to:
- Program policies.
- Communication and documentation of expectations between the program and clinical/applied learning experiences site.
- Student feedback.

Standard V.G

Provide documentation verifying how and when students, faculty, staff, and clinical/applied learning experience sites receive information detailing when student employment can occur at a clinical/applied learning experience site.

Proof of Compliance for Accreditation Site Visits:

Standard V.A

Provide access to official files for current and past students. Documents must not be removed, printed, copied, or transcribed, and information must remain confidential.

Standard V.B-D

No further documentation required for Standard V.B, V.C, and V.D unless concerns remain from the self-study review process.

Standard V.E-G

Provide any additional documentation, if requested by site visitors, regarding student preceptor assignment and non-compulsory student employment.

Standard VI: Administrative: Maintaining Accreditation – Program/Sponsoring Institution Responsibilities

This standard involves the administrative requirements for maintaining accreditation throughout its award period, and therefore is not reviewed in the Self-Study Report or site visit process. For further details about citations if the administrative requirements for maintaining accreditation are not met, please see the NAACLS Guide to Accreditation.

Standard VII.A: Program Administration – Program Director

Contents of Narrative for Self-Study:

Standard VII.A.1-2

Provide the name and credentials of the program director and describe the position qualifications and responsibilities.

Accompanying Documentation for Self-Study:

Standard VII.A.1

Include one of the following items:
- NAACLS letter indicating approval of the program director.
- A previous award recognizing the individual as the program director.
- A Self-Study Review or Site Visit Report recognizing the individual as program director. If submitted, self-study reviews or site visit reports must not identify any concerns for Standard VII.A.

Standard VII.A.2

Provide evidence that the program director maintains the responsibilities as defined by the NAACLS standard for the program discipline.

Standard VII.A.2.a

Submit an official position description, indicating the program director is responsible for organization, administration, instruction, evaluation, continuous quality improvement, curriculum planning and development, directing other program faculty/staff, and general effectiveness of the program.

Standard VII.A.2.b

Provide examples of evidence that the program director participates in the budget process.

Standard VII.A.2.c

Submit a completed Faculty Fact Sheet for the program director, including evidence of professional development hours as required of the program discipline.

Standard VII.A.2.d

Submit an official position description or other evidence that the program director is responsible for maintaining NAACLS accreditation of the program.

Standard VII.A.2.e

Provide examples of evidence that the program director has regular and consistent contact with students, faculty, and program personnel.

Standard VII.A.3

Provide evidence of faculty or clinical appointments.

Suggested examples may include, but are not limited to:
- letters of appointment
- link to sponsoring institution web pages
- catalog listing
- official job descriptions

Proof of Compliance for Accreditation Site Visits:

Standard VII.A.1

No additional documentation required unless concerns remain from the self-study review process.

Standard VII.A.2.b

Ensure documentation of the program director's input into the budget preparation is available to site visitors. Supporting documents may include (but are not limited to):
- meeting minutes
- strategic plan
- emails
- requests/approvals for equipment, supplies, or personnel

Standard VII.A.2.e

Provide evidence of communication between the program director and students, faculty, and other program personnel.

Supporting documents may include, but are not limited to:
- emails
- phone logs
- minutes or agendas of meetings

Standard VII.A.3

No further documentation is required unless concerns remain from the self-study review process.

Standard VII.B: Program Administration – Site Program Administrator

Required for partnerships only, assigned to each participating site.

Contents of Narrative for Self-Study:

Standard VII.B.1

 No narrative necessary.

Standard VII.B.2

Explain how the site program administrator is involved with the coordination of teaching and clinical/applied learning experiences education.

Describe the site program administrator's role in evaluating program effectiveness.

Describe communication practices between the site program administrator and the program director.

Accompanying Documentation for Self-Study:

Standard VII.B.1

Provide evidence that the site program administrator meets the qualifications required for the program discipline.

Documentation must include:
- Academic transcripts providing evidence of education required of the site program administrator for the program discipline.
- Evidence of certification, licensure, or professional recognition of the site program administrator as required for the program discipline.
- Curriculum vitae for the site program administrator providing documentation of teaching experience required of the site program administrator for the program discipline. Acceptable teaching experience must include evidence of instruction in a bench or classroom setting as well as participation in course development activities such as writing objectives, developing lesson plans, and preparing educational materials and

assessment tools.

Standard VII.B.2

Provide evidence that the site program administrator meets the responsibilities required for the program discipline.

Supporting documents must include:
- Official position description that describes the responsibilities of the site program administrator for the program discipline.
- Completed Faculty Fact sheet for the site program administrator.
- Documentation that shows the site program administrator's participation in the following areas:
  - Coordinating teaching and clinical/applied learning experiences experiential education.
  - Evaluating program effectiveness.
  - Maintaining appropriate communications with the program director.

Proof of Compliance for Accreditation Site Visits:

Standard VII.B.1

No further documentation is necessary.

Standard VII.B.2

No further documentation is necessary.

Standard VII.C: Program Administration – Faculty/Instructor

Contents of Narrative for Self-Study:

Standard VII.C.1

Major didactic faculty are the core group of faculty members/instructors the program director counts on for the overall success of the didactic component of the program. This may also include, but is not limited to, part-time instructors, and adjuncts.

Provide the name(s) and credentials of the major didactic faculty member(s)/instructors and describe how they meet the qualifications and responsibilities required for the program discipline. Describe how the program ensures faculty is teaching at the appropriate level.

Standard VII.C.2

The clinical/applied learning experiences liaison is defined as the individual responsible for coordinating activities between the sponsor and the provider of clinical/applied learning experiences, such as:
- Coordinating student placement and schedules.
- Communication between the two entities.
- Ensuring that instructors and/or preceptors are qualified through education, certification, or experience to provide required clinical/applied learning experiences.

Instructors and/or preceptors are defined as the individuals who work directly with students for

the purpose of providing direct instruction required for the clinical/applied learning experiences.

Instructors/preceptors may also function as the clinical/applied learning experiences liaison, but it is not required that they do so. Another individual at the clinical/applied learning experiences site may function in this role.

Explain how clinical/applied learning experiences liaison(s) are identified.

Accompanying Documentation for Self-Study:

Standard VII.C.1.a

Provide evidence that the major faculty/instructors have the qualifications and responsibilities required for the program discipline and that they teach at the appropriate level.

Evidence must include:
- Completed Faculty Fact Sheet with proof of professional development activities that support assigned teaching responsibilities for the program discipline.
- Faculty job description.
- Examples of faculty evaluation that may include formal performance evaluations, results of student evaluations, direct observation documentation, etc.

Documentation submitted and made available for review containing confidential information (e.g., student/faculty names, Social Security numbers, etc.) must have such content redacted to protect privacy.

Standard VII.C.2.a-b

Provide evidence that supports that the clinical/applied learning experiences liaisons are healthcare professionals.

Clinical/applied learning experiences liaison information is to be submitted on the appropriate Clinical/Applied Learning Experiences Affiliate Facility Fact Sheet. Separate Faculty Fact Sheets are not required for clinical/applied learning experiences liaisons.

Evidence to support the liaison is a healthcare professional may include, but is not limited to:
- Official job description or title.
- Evidence of professional development activities that support assigned teaching responsibilities for the program discipline.
- Examples of communication with program director.

Proof of Compliance for Accreditation Site Visits:

Standard VII.C.1

Ensure evidence of adequate knowledge and proficiency of the faculty/instructors in their content areas is available to site visitors. Supporting documentation may include, but is not limited to:
- professional development activities relevant to the content area
- current cv
- certification and degree

Document that the faculty/instructors teach effectively at the appropriate level. Suggested documentation includes, but is not limited to:

- Completed student/faculty evaluations.
- Evidence of successful certification results within disciplines.

Documentation submitted and made available for review containing confidential information (e.g., student/faculty names, Social Security numbers, etc.) may have such content redacted to protect privacy.

Provide access to site visitors of evaluations for all major didactic faculty/instructors. Ensure and document professional development for didactic faculty/instructors.

Supporting documentation may include:

- Evidence of appropriate professional development activities.
- Administrative financial support for professional development activities.
- Travel requests/approval.
- Budgetary requests/approvals.

Standard VII.C.2

Provide access to evidence that supports that the clinical/applied learning experiences liaisons are healthcare professionals.

Evidence to support the liaison is a healthcare professional may include, but is not limited to:

- Examples of clinical/applied learning experiences liaison evaluation such as formal performance evaluations, results of student evaluations, feedback from program director, etc.
- Proof of professional development activities that support assigned teaching responsibilities for the program discipline.
- Official job description.

Standard VII.D: Program Administration – Advisory Committee

Contents of Narrative for Self-Study:

Standard VII.D.1

For each advisory committee member, submit the name, credentials, relationship of the individual to the program (such as administrator, laboratory professional, educator, graduate, public member, etc.) and describe how they have knowledge of medical laboratory science education.

Standard VII.D.2

Describe how the advisory committee has input into the program (including curriculum) ensuring it maintains relevancy and effectiveness.

Accompanying Documentation for Self-Study:

Standard VII.D.1

No further documentation is required unless concerns remain from the self-study review

process.

Standard VII.D.2

Provide examples of input from the advisory committee into the program to ensure it maintains relevancy and effectiveness.

Documentation may include, but is not limited to:
- Minutes of meetings (agendas are not adequate) that provide examples of meaningful input on the relevancy and effectiveness of the program.
- Informal communication such as emails, texts, or notes from telephone conversations.
- Documentation of informal meetings.

Proof of Compliance for Accreditation Site Visits:

Standard VII.D.1

Provide evidence of the responsibilities of the advisory committee and its role in maintaining the effectiveness of the program.

Supporting documentation must include evidence from the last three active years, which may include, but is not limited to:
- Advisory committee meeting minutes or records of discussion.
- Evidence of active and current feedback from advisory committee members through:
  - Emails, texts, or notes from telephone conversations.
  - Programmatic changes based upon advisory committee discussions and/or recommendations.

Standard VII.E: Program Administration – Accreditation Liaison

When required, for international programs only.

Contents of Narrative for Self-Study:

Standard VII.E.1-2

Provide the name and credentials of the accreditation liaison and describe the position qualifications and responsibilities.

Accompanying Documentation for Self-Study:

Standard VII.E.1

Provide the NAACLS letter indicating approval of the accreditation liaison.

If the accreditation liaison has not previously completed the program official approval process, the individual must contact NAACLS Staff to complete the process.

Standard VII.E.2

Provide an official position description for the accreditation liaison, indicating responsibilities for the position.

Proof of Compliance for Accreditation Site Visits:

Standard VII.E.1

No further documentation is required unless concerns remain from the self-study review process.

Standard VII.E.2

Provide evidence of the accreditation liaison maintains the responsibilities as defined by the NAACLS Standard.

Supporting documents may include, but are not limited to:
- Minutes of meetings (agendas are not adequate) that provide examples of meaningful input on the relevancy and effectiveness of the program.
- Informal communication such as emails, texts, or notes from telephone conversations.
- Documentation of informal meetings.

Standard VII.F: Program Administration – Education Coordinator

When required, see standards for details.

Contents of Narrative for Self-Study:

Standard VII.F.1

Provide the name and qualifications for the education coordinator.

Standard VII.F.2

Describe the role and responsibilities of the education coordinator.

Accompanying Documentation for Self-Study:

Standard VII.F.1

Provide NAACLS letter indicating approval of the education coordinator.

If the education coordinator has not previously completed the program official approval process, the individual must contact NAACLS Staff to complete the process.

Standard VII.F.2

Provide an official position description for the education coordinator, indicating responsibilities for the position.

Proof of Compliance for Accreditation Site Visits:

Standard VII.F.1

No further documentation is required unless concerns remain from the self-study review process.

Standard VII.F.2

Provide evidence of the education coordinator's supervision and coordination of faculty in the

academic and clinical phases of the education program.

Supporting documents may include, but are not limited to:
- emails
- phone logs
- faculty evaluations and feedback
- faculty schedules

Standard VII.G: Program Administration – Medical Director

For Path A Programs only.

Contents of Narrative for Self-Study:

Standard VII.G.1

Provide the name and credentials of the program's medical director.

Standard VII.G.2

Explain how the individual meets the responsibilities required of the program discipline.

Accompanying Documentation for Self-Study:

Standard VII.G.1

Submit a completed Faculty Fact Sheet for the medical director that includes a currently licensed, board-certified anatomic pathologist.

Include one of the following items:
- NAACLS letter indicating approval of the medical director.
- A Self-Study Review or Site Visit Report recognizing the individual as medical director. If submitted, self-study reviews or site visit reports must not identify any concerns for Standard VII.F.

If the medical director is unable to provide documentation of prior NAACLS approval, please submit all the following items:
- Curriculum vitae for the medical director.
- Evidence of license or board certification as an anatomic pathologist.

Standard VII.G.2

Provide an official position description for the medical director, indicating responsibilities for the position.

Proof of Compliance for Accreditation Site Visits:

Standard VII.G.1

Nothing further is needed for this section unless concerns exist from the Self-Study Report.

Standard VII.G.2

Provide evidence that the medical director is responsible for the required aspects of the

program.

Suggested documentation includes:
- meeting minutes
- emails, telephone logs
- course, faculty evaluations
- student feedback

Standard VIII.A: Curriculum Requirements – Instructional Areas

Contents of Narrative for Self-Study:

Standard VIII.A

Describe how the program meets all instructional areas listed for the specific program discipline including:
- Any prerequisite coursework required for admission into the program or for progressing into advanced courses.
- How instruction includes cognitive, psychomotor, and affective learning domains that allow students to meet entry-level competencies of the program discipline.
- How students progress through the program, including the sequence of both didactic and clinical/applied learning experience activities, and how the program meets the curriculum requirements outlined in the specific program discipline.

Accompanying Documentation for Self-Study:

Standard VIII.A

Submit a completed Standard VIII Matrix (found on the NAACLS website), or similar table that identifies where items listed in Standard VIII.A for the discipline specific program are addressed in the curriculum.

Submit documentation that verifies:
- The identification of required prerequisite coursework, if any.
- That instruction incorporates cognitive, psychomotor, and affective learning domains for each content area that allows students to meet entry-level competencies as outlined in the specific program discipline, including:
  - Pre-analytical (all aspects of specimen integrity from the time the provider places the order to the time the specimen is received in the laboratory).
  - Analytical (all processes associated with specimen testing once received in the clinical laboratory).
  - Post analytical (all processes involved in result reporting and delivery).
  - The progression of students through the program, including clinical/applied learning experience assignment(s).
- Submit a completed Standard VIII Matrix (found on the NAACLS website), or similar table that identifies where items listed in Standard VIII.A for the discipline specific program are addressed in the curriculum.

Suggested documentation may include, but is not limited to, the program's:
- Current student handbook.
- Program admissions website.

- Course map with cognitive, psychomotor, and affective learning domains indicated.
- Course syllabus for one course in the program.
- Program schedule or document that lists all courses in the sequence they are taken.

Proof of Compliance for Accreditation Site Visits:

Standard VIII.A
The following items must be available to site visitors:
- current course syllabi for all courses in the program
- course schedules
- clinical/applied learning experience schedules

Supporting documents may include, but are not limited to:
- course catalog
- student handbook
- published schedules
- case studies
- course examinations

Standard VIII.B: Curriculum Requirements – Learning Experiences

Contents of Narrative for Self-Study:

Standard VIII.B.1
Discuss how learning experiences provided achieve entry-level competencies for the program discipline.

Standard VIII.B.2
Describe how competency is determined to permit students to perform procedures under qualified supervision.

Note: this applies to clinical/applied learning experiences. It does not apply to performing direct patient and/or reportable work (previously called service work) as defined in Standard V.E-F.

Accompanying Documentation for Self-Study:

Standard VIII.B.1
Submit examples of how learning experiences support students in meeting entry-level competencies for the program discipline.

Suggested documentation may include samples of, but is not limited to:
- lectures
- student laboratories
- class discussions
- case studies

Standard VIII.B.2

Include policy(ies) regarding students performing procedures under qualified supervision.

Suggested supporting documents include, but are not limited to:
- student handbook
- affiliation agreements or memorandum of understanding
- competency assessments

Proof of Compliance for Accreditation Site Visits:

Standard VIII.B.1

Make available materials that demonstrate didactic and clinical/applied learning experiences curricula provide sequenced learning experiences necessary to achieve entry-level competencies for the program discipline.

Suggested supporting documents include, but are not limited to:
- course syllabi
- course examinations
- program schedules

Standard VIII.B.2

Nothing further is required for this section unless concerns remain from the Self-Study Report.

Standard VIII.C: Curriculum Requirements – Evaluations

Contents of Narrative for Self-Study:

Standard VIII.C.1

Describe the program's evaluation system(s) as related to the course content and aligned with program and course competencies.

Standard VIII.C.2

Describe the frequency of use of the various evaluation tools and how that timing provides faculty and students sufficient and timely feedback on the student's academic standing and progress.

Standard VIII.C.3

Describe how the evaluations are used to determine the effectiveness of course instruction and design.

Accompanying Documentation for Self-Study:

Standard VIII.C.1

Submit documentation for one course that demonstrates evaluation systems correlate with course content and support program competencies.

Suggested documentation may include samples of, but is not limited to:

- Assessments with annotated alignment to course or program competencies.
- Curriculum map demonstrating alignment of assessments to course or program competencies.

Standard VIII.C.2

Submit documentation that demonstrates evaluation systems are employed frequently enough to provide students and faculty with timely indications of the students' academic standing and progress.

Suggested documentation may include samples of, but is not limited to:
- course syllabi
- course schedules

Standard VIII.C.3

Submit documentation that evaluation systems serve as a reliable indicator of the effectiveness of instruction and course design.

Suggested documentation may include samples of, but is not limited to:
- course evaluations
- student competency assessments

If the outcome measures listed in "II.B. Accompanying Documentation for Self-Study" are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), the following must be provided for one complete course in your curriculum:
- Syllabus.
- Course goals.
- Measurable learning objectives in the cognitive, psychomotor, and affective domains
- All evaluation systems used in the course.
- At least one evaluation (e.g., exam, final, etc.) that annotates correlation to objectives.

Proof of Compliance for Accreditation Site Visits:

Standard VIII.C.1

Provide documentation regarding policies and procedures for faculty and student evaluation.

Suggested documentation may include, but is not limited to:
- copies of evaluation forms
- student interviews
- faculty interviews
- administrative policies for faculty review

Standard VIII.C.2

Provide documentation demonstrating the use of timely feedback from evaluations in determining program effectiveness. Suggested documentation may include, but is not limited to:
- faculty meeting minutes
- advisory board minutes

Standard VIII.C.3

Provide documentation of programmatic and/or curriculum improvements and changes made to improve the effectiveness of course instruction and design.

If outcome measures listed in "II.B. Accompanying Documentation for Self-Study" are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), site visitors will be instructed to:

- Review course syllabi and objectives for each subject area.
- Verify that the program has appropriate measurable objectives in the cognitive, psychomotor, and affective domains.
- Verify that the course objectives show progression to the level consistent with entry into the profession.
- Review the evaluation systems for each subject area.
- Verify the evaluation systems include cognitive, psychomotor, and affective domains.
- Verify that evaluation systems are employed frequently enough to provide faculty and students with timely indications of a student's academic standing and progress, and to serve as a reliable indicator of the effectiveness of instruction and course design.

Compliance Requirements for Additional Reports

Initial Program Progress Report

Contents of Narrative for Initial Program Progress Report:

Standard II.B

Complete the outcomes measures tables provided in the Initial Progress Report Template.

Describe the process by which the program collects, evaluates, and uses information from graduation rates, attrition rates, placement rates and certification pass rates in assessment and continuous quality improvement. The narrative should include plans for collection, review, and how results have been used in assessment and continuous quality improvement.

In addition to the required outcomes measures, identify any additional tools used for the assessment of program effectiveness, including feedback from graduates and employers, and how they are used.

Accompanying Documentation for Initial Program Progress Report:

Standard II.B.1

No additional documentation required.

Contents of Narrative for Initial Program Progress Report:

Standard II.C.1

Describe the process by which the program collects, evaluates, and uses feedback from program graduates in assessment and continuous quality improvement.

Standard II.C.2

Describe the process by which the program collects, evaluates, and uses feedback from employers of program graduates in assessment and continuous quality improvement.

Accompanying Documentation for Initial Program Progress Report:

Feedback from graduates must be collected no less than three months post-graduation.

Standard II.C.1-2

Submit examples of completed documentation, with graduate names redacted, that are used during the process of obtaining feedback from graduates and employers.

Examples of completed documentation could include, but are not limited to:
- Formal surveys.
- Records of informal communication via email, phone, or other methods.
- Records of informal meetings.
- Advisory committee meetings with graduates and employers in attendance.

Contents of Narrative for Initial Program Progress Report:

Standard II. D.1-4

Describe how the results of outcome measures and graduate feedback and employer feedback are reviewed and evaluated for program assessment and continuous quality improvement. The diagram found under Standard II.D illustrates the ongoing process of program assessment and modification in which data is collected, evaluated, acted upon, and re-evaluated after changes are implemented so that change effectiveness can be determined, "closing the loop".

The Progress Report narrative must indicate how the program engages in a continual quality improvement process, evaluating effectiveness of changes and taking further steps and evaluation as needed based on results of change implementation, including:
- The individuals and/or groups involved in the process.
- Details of data collection, analysis, and discussion with appropriate parties.
- How information collected is used in ongoing quality improvement, curriculum development, resource acquisition/allocation, and program modification and improvement.
- Information on how, after changes are implemented in response to data evaluation, the program further evaluates the impact of those changes.

Accompanying Documentation for Initial Program Progress Report:

Standard II.D.1

Submit documentation reflecting how review and evaluation of program outcome measures and feedback from graduates and employers is used in program planning, curriculum development, resource acquisition/allocation, program modification and continual process improvement.

Standard II.D.2

Submit documentation verifying that curriculum development and resource acquisition are incorporated into the continuous quality improvement process.

Examples of documentation for Standard II.D.1 and II.D.2 may include, but are not limited to:
- Meeting minutes (e.g., faculty, student, advisory committee, program affiliates, etc.).
- Student and graduate surveys.
- Records of employer communications.
- Discipline specific certification results, final exams.
- Invoices.

Standard II.D.3

Provide documentation of modifications that have been made based on analysis of required feedback and/or outcome measures.

Examples of documentation may include, but are not limited to:
- Program and course modifications (lecture or lab hours, content, method of delivery, etc.).
- Equipment purchases or acquisitions.
- Change in location, facility upgrades.
- Changes in resources such as reference books, textbooks, laboratory manuals,

electronic devices.
- Changes in personnel.

Standard II.D.4

Submit documentation that demonstrates the evaluation of effectiveness (degree to which outcome measures or other metrics improved or not) of changes made in response to program's data analysis and continuous quality improvement processes. When possible, evaluation of effectiveness should be based on hard data such as exam scores or feedback from students, graduates, etc.

Documentation may include, but is not limited to:
- Spreadsheets or tables reflecting assessment process.
- Meeting minutes (advisory board, program faculty, affiliates, curriculum team, etc.).
- Informal emails.
- Records of employer communications.
- Survey results (with names redacted).
- Certification results (with names redacted).

Preliminary Report Requirements

The Preliminary Report is a general overview of the program and although not a full self-study, it does form part of the foundation for the Self-Study Report. As such, the Preliminary Report must provide adequate evidence that the program will be able to meet the NAACLS Standards for accreditation to be accepted as satisfactory. The Preliminary Report is submitted with all other required materials in the Accreditation Application Packet.

<u>Standard I – Sponsorship</u>

Contents of Narrative for Preliminary Report:

Standard I
Sponsorship Affiliations:

If the sponsor will enlist clinical/applied learning experiences affiliates to provide clinical/applied learning experiences, describe how the proposed number of sites will accommodate projected numbers of students accepted into the program.

Accompanying Documentation for Preliminary Report:

Standard I
Sponsorship Accreditation:

Provide copies of award letters and/or certificates as proof of current sponsoring institution accreditation by a regional or national agency.

Post Secondary and Secondary Sponsors:

Provide current accrediting body documents and state approvals (if required).

Hospitals, Medical Center or Laboratory-Based Sponsor:

The certification agencies recognized by NAACLS include:
- The Joint Commission
- CAP
- COLA
- Det Norske Veritas Healthcare, Inc (DNV)
- The Healthcare Facilities Accreditation Program (HFAP)
- Organizations holding CLIA Certificate of Compliance (COC)
- Organizations holding CLIA Certificate of Accreditation (COA)
- State-level Licensing Agencies (e.g., California Department of Health)

Standard I
Sponsorship Affiliations:

Provide letters of intent or signed affiliation agreements or memorandum of understanding from proposed clinical/applied learning experiences sites, which will accommodate projected numbers of students accepted into the program. Please clearly indicate when multiple agencies are covered under one letter of intent or affiliation agreement or memorandum of understanding.

<u>Standard II - Assessment and Continuous Quality Improvement</u>

Contents of Narrative for Preliminary Report:

Summarize a documented plan for continuous and systematic assessment of program effectiveness and continuous improvement, which includes responsible individuals, processes, and an assessment schedule or timeline containing identified assessment methods.

Describe the process of program modification and how changes are assessed for effectiveness of implemented changes.

Accompanying Documentation for Preliminary Report:

No documentation necessary.

<u>Standard III – Resources</u>

Contents of Narrative for Preliminary Report:

Standard III - Physical Resources

Describe facilities, equipment, and supplies sufficient to achieve program goals.

Accompanying Documentation for Preliminary Report:

Standard III – Financial Resources

Provide one of the following:
- Budget, sufficient to achieve program goals.
- Letter of financial support.

<u>Standard IV – Students</u>

Contents of Narrative for Preliminary Report:

Describe how admissions criteria, essential functions, and student outcome measures will be communicated to prospective and current students.

Accompanying Documentation for Preliminary Report:

Provide program goals that will align, correlate, and support NAACLS entry-level competencies including both core and unique standards for the profession.

<u>Standard V – Operational Policies</u>

Contents of Narrative for Preliminary Report:

Describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program.

Accompanying Documentation for Preliminary Report:

No documentation necessary.

<u>Standard VII – Program Administration</u>

Contents of Narrative for Preliminary Report:

Standard VII – Faculty

Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the number of students proposed in the program and to achieve the program goals.

Standard VII – Faculty

Describe the plan for faculty and personnel positions, including names and the courses faculty will teach, if available.

Standard VII – Advisory Committee

Describe the membership of the advisory committee which provides input into the program/curriculum to maintain relevancy and effectiveness.

Accompanying Documentation for Preliminary Report:

Standard VII – Program Director

Provide one of the following:
- A completed program official approval section of the Preliminary Report with all required documentation and narratives included.
- Proof of NAACLS approval of the program director.

Standard VII – Education Coordinator/Medical Director

For programs requiring an educational coordinator or medical director, submit required documentation for medical director and/or education coordinator.

<u>Standard VIII – Curriculum Requirement</u>

Contents of Narrative for Preliminary Report:

Standard VIII – Program and Course Description
Describe the proposed length of program, program tracks and rationale for course sequencing.

Accompanying Documentation for Preliminary Report:

Standard VIII – Program and Course Description
Provide a plan of study that contains all courses required, including prerequisites, in recommended sequence for completion of the degree or certificate.

For program specific courses:
Provide course syllabi including course descriptions, measurable student learning outcomes.

Standard VIII – Instructional Areas

- Provide evidence of learning in the cognitive, affective and psychomotor domains.
- Provide evidence that all the instructional areas delineated in Standard VIII.A, specific for the level of program, are included in the curriculum.

Standard VIII - Evaluation

For one content area, provide examples of learning materials/activities and evaluation tools that align with identified program outcomes. Include learning objectives for cognitive, psychomotor and affective domains. The example might include multiple modalities like lecture materials, case studies, a laboratory activity, exams, and checklists.

Program Official Approval Requirements

For program directors and, when necessary, education coordinators.

Contents of Narrative for POAF:

Standard VII.A.1

Describe the applicant's qualifications.

The narrative must include how the applicant gained the following:
- Teaching experience in terms of courses taught (may include classroom, student laboratory, bench, or combination).
- Knowledge and experience in:
  - program organization
  - administration
  - instruction
  - evaluation
  - continuous quality improvement
  - curriculum planning and development
  - directing other program faculty/staff
  - general effectiveness of the program
- Knowledge and experience in educational methodology, including but not limited to:
  - writing objectives
  - test questions
  - assessment of learning outcomes
  - evaluations
  - learning strategies
- Knowledge of the NAACLS accreditation process.

Accompanying Documentation for POAF:

Please note that the "(E)" is identified below to reflect standard numbering for the education coordinator standards, which have similar documentation requirements.

Standard VII.A.1

Provide the program's proposed program director/education coordinator complete curriculum vitae.

The CV must include the following:
- Education:
  - institution(s)
  - major
  - degree type
  - graduation year
- Laboratory Experience:
  - institution
  - position
  - dates
  - discipline
- A minimum of three years of teaching experience.

- For PHM only list of courses taught including title and type of class (didactic, laboratory, or bench).

Standard VII.A.(E)1.a-b

Certification credentials and education transcripts at the appropriate level submitted directly from its primary source.

Standard VII.A.1.c

Provide one or more of the following to document required teaching experience:
- Letter(s) from a supervisor.
- Letter(s) from an appropriate administrator at college or university.
- Copies of course schedules that include the name of the proposed program director.

Standard VII.A.(E)1.d

Provide one or more of the following to document knowledge of education methodology and administration:
- Transcript including relevant courses.
- Other documentation of educational methodology training, workshop certificates.

Provide one or more of the following to document knowledge of NAACLS accreditation procedures:
- Certificate from NAACLS workshop.
- Previous program director experience in NAACLS accredited/approved program.
- Letter from professional mentor* or administrator documenting involvement in NAACLS Accreditation process.

Participation as a faculty member in a NAACLS accredited program that includes at least one of the following:
- Curriculum review and development.
- Program outcomes and assessment.
- Preparation of materials for a Self-Study Report, site visit, Progress Report, and/or Interim Report.

Standard VII.A.(E)2.c

Submit documentation that the applicant has completed 36 hours (60 hours for Path A) of continuing professional development in the last three years.

Please note this is not a mentor assigned by a NAACLS Staff member; this is a colleague.

<u>Temporary Program Director Position Requirements</u>

<u>Acting Program Director</u> - (continuing programs only)

Acting program director status may be considered by NAACLS for all programs in continuing accreditation only when no qualified program director is available.

The following are required qualifications of an acting program director:
- Certification requirements as identified in Standard VII.
- Letter from a current or previous supervisor providing evidence of at least two years of education experience (as appropriate for program type - see NAACLS Unique Standard VII.A). Letter must originate from a primary source on official letterhead and be sent directly to NAACLS.
- Be able to achieve all qualifications for program director status within 12 months.

Under the acting program director option, the following items must be submitted in addition to the documentation required on page 1:
- Program Official Approval Form for the acting program director.
- A brief narrative that gives the reason for requesting acting program director status.
- A narrative describing the plan for achieving the qualifications for program director within one year.

Acting program director status is approved for one year. Extensions can only be approved by the appropriate review committee for a maximum of six months.

Requests for an extension must include:
- A narrative with supporting documentation describing the reason(s) why the previous plan was unsuccessful.
- A narrative describing the plan for complying with Standard VII within six months.
- An updated Program Official Approval Form for the acting program director.

Failure to comply with Standard VII after this extension will result in probationary accreditation status.

Initial International Acting Program Director - (initial programs only)

International acting program director status may be considered by NAACLS for initial international programs only when no qualified program director or accreditation liaison candidate is available.

The following are required qualifications of an acting program Director:
- Must meet Program Director education requirements in Standard VII.
- Must have at least two years of education experience.
- Must have knowledge of NAACLS accreditation.
- Be able to achieve all qualifications for program director status by submission of the program's Initial Program Progress Report, two years after initial accreditation is awarded.

After two years, if the program director has not met the certification requirement, and they have not found a qualified accreditation liaison, they may request the board of directors for reconsideration. All appeals to the board of directors are taken on a case-by-case basis. For more information on the requirements of the appeal, please contact NAACLS Staff.

The following appeal materials are stored in the program's file for review:
- report from mentor

- self-study review
- site visit report
- program outcomes

Glossary of Frequently Used Terms

Using this Glossary:

This glossary intends to provide volunteers and program directors of NAACLS Accredited Programs with simple definitions of frequently used terms. All compliance information associated with any terms in the glossary can be found in the main section of the Standards Compliance Guide. Likewise, all policies and procedures associated with these terms can be found in the NAACLS Policy and Procedure Manual. If a reader feels the definitions here imply different compliance, policies, or procedures, please reference the documents mentioned above for the official compliance requirements, policies, or procedures.

Academic Affiliate - a site for the program's foundational coursework. It may be a location for students to view broadcast materials from the sponsor or the partner. While an academic affiliate may grant a certificate/degree acknowledging the completion of the academic affiliate's component of the learning experience, it does not grant the certificate/degree representing completion of the accredited program.

Academic Appeals - reconsideration protocols for academic standing such as academic probation, suspension, or dismissal.

Access - behaviors and activities where all people feel welcome and able to participate, regardless of background or identity.

Accreditation Application Packet - a peer reviewed packet designed to determine a program's likelihood of demonstrating compliance with the NAACLS Standards.

Acting Program Director Status - a temporary approval status that may be considered by NAACLS for program directors of continuing programs who do not meet the NAACLS Standard requirements.

Action Plan - a report prompted by NAACLS Annual Survey of Programs outcome measures that fall below NAACLS-identified benchmarks.

Action Plan Response - a program's opportunity to respond to any Action Plan questions or concerns of NAACLS reviewers.

Action Plan Review - a review of the Action Plan provided to the program by NAACLS volunteers.

Active Affiliate - a site that provides opportunities for learning experiences that a program's sponsor or partner are unable to provide. To be considered active, the active affiliate must have students from the sponsor engaged on site.

Administrative Probationary Accreditation - an accreditation status granted to a program that does not comply with any requirement defined in Standard VI. Administrative Probation can only be granted by the NAACLS Chief Executive Officer.

Advisory Committee - a group of individuals from the community of interest who have knowledge of clinical laboratory science education and give input to a program.

Affiliation Agreement - a document between the sponsor and the affiliate articulating the roles and responsibilities between all parties.

Analytical - the laboratory services component that includes the testing procedures.

Annual Report - a public document summarizing NAACLS' yearly activities and finances.

Annual Survey of Programs - a yearly online survey all NAACLS accredited programs are required to complete.

Association of Specialized and Professional Accreditors (ASPA) - an organization comprised of NAACLS programmatic accreditor peers.

Benchmark - a data point identified by NAACLS to monitor program quality.

Board Award - an accreditation decision awarded by the NAACLS Board of Directors. The number of partial compliance and non-compliance citations determine the final award length.

Board of Directors (BOD) - the governing body of NAACLS. The board's role is to set strategy, make accreditation decisions, oversee management, and protect the interests of the NAACLS community.

Bylaws Committee - a standing committee of the NAACLS Board of Directors that reviews policies and procedures, identifies modifications and prepares proposals for changes within the NAACLS Bylaws.

Council for Higher Education Accreditation (CHEA) - a non-governmental quality assurance agency that recognizes accreditors. Simply put, it is the accreditor's accreditor.

Clinical/Applied Learning Experiences - any component of the curriculum that includes demonstrating cognitive, psychomotor, and affective activities of the discipline and/or demonstrating the ability to perform skills and techniques commonly required for positions in the profession.

Clinical/Applied Learning Experiences Affiliate - a site for conducting the program's clinical/applied learning experiences. It may be a location for students to view broadcasted materials from the sponsor or the partner. While a clinical/applied learning experience affiliate may grant a certificate acknowledging the completion of the clinical/applied learning experiences, it cannot grant a degree/certificate at the culmination of the accredited program.

Clinical/Applied Learning Experiences Affiliate Facility Fact Sheet - a required document that must be included in the Self-Study Report for each clinical/applied learning experiences affiliate. This fact sheet includes information about the clinical/applied learning facility and the liaison.

Clinical/Applied Learning Experiences Liaison - a member of the clinical/applied learning experience faculty employed at the clinical/applied learning experience site who coordinates the student's clinical/applied learning experience and serves as the primary contact for the student.

Clinical/Applied Learning Experiences Site - where students apply the knowledge, skills, and models they learn in the didactic section of the program.

Compliance - a term used when a program meets the requirements of the NAACLS Standards.

Continuing Site Visit - a site visit for those programs that are currently accredited and are seeking to continue accreditation.

Didactic Faculty Fact Sheet - a document that includes the name, credentials, responsibilities, and professional development activities of didactic faculty.

Direct Patient and/or Reportable Work - any situation in which the student is authorized to work at the clinical/applied learning experiences site as an employee without direct supervision, outside of normally scheduled educational periods.

Discipline Lead Person (DLP) - experienced NAACLS reviewers and committee members. Their role as a DLP is to assist program directors with NAACLS Standards related questions that may arise during the accreditation process.

Dissenting Report - a concise narrative that specifically identifies the parts of any review in which one reviewer disagrees with the other reviewer's findings on a report.

Diversity - recognizing and appreciating differences among people and their perspectives, including but not limited to dimensions of race, ethnicity, age, sex/gender identity, orientation, culture, ability, religious beliefs, political beliefs, familial status, educational background, occupation, and socioeconomic status.

Doctoral Candidacy Status - a pre-accreditation status granted to doctoral level programs once the program's application packet has been accepted.

Doctoral Review Committee (DRC) - the branch of the NAACLS Review Committees that recommends accreditation awards and policies for doctoral level programs.

Educational Methodology - the way in which an institution chooses to explain or teach material.

Educator Generalist-Site Visits - site visitors with experience in education administration (such as a dean or higher) and experience in the accreditation process. They also have an active role in identifying evidence, investigating, interviewing, and fact-finding to determine if a program meets NAACLS Standards.

Entry-Level Competency - the essential skills, knowledge, judgment, and abilities that a person should possess and demonstrate when entering a profession. It encompasses the foundational skills and knowledge needed to perform adequately in a new job or field, which are acquired through education or relevant experience.

Essential Functions - the occupational duties that are fundamental to the position to the extent that the individual cannot do the job without being able to perform them.

Equity - involves ensuring fair, equitable, and just educational practices and policies that impact the achievement of successful student outcomes.

Executive Committee - a standing committee of the NAACLS Board of Directors that may act on behalf of the board when the board is not in session or when the president deems necessary.

Exit Survey - a survey given to students who have recently completed the program.

Expense Report - a document reporting all reimbursable expenses and related receipts incurred by a NAACLS Volunteer on NAACLS-related business. It is provided to the NAACLS Accounting Department.

Finance Committee - a standing committee of the NAACLS Board of Directors that prepares and reviews the NAACLS' annual budget, monthly financial statements, and periodic investment reports.

Guest Lecturer - an individual who may deliver a presentation periodically but is not necessarily considered major didactic faculty.

Graduate Feedback - feedback received from graduates (aka alumni). [Please see Standards Compliance Guide for specific requirements]

Inclusion - involves promoting a culture of respect, equity, and belongingness for all members of the NAACLS community, including students, faculty, professionals, and patients.

Inclusion, Diversity, Equity and Access (IDEA) - the chosen acronym for NAACLS' diversity, equity, access and inclusion efforts.

Initial Site Visit - an onsite visit scheduled for programs seeking initial accreditation. A three-member team is assigned to visit an initial applicant program.

Interim Report - a report required for all programs that have received a ten-year accreditation award.

Interim Report Review - a review of the Interim Report provided by NAACLS volunteers to the program.

Interim Report Review Response - the response provided to NAACLS by the program to address any concerns within the Interim Report.

Interprofessional - describes establishing effective working relationships with other health care professionals, demonstrating comprehension of and respect for their roles and patient welfare.

Learning Experience - any activity, interaction, or environment through which students acquire knowledge.

Major Didactic Faculty - the core group of faculty members/instructors the program director identifies for the overall delivery of the didactic component of the program.

Memorandum of Understanding (MOU) - an informal agreement between two or more entities expressing an intended partnership.

Mentor - experienced volunteers who educate, guide and support new program directors (for six months after program director approval) and new NAACLS volunteers.

Nominations Committee - a standing committee of the NAACLS Board of Directors

responsible for reviewing the credentials of all candidates nominated for the elected positions of the board and review committees.

Non-Compliance - an indicator that a program fails to meet the Standard(s). A citation of non-compliance is accompanied by a rationale and recommendation for compliance with the cited NAACLS Standard(s) in the accreditation recommendation letter to the program and in the board award.

Outcome Measures - reportable student data, which includes placement rates, graduation rates, and certification rates, monitored and required by NAACLS. Additional student and program data may be collected and used as outcome measures at the program's discretion.

Post-Analytical - the laboratory services phase that is the final component of the laboratory process and involves result interpretation and reporting.

Pre-Analytical - the laboratory services component that begins before a specimen arrives at the laboratory and includes activities such as selecting the test, identifying the patient and specimen, collecting the sample, transporting it, and processing it before testing.

Primary Source - first-hand documentation that provides direct evidence of an event or period of time.

Preceptor (Assigned) - a qualified laboratory professional with education, training and/or experience in the discipline being taught.

Partial Compliance - an indicator that a program partially meets the requirements of the cited NAACLS Standard(s).

Partner - a location enlisted by the sponsor to administer professional phase content of a program, including teaching student labs. A sponsor's partner must employ a NAACLS-approved site program administrator, as found in Standard VII. In addition to the sponsor, a partner may grant a certificate or degree.

Preliminary Report - a component within the Accreditation Application Packet. The purpose of the report is to determine the program's likelihood to be compliant with NAACLS Standards.

Probationary Accreditation - an accreditation status awarded to programs with 1) four or more full citations of noncompliance, 2) a Progress Report found to be unsatisfactory or 3) an Interim Report found to be unsatisfactory.

Professional Phase - characterized by learning advanced didactics along with technical and professional skill development in laboratory science, focusing on achieving entry-level competency distinct from other health science professions.

Program - term NAACLS uses for the accredited entity, composed of the didactic and clinical/applied learning experiences education provider(s) (sponsor and affiliates).

Program Coordinator - members of the NAACLS Staff who can assist with any NAACLS policy or procedure inquiry.

Program Official Approval Form (POAF) - the form used to verify the credentials of potential

program directors, medical directors, site program administrators and education coordinators for accredited programs.

Program Tracks - variations or optional courses within a program of study for sub-groups of students or by student interest.

Program of Study - a sequence of courses that provides students with academic and technical knowledge and skills to prepare them for postsecondary education and careers.

Programs Accreditation Review Committee (PARC) - branch of the review committee charged with recommending accreditation awards and policies for the following program types: HT, HTL, MLA, MLT, PBT.

Progress Report for Citations - a required document for all continuing and initial programs to submit in response to any citations identified following an accreditation cycle.

Progress Report for Initial Programs - a report that documents compliance with NAACLS Standards II.B (Outcome Measures) and II.C (Program Assessment and Modification).

Progress Report for Programs on Probation - a report required of programs awarded probationary accreditation by the NAACLS Board of Directors.

Progress Report Review - the review of the Progress Report provided by NAACLS Volunteers to the program.

Progress Report Review Response - the response provided to NAACLS by the program to address any concerns within the Progress Report Review.

Quality Assurance Committee - a standing committee of the NAACLS Board of Directors that reviews all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with the Standards and accreditation policies.

Recommendation - any accreditation decision proposed by a review committee or policy advised by a review committee(s)/staff.

Review Committee (RC) - a group of volunteers representing their respective disciplines who review all NAACLS program types going through the accreditation process. The review committee is made up of three committees: DRC, PARC and RCAP.

Review Committee for Accredited Programs (RCAP) - the branch of the review committee charged with recommending accreditation awards and policies for the following program types: BMS, CG, DMS, MLM, MLS, PathA, PHM.

Review Process Committee - a standing committee of the NAACLS Board of Directors that evaluates the NAACLS' cyclical review processes for self-studies, self-study reviews, and site visits and suggests recommendations for quality improvements to the processes when indicated.

Self-Study - a tool that is used by program personnel for self-evaluation and for reviewers to assess compliance of the program with NAACLS Standards.

Self-Study Review - a review of the Self-Study Report by NAACLS appointed volunteers provided to the program.

Self-Study Review Response - the response provided to NAACLS by the program to address any concerns within the Self-Study Review.

Serious Applicant Status (SAS) - a pre-accreditation status earned once initial programs have their application packet approved, and they have submitted a satisfactory Self-Study Report, but before their site visit has commenced. For qualifying disciplines, this status allows a program's graduates to sit for the ASCP BOC exam prior to full accreditation status.

Site Visit - an onsite review of the program meant to confirm items identified in the Self-Study Report, review site specific requirements, and address outstanding concerns from the Self-Study Review Response.

Site Visit Report - a summary of findings from a program's site visit provided by the site visitors.

Site Visit Report Response - the response provided to NAACLS by the program to address any concerns within the Site Visit Report.

Site Visitors (a.k.a. Site Visit Team) - qualified volunteers appointed by NAACLS Program Services Staff. They are peers voluntarily performing a service to the program by conducting a site visit of a program. Site visitors will discuss areas of strength or concern regarding the program and may provide guidance if requested.

Sponsor/Sponsoring Institution - the party ultimately responsible for compliance with all the NAACLS Standards. A Sponsor may enlist a partner(s) and affiliate(s) to ensure all components of the Standards are met. The sponsor is the entity that employs the program director, who must be approved by NAACLS. The sponsor hosts the site visit and can grant graduates a degree or certificate.

Sponsoring Institution Fact Sheet - a document submitted in the Self-Study Report that includes the name and contact information for the sponsoring institution and program officials as well as a list of any clinical/applied learning experiences or academic affiliates.

Stakeholders - individuals, groups, or organizations that have an interest in an organization's activities, decision-making, as well as an interest in the quality and reputation of the program and graduates.

Standard VIII Matrix - a form used to document where items required by the NAACLS Standards are taught in a program.

Standards Compliance Guide (SCG) - a document designed to highlight documentation and narrative elements needed to demonstrate compliance with the NAACLS Standards.

Standing Committee - a permanent committee established under the NAACLS Bylaws for the NAACLS Board of Directors.

Student Appeals/Grievances - actions available to the student in instances that may involve discrimination, harassment, or other matters of concern.

Task Force - a temporary grouping/collaboration for the purpose of accomplishing a specific charge. The establishment of a task force can be requested by the NAACLS Board of Directors, or review committees, or staff.

Team Leader-Site Visits - the primary contact for the program and the visiting team in planning the arrangements and itinerary for the site visit. They lead the introductory and exit interviews, and following the visit, they ensure the Site Visit Review Report is completed, reviewed by other team members, and sent to NAACLS within the established timeline.

Team Member Site Visits - a site visit team member that supports the team leader in the identification of evidence, investigating, interviewing and fact finding to determine if a program meets NAACLS Standards.

Transfer of Sponsorship - the action of transferring the program sponsorship from one institution to another.

Volunteer Recognition Committee - a standing committee of the NAACLS Board of Directors that compiles and reviews candidates for the NAACLS Distinguished Service Award when appropriate.