NAACLS Standards Compliance Guide

Adopted September 2013
Revised 4-2014, 11-2014, 5-2015, 10-2015, 4-2016, 11-2016, 11-2017, 5-2018, 11-2018, 10-2019, 11-2020, 5-2021

NAACLS
National Accrediting Agency for Clinical Laboratory Sciences

NAACLS MISSION STATEMENT

The NAACLS is committed to being the premier international agency for accreditation and approval of educational programs in the clinical laboratory sciences and related health professions. NAACLS provides leadership in fostering innovative educational approaches and actively supports cooperative efforts with other agencies.

NAACLS, in collaboration with its professional organizations, provides comprehensive services including program accreditation, program approval, consultation, and continuing education. NAACLS provides these services for educational programs, students, employers, and healthcare consumers.

NAACLS is dedicated to volunteer peer review as the foundation of accreditation and approval. The agency strives to prepare these volunteers and to assist them in providing exemplary program analysis, based upon principles of honesty, fairness, objectivity, and integrity.

NAACLS demonstrates commitment to public service by setting standards for quality educational programs in clinical laboratory sciences and related health professions. NAACLS will continue to be responsive to the needs of the healthcare community.

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Table of Contents

Contents

How to use the Standards Compliance Guide

The *Standards Compliance Guide* highlights documentation needed to demonstrate compliance with the 2012 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 three parts:

1. Contents for the Narrative of the Self-Study
2. Accompanying Documentation for Self-Study
3. Proof of Compliance for Accreditation and Joint Accreditation/Approval Site Visits

All documentation identified within the *Standards Compliance Guide* is required and mandatory in order to show proof of compliance for the Standards, except for cases where documentation is suggested or optional. Suggested/optional documentation is recommended to support proof of compliance for a specific Standard. Programs are highly encouraged to submit suggested/optional documentation as has been recommended by NAACLS and its review committee members. ***Please submit all supporting documents in pdf format.***

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 and PBT/CA Entry Level Competencies 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 for Self-Study submission and site visits are updated 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.

Standard I.A: Sponsorship – Sponsoring Institution

Contents of Narrative for Self-Study:

Briefly describe the organization of your program including the name of 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 institution.

*Programs need to address **only** one of 1, 2, or 3.*

Accompanying Documentation for Self-Study:

Standard I.A. 1, 2, 3, or 4*: Provide copies of award letters and/or certificates as proof of sponsor accreditation, along with a completed Sponsoring Institution Fact Sheet (found on NAACLS website). Documents must include the following:

- NAACLS awards
- If sponsoring institution is academic: accrediting body documents and state approvals (if required)
- *If sponsoring institution is a hospital, medical center or laboratory based, 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 CLIS Certificate of Compliance (COC)
  - Organizations holding CLIS Certificate of Accreditation (COA)

  *Hospital based programs using multiple clinical facilities **must** provide documentation for each clinical site.*

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard I.A 1, 2, 3, or 4: Provide accreditation status of sponsor.

Standard I.B: Sponsorship – Consortium Sponsor

Contents of Narrative for Self-Study:

If the sponsor is a consortium describe the relationship of each member of the consortia to the sponsor. Include specific roles and responsibilities of the sponsor, each member and how those roles and responsibilities affect the faculty and the education of the students.

Accompanying Documentation for Self-Study:

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).

Provide evidence of a formal memorandum of understanding that has been signed by all members of the consortia. The following should be included in the memorandum:

- Governance (which policies/procedures are followed for the educational program)

- Lines of authority for the educational program (an example of an organizational chart for the educational program)
- Responsibilities of each member in the delivery of the educational program (example; detail who in the consortia is responsible for the delivery of specific areas of the educational program)

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Provide accreditation status of sponsor.

Standard I.C: Sponsorship – Multi-location Sponsor

Contents of Narrative for Self-Study:

Describe the relationship between sponsor, program director/s, and program coordinators at each location. Describe the roles and responsibilities of the sponsor, program director/s and program coordinators for educating students at each location.

Accompanying Documentation for Self-Study:

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).

*For Hospitals, Medical Centers or Laboratories, certification agencies recognized by NAACLS as meeting Standard requirements for Hospitals, Medical Centers, or Laboratories are listed below:

- 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)

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

- Provide accreditation status of sponsor
- Provide proof of minimum of certificate of completion given upon program completion

Standard I.D: Sponsorship – Responsibilities of the Sponsor

Contents of Narrative for Self-Study:

Standard I.D.1: Describe how the sponsor has primary responsibility for:

a. Supporting curriculum planning and course selection by program faculty and staff
b. Appointing faculty and staff
c. Maintaining student transcripts permanently
d. Granting the degree and/or certificate documentation
e. Ensuring that appropriate personal safety measures are addressed for students and faculty
f. Ensuring that all provisions of the Standards are met.

g. Ensuring that graduates of the program have obtained or will obtain minimum degree and/or certificate upon completion of the program.

Standard I.D.2: Describe how activities assigned to students in the clinical setting are educational

Standard I.D.3: Describe the exchange of information between the sponsor and its affiliates

Standard I.D 4: Describe how the sponsor provides eligible students the opportunity to participate in applied clinical experiences.

Standard I.D.5: For each affiliate, explain the following. Please clearly indicate when multiple agencies are covered under one affiliation agreement, or policy. To ensure no errors when reviewing documents, please be consistent and complete when using names of affiliates on documents submitted.

a. The relationship between the sponsor and affiliate
b. The roles of the sponsor and that entity
c. The responsibilities of the sponsor and that entity

Accompanying Documentation for Self-Study:

Standard I.D.1: No documentation needed

Standard I.D.2: When applicable, submit site specific objectives and evaluations, unique rules, & policies as additional evidence that activities assigned to students in the clinical setting are educational.

Standard I.D.3: Attach documentation 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

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

Standard I.D.4 and 5: For each affiliation, supply the following:

- Completed Clinical Facility Fact Sheet

For hospital-based programs utilizing multiple clinical facilities, provide a completed clinical facility fact sheet for each hospital within the system where students are placed.

- Signed, current Affiliation Agreement
- When applicable, Site Specific Objectives, Evaluations, Unique Rules, and Policies

For hospital-based programs utilizing multiple clinical facilities, when applicable, provide site specific objectives and evaluations for each hospital within the system where students are placed.

Documentation submitted and made available for review that contains confidential information (i.e., Student Names, Social Security Numbers, etc.) must have such content redacted to protect privacy.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard I.D.1-2: No additional information needed

Standard I.D.3: Provide documentation of communications between the clinical sites and sponsor.

For hospital-based programs utilizing multiple clinical facilities, provide documentation of communications between clinical sites within the system and the sponsoring hospital.

Standard I.D.4 and 5: Provide completed Clinical Facility Fact Sheets and signed affiliation agreements that cover all provisions in the document.

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 and Joint Accreditation/Approval Site Visits:

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

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

Contents of Narrative for Self-Study:

Standard II.B. 1-5: Programs must provide outcomes measure that include graduation rates, attrition rates, placement rates and certification pass rates. Describe the process by which the program collects, evaluates, and uses information from the data in assessment and continuous quality improvement. While 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 results will be used in assessment and continuous quality improvement.

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

If the program submitted an Annual Report Action Plan following the last accreditation/approval review due to outcomes measures that fell below NAACLS' approved benchmarks, AND the program has not submitted a Year 5 Interim Report since submitting the Annual Report 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 Annual Report Action Plan.

Accompanying Documentation for Self-Study:

Programs undergoing initial accreditation/approval are not required to submit documentation for Standard II.B.

Standard II.B.1: NAACLS BENCHMARK FOR CERTIFICATION RATES

For Accredited Programs: Results of the last three active years of graduate certification rates demonstrating an average of at least 75%* certification rates from all examinations (data from ASCP-BOC and/or AMT must be provided) for 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.*

When data from more than one certification examination is reported, a summary table must be completed to determine the percentage certified graduates within the first year following graduation.

For Approved Programs: The last three active years of Results of graduate certification rates demonstrating an average of at least 75%* certification on the ASCP-BOC, AMT, NHA or NCCT 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.*

Submit examples of tools used to collect data for outcome measures (include source documentation with student names redacted).

**If Outcomes 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*

Standard II. B. 2: NAACLS BENCHMARK FOR GRADUATION RATES

At least the three active years of results of graduation rates demonstrating 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 as calculated by the most recent three-year period.

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

Please describe the structure of the program and how the "final half" of the program was determined when submitting graduation rates.

Submit examples of tools, with source documentation and student names redacted, that are used to collect data for outcome measures.

**If Outcomes 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*

Standard II.B. 3: NAACLS BENCHMARK FOR GRADUATE PLACEMENT RATES

At least the three active years of results of graduate placement rates demonstrating that an average of at least 70%* of respondent 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 as calculated by the most recent three-year period.

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.

Submit examples of tools used to collect data for outcome measures (include source documentation with student names redacted) that includes:

- Graduate feedback
- Employer feedback

**If Outcomes 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*

Standard II.B. 4: Supply three years consecutive results of ATTRITION RATES.

Submit examples of tools used to collect data for outcome measures (include source documentation with student names redacted) that may include:

- Course and/or faculty evaluations
- Graduate feedback/Exit interviews/Advising and/or Counseling Records
- Quizzes/examinations/laboratory exercises or practicals, capstone projects

Standard II.B.5: (Optional) Supply other outcomes measures data used in program evaluation as defined in Standard II.B.5. If appropriate, include institutional benchmarks.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard II.B. 1-5: All outcome measures available for Approved Programs must be provided in the self- study. For Accredited Programs results of any other outcome measures used by the program that is not provided in the self-study must be available for site visitors.

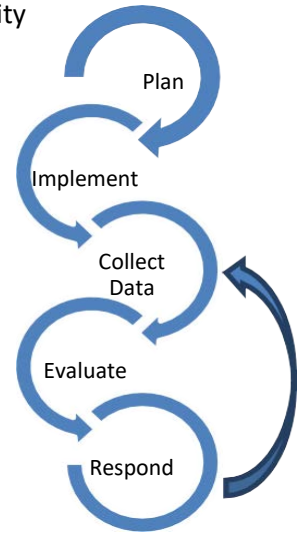
If Outcomes Measures submitted for II.B. 'Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks, additional information must be available on-site for Standard VIII.C

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

Contents of Narrative for Self-Study:

Standard II. C. 1-2: Describe how the results of outcome measures are, or will be (if initial program), reviewed and evaluated for program assessment and continuous quality improvement. Narrative should include:

- the individuals and/or groups involved in the process,
- how information collected is used in program planning, curriculum development and improvement, and
- information on how, after changes are implemented in response to data collected, the program insures, and documents change effectiveness.



The self-study narrative must provide evidence of 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. The following table has been provided below as one example of assessment planning; however, formats and content will vary by program.

	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	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 as 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 July1, 2018-June 30, 2019: 9/10 (90%) graduates passed. Of the 10 graduates who took the exam 2017-2018 7 waited almost an entire year before sitting for the exam while the 3 who passed took the exam within 2 months.	Over three years, graduates have obtained scores in the area of routine hematology that are greater than national average. However, programmatically 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 of the practical examination.
Actions	Students are now provided all information 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.

Accompanying Documentation for Self-Study:

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

Standard II.C.1: Documentation reflecting review and evaluation of program outcome measures [advisory board, program faculty (didactic and/or clinical) curriculum team, etc.] and how feedback from graduates and employers are used in the process.

Standard II.C.2: Documentation of changes implemented as a result of outcome measure review and evaluation, and documentation of ongoing evaluation of the effectiveness of such changes. Evidence should demonstrate that evaluation, recommendations, changes, and further evaluation is ongoing and effective.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard II.C.1-2: Any additional supportive documentation demonstrating data collection, review and evaluation that results in program improvement. Documentation that links program improvement to changes made as a result of program review and evaluation.

Standard III.A: Resources – General Resources

Contents of Narrative for Self-Study:

Standard III.A.1-3: Describe how personnel resources (i.e., didactic and clinical faculty and staff) support the number of students admitted to the program and the program goals and competencies. Include a description of how personnel resource adequacy is included in program evaluation.

* *For hospital-based programs utilizing multiple clinical facilities, describe how personnel resources support the number of students within each location where students are placed.*

If the program had significant changes in class size, budget, affiliate placements, or faculty resources during the last accreditation cycle, as indicated on annual reporting, address such specific changes that took place.

Accompanying Documentation for Self-Study:

Standard III.A.1-3: Include

- The number of students admitted per year
- Admission date(s)
- Instructor to student ratios for lecture, student laboratory (if applicable) and clinical laboratory (if applicable)
    - Relevant staff position (job) descriptions
    - Program evaluation information/data used to evaluate resource adequacy as part of continuous program evaluation

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard III.A.1-3: Submit 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.

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

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

- Demonstrate that resources are sufficient to allow achievement of program goals.

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

- Suggested supporting documentation includes sample evaluation forms and teaching observations.

  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 (i.e., Student/Faculty Names, Social Security Numbers, etc.) should have such content redacted to protect privacy.

Standard III.B: Resources – Financial Resources

Contents of Narrative for Self-Study:

> **Standard III.B:** Describe the program's financial resources and their adequacy for assuring achievement of program goals and continued program operation.

Accompanying Documentation for Self-Study:

> **Standard III.B:** Submit an institutionally approved budget OR a written statement of continued financial support for the educational program from an executive officer of the sponsor (or one from each participating entity in a consortia or multi-location program.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

> **Standard III.B**: Demonstrate that the financial resources for the continued operation of the program are sufficient to achieve program goals by an adequate budget and/or documented funding resources.
>
> Suggested examples include:
> - emails or memos showing financial support;
> - purchase orders for supplies or equipment; or
> - annual budget for program.

Standard III.C: Resources – Physical Resources

Contents of Narrative for Self-Study:

> **Standard III.C:** Describe the program's academic and clinical physical resources including facilities, equipment and supplies, information resources, and instructional resources.

Accompanying Documentation for Self-Study:

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

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

> **Standard III.C:** Provide documentation that the program's facilities, equipment and supplies, information resources, and instructional resources are sufficient to achieve program goals.
>
> Suggested documentation includes equipment and materials used to meet course/program objectives.

Standard IV.A: Students – Publications and Disclosures

Contents of Narrative for Self-Study:

> **Standard IV.A.1:** Describe the items included in Standard IV.A.1 and identify the specific publication(s) in which these items are included. Describe how this information is made available to prospective students, applicants, and enrolled students.

Accompanying Documentation for Self-Study:

Standard IV.A.1: Submit current publications that address the items listed in Standard IV.A.1.*

***Standard IV.A.1.d:** *Initial programs are not required to have published Program Outcome Measures.*

***Standard IV.A.1.j:** Provide evidence of a published policy for students performing service work. Service work is when students are approved to work for the clinical site outside of normally scheduled educational periods.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard IV.A.1: Provide documentation that describes how applicants and students receive the information listed in Standard IV.A.1. Suggested examples include:

- Student handbook posted on website or mailed to potential students upon request.
- Brochures available in counseling and admissions areas or mailed to potential students upon request.

Submit documentation that announcements and publications accurately reflect the program offered

Show evidence that current publications contain the information listed in Standard IV.A.1.*

***Standard IV.A.1.d:** *Initial programs are not required to have published Program Outcome Measures.*

Standard IV.B: Students – Student Records

Contents of Narrative for Self-Study:

Standard IV.B.1-2: Describe how the sponsoring institution maintains records for enrolled students and graduates.

Accompanying Documentation for Self-Study:

Standard IV.B.1: Include policies and procedures regarding the retention of records for enrolled students.

Standard IV.B.2: No documentation needed for Standard IV.B.2.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval 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 a complete transcript or record, for a sampling of individuals, that includes legal name, grades and credits (if applicable), and dates of admission, and completion are permanently maintained information.

Documentation submitted and made available for review containing confidential information

(i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.

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, and patients is safeguarded during educational activities. Include access to health and emergency services.

Standard IV.C.2: Describe how biohazard and safety training is accomplished and documented.

Accompanying Documentation for Self-Study:

Standard IV.C.1: Include the policy and procedures used for safeguarding the health and safety of students, faculty, and patients.

Standard IV.C.2: Include any completed forms or other documentation used to provide evidence that students have received biohazard and safety training.

Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard IV.C.1: Provide documentation that the health and safety of students, faculty, and patients associated with educational activities are adequately safeguarded. Suggested documentation includes a company/institution policy outlining safety.

Standard IV.C.2: Submit evidence that students receive biohazard and safety training and that it is documented. Suggested documentation includes copies of the biohazard and safety training material that the student receives either in the didactic portion or the clinical learning experience, and a copy of a certificate issued at completion of training or associated grades.

Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.

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-C: No Narrative needed for Standard V.B and V.C

Standard V.D: Discuss how a plan would be implemented in the event of program closure.

Standard V.E: Explain under what conditions students can provide service work (work for the clinical site performed outside of normally scheduled educational periods).

Standard V.F: Explain how the college assures that students are not substituted for staff during clinical experiences.

Accompanying Documentation for Self-Study:

Standard V.A: No Accompanying Documentation needed for Standard V.A

Standard V.B: Statements made in the narrative should be supported by written and/or published documentation. Required examples include documents that have non-discrimination policy statements along with student admission requirements and faculty appointment criteria.

Standard V.C: Statements made in the narrative should be supported by written and/or published documentation. Required examples include 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.

Standard V.D: Statements made in the narrative should be supported by written and/or published documentation. Required examples include a foundation for developing a plan in the event of program closure. (Complete details are not necessary, but it must be complete enough to be submitted within 30 days of closure notification).

Standard V.E: Statements made in the narrative should be supported by written and/or published documentation. Required examples include a service work (work for the clinical site performed outside of normally scheduled educational periods) policy for students.

Standard V.F: Nothing further is required in this section.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard V.A: Have student files for current and past students available for required admission information.*

Standard V.B-D: Nothing further needed for Standard V.B, V.C, and V.D unless concerns exist from the self-study review.

Standard V.E-F: Provide documentation as to how and when students, faculty, staff, and clinical sites receive the information regarding student service work.

**Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.*

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

This Standard involves the administrative requirements for maintaining accreditation/approval throughout its award period, and therefore is not reviewed in the self-study or site visit process.

Standard VII.A: Program Administration – Program Director

Contents of Narrative for Self-Study:

Standard VII.A.1-3: Explain the roles and relationships of the program administration.

Accompanying Documentation for Self-Study:

Standard VII.A.1: Include the NAACLS letter indicating approval of the Program Director, or a previous award recognizing them as the program director. This will meet requirements for all of VII.A.1.

*For MLS, MLT, HT, HTL and Phlebotomy Programs: American Society for Clinical Pathology – Board of Certification (ASCP-BOC) is the sole agency recognized by NAACLS as meeting Standard requirements for Certification Qualifications of a program director.

Standard VII.A.2: Provide a curriculum vita for the program director that provides documentation of teaching experience, knowledge of education methods and administration, current NAACLS accreditation procedures and certification procedures. For PathA, provide materials that demonstrate adequate knowledge and proficiency in their content areas and demonstrate the ability to teach effectively at the appropriate level.

- Include a faculty position description for the program director, indicating responsibilities for the position
- Submit a completed Faculty Fact Sheet for the program director, including required 36 hours (*45 hours for PathA) of professional development
- Provide documentation of faculty (or equivalent) appointments (letters of appointment, college web pages, catalog listing, etc.). Inclusion in the affiliation agreement is not proof of appointment

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VII.A.1: Nothing further needed unless concerns exist from the self-study review.

Standard VII.A.2(b): Provide documentation that the program director has input into the budget preparation. Supporting documents include:

- Narrative
- Strategic Plan
- Emails
- Requests/approvals for equipment, supplies

Standard VII.A.2(e): Provide evidence of the contact between the program director and students, faculty, and other program personnel. Supporting documents include:

- Emails
- Phone logs
- Minutes or agendas of meetings

Standard VII.A.3: Nothing further needed unless concerns exist from the self-study review.

Standard VII.B: Program Administration – Site Program Coordinator (required for Multi-location only, assigned to each participating site)

Contents of Narrative for Self-Study:

Standard VII.B.1-2: Explain the roles and relationships of the program administration. Describe how the site program coordinator communicates with the program director.

Accompanying Documentation for Self-Study:

Standard VII.B.1: Provide a curriculum vita for the site program coordinator, providing documentation of discipline-appropriate education experience.

Standard VII.B.2: Submit a completed Faculty Fact Sheet for the site program coordinator. Include a faculty position description for the site program coordinator, indicating responsibilities for the position.

Standard VII.B.3: Provide documentation that site program coordinator is responsible for the required aspects of the program. Supporting documentation may include, but is not limited to:

- Emails
- Meeting Minutes
- Evaluations and teaching observations of instructors
- Phone logs
- Text message
- Faculty appointments
- Handbooks and other publications

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VII.B.1: Nothing further needed unless concerns exist from the self-study review.

Standard VII.B.2: Any additional supportive documentation demonstrating that the site program coordinator is responsible for the required aspects of the program

Standard VII.C: Program Administration – Faculty and Clinical Liaison

Contents of Narrative for Self-Study:

Standard VII.C.1-2: Explain the roles and relationships of the program's didactic faculty/instructors and clinical liaisons, and how each meets the necessary qualifications and responsibilities required by NAACLS' Standards.

Accompanying Documentation for Self-Study:

Standard VII.C.1-2: Complete a Didactic Faculty Fact Sheet for each major* didactic faculty member, that includes:

- Appropriate professional development activity documentation.
- Faculty position descriptions (indicating responsibilities for the position).

Explain how the program assures that faculty are qualified and teach effectively at the appropriate level.

Explain how the program assures that clinical liaisons meet qualification requirements.

Include a representative sample of communication between the clinical liaison and the program director or designee.

Supporting documentation should include sample faculty and student evaluation forms*

**Major faculty are those who teach didactic sections of any program specific courses.*

**Documentation submitted and made available for review containing confidential information (i.e., Student/Faculty Names, Social Security Numbers, etc.) must have such content redacted to protect privacy.*

Clinical Liaison information is to be submitted on the appropriate Clinical Facility Fact Sheets. Separate Faculty Fact Sheets are not required for Clinical Liaisons.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VII.C1: Provide evidence of adequate knowledge and proficiency of the faculty in their content areas. Supporting documentation **may** include:

- Professional development activities relevant to content area
- Current CV
- Certification and degree

Document that the faculty teach effectively at the appropriate level. Suggested documentation includes:

- Completed Student/Faculty evaluations*

**Documentation submitted and made available for review containing confidential information (i.e., Student/Faculty Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.*

Provide sample faculty evaluation forms for review.

Assure and document professional development for didactic faculty. Supporting documentation includes:

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

Standard VII.C.2: Ensure placement of clinical liaisons, if applicable, at each site.

For hospital-based programs utilizing multiple clinical facilities, ensure clinical liaisons are in place at each location.

Clinical Liaison information is to be submitted on the appropriate Clinical Facility Fact Sheets. Separate Faculty Fact Sheets are not required for Clinical Liaisons.

Standard VII.D: Program Administration – Advisory Committee

Contents of Narrative for Self-Study:

Standard VII.D.1: Explain the roles and relationships of the advisory committee.

Accompanying Documentation for Self-Study:

Standard VII.D.1: Submit the name(s) comprising the advisory committee, along with each member's role or relationship to the program.

Submit examples of agendas, minutes, emails, and/or notes from phone conversations and informal meetings that demonstrate the Advisory Committee provides meaningful, relevant and current input to the program

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval 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 includes:

- Advisory committee discussion
- Emails
- Programmatic changes based upon Advisory Committee discussions and/or recommendations

Standard VII.E: Program Administration – Education Coordinator (when required)

Contents of Narrative for Self-Study:

Standard VII.E.1-2: Explain the roles and relationships of the program administration.

Accompanying Documentation for Self-Study:

Standard VII.E.1: Submit a completed Faculty Fact Sheet for the education coordinator.
Submit a curriculum vita for the education coordinator, providing documentation of knowledge of current NAACLS accreditation procedures and certification procedures.

Standard VII.E.2: No accompanying documentation is needed for this section.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VII.E.1: Nothing further is needed for this section unless concerns exist from the self- study report.
Standard VII.E.2: Indicate the responsibilities in relation to supervision and coordination of faculty in the academic and clinical phases of the education program. Supporting documents include:

- Narrative

- Emails

Standard VII.F: Program Administration – Medical Director (for PathA Programs only)

Contents of Narrative for Self-Study:

Standard VII.F.1-2: Explain the roles and relationships of the program administration.

Accompanying Documentation for Self-Study:

Standard VII.F.1: Submit a completed Faculty Fact Sheet for the medical director.

Standard VII.F.2: Include a signed facility position description for the medical director, indicating responsibilities for the position.

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VII.F.1: Nothing further is needed for this section unless concerns exist from the self-study report.

Standard VII.F.2: Provide evidence that the medical director is responsible for the required aspects of the program.

- Include a signed facility position description for the medical director, indicating responsibilities for the position.

Standard VIII.A for Accredited Programs: Curriculum Requirements – Instructional Areas

Contents of Narrative for Self-Study:

Standard VIII.A.1-8 (MLS, HTL, DMS), 1-7 (HT), 1-6 (CG), 1-5 (MLT), 1-3 (PathA): Explain how students' progress through the program, including the sequence of both didactic and applied (clinical) education learning activities.

Describe all prerequisite course work required for admission into the program.

FOR MLS, MLT, DMS:

Describe how the curriculum addresses the following components of education across all major areas of instruction:

- Pre-analytical (all aspects of specimen integrity from the time the physician 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)

FOR HTL & HT:

Describe how the curriculum addresses the following components of education across all major areas of instruction: applications, including principles and methodologies, performance of tests,

problem solving, troubleshooting, techniques, interpretation of procedures and results of laboratory services for all major areas practiced in the contemporary histopathology laboratory. Discuss how items in the Standard VIII.A are included within courses or approached as topics in separate courses such as management, research, and education.

Accompanying Documentation for Self-Study:

Standard VIII.A. 1-8 (MLS, HTL, DMS), 1-7 (HT), 1-6 (CG), 1-5 (MLT), 1-3 (PathA): Provide a completed Standard VIII Matrix that identifies where items listed in Standard VIII.A are addressed in the curriculum.

Submit a list of required prerequisite coursework.

Provide a program schedule which includes the sequence of courses and student clinical assignments.

FOR MLS, MLT: Provide examples of how each course addresses pre-analytical, analytical and post analytical components for each of the following areas:

- collecting, processing, and analyzing biological specimens and other substances
- performing phlebotomy **(MLT only)**
- principles and methodologies;
- performance of assays;
- problem-solving;
- trouble shooting techniques;
- interpretation and evaluation of clinical procedures and results **(MLS only);**
- statistical approaches to date evaluation **(MLS only);**
- significance of clinical procedures and results **(MLT only)**;
- principles and practices of quality assessment **(MLT and MLS)**, quality assurance/quality improvement **(MLS);**
- continuous assessment of laboratory services for all major areas practiced in the contemporary clinical laboratory **(MLS only);**

Standard VIII.A.2: Provide examples of how each course addresses pre-analytical, analytical and post analytical components or all major areas practiced in the contemporary clinical laboratory, including

a. Clinical Chemistry
b. Hematology/Hemostasis
c. Immunology
d. Immunohematology/Transfusion medicine
e. Microbiology
f. Urine and Body Fluid Analysis
g. Laboratory Operations

FOR HTL & HT: Provide examples of how each course addresses the following:

- Histopathology applications

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VIII.A.1-8 (MLS, HTL, DMS), 1-7 (HT), 1-6 (CG), 1-5 (MLT), 1-3 (PathA): Provide

- Course syllabi
- Course and clinical rotation schedules. Supporting documents may include:
    - College catalog
    - Student handbook
    - Published schedules
- Evidence that pre-analytic, analytic and post-analytic concepts are addressed in the curriculum. Suggested documentation may include:
    - Course syllabi
    - Course examinations
    - Case studies
- Evidence of where the items in Standard VIII.A are included in the curriculum. Suggested documentation may include:
    - Course syllabi
    - Course examinations
    - Program schedules

Standard VIII.B for Accredited Programs: Curriculum Requirements – Learning Experiences

Contents of Narrative for Self-Study:

Standard VIII.B.1: Discuss learning experiences provided to achieve entry level competencies. Suggested sources include:

- Lectures
- Student Laboratories
- Class discussions
- Case studies
- Other learning activities utilized

Standard VIII.B.2: No additional narrative is needed for this section.

Accompanying Documentation for Self-Study:

Standard VIII.B.1: No additional documentation is needed for this section.

Standard VIII.B.2: Include policy(ies) regarding students performing procedures under qualified supervision. Suggested supporting documents include:

- Student Handbook
- Affiliation Agreements

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VIII.B.1: Documentation that didactic and clinical curricula provide sequenced learning experiences necessary to achieve entry competencies. Suggested documentation may include:

- Course syllabi
- Course examinations
- Program schedules

Standard VIII.B.2: Nothing further is needed for this section unless concerns exist from the self-study report.

Standard VIII.C for Accredited Programs: Curriculum Requirements – Evaluations

Contents of Narrative for Self-Study:

Standard VIII.C.1-2: Describe the evaluation system(s) utilized by the program to assess the effectiveness of instruction, frequency of use of the various evaluation tools, and how the results of evaluation are utilized in program evaluation and revision.

Accompanying Documentation for Self-Study:

Standard VIII.C.1-2: Submit proof that evaluation systems relate to course content and support program competencies.

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

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

If outcomes 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), provide for one course in your curriculum the following items:

- Syllabus
- Course goals
- Measurable objectives in the cognitive, psychomotor, and affective domains
- Evaluation systems that correlate with objectives

Proof of Compliance for Accreditation Site Visits and Joint Accreditation/Approval Site Visits:

Standard VIII.C.1-2: Policies and procedures for faculty and student evaluation. Suggested documentation may include:

- Copies of evaluation forms
- Student interviews
- Faculty interviews
- Administrative policies for review of faculty

Submit documentation of the utilization of feedback from evaluation in determining program effectiveness. Suggested documentation may include:

- Faculty meeting minutes
- Advisory board minutes

Submit documentation of programmatic curriculum improvements and changes made as a result of systematic program review.

If outcomes 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 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
- Review the evaluation systems in the affective domain
- Verify that the 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.

Standard VIII.A for Approved Programs: Curriculum Requirements – Instructional Areas

Contents of Narrative for Self-Study:

Standard VIII.A.1-6 (PBT), 1-4 (CA): Explain how students' progress through the program, including the sequence of both didactic and applied (clinical) education learning activities.

Describe all prerequisite course work required for admission into the program.

FOR PBT: Describe how the curriculum addresses the following components of education across all major areas of instruction:

1. Variety of collection techniques
2. Contact with various patient types in a variety of settings
3. A minimum of 100 hours of applied experiences and a minimum of 100 successful unaided collections
4. Guarantees the same level of learning experience for each student
5. Application of safety and governmental regulations and standards as applied to phlebotomy.
6. Principles of interpersonal and interdisciplinary communication and team building.

FOR CA: Describe how the curriculum addresses the following components of education across all major areas of instruction:

1. A minimum of 100 hours of applied experiences.
2. Core module competencies.
3. Instruction in a variety of skills, including: blood collection, preparation/ reconstitution of reagents, standards and controls, perform tests at the Clinical Assistant level, and follow established quality control protocols.
4. Instruction in module(s) beyond the core module meets minimum required standards as stated for the core modules, including but not limited to: chemistry, donor room, hematology, immunology, microbiology and/or urinalysis.

Discuss how the program guarantees the same level of learning experience for each student.

Discuss how items in the Standard VIII.A are included within courses or approached as topics in separate courses such as management, research, and education.

Accompanying Documentation for Self-Study:

Standard VIII.A.1-6 (PBT), 1-4 (CA): Provide a completed Standard VIII Matrix that identifies where items listed in Standard VIII.A are addressed in the curriculum.

FOR PBT: Submit the following:

- A list of required prerequisite course work, if applicable
- Program goals
- Curriculum outline, including course sequencing and a sample schedule demonstrating how a student may progress through the program
- Course descriptions for each unit of instruction or course in the program, including documentation of how each course addresses a variety of collection techniques, contact with various patients in a variety of settings, and a minimum of 100 hours of applied experiences and 100 unaided collections
- Document where items in Standards VIII.A1-6 are included within the program curriculum Suggested documentation may include:
    - course syllabi that include schedules and objectives
    - objectives for the didactic and clinical aspects of the program that address the cognitive, psychomotor, and affective domains
    - course examinations
    - program schedules

FOR CA: Submit the following:

- A list of required prerequisite course work, if applicable
- Program goals
- Curriculum outline, including course sequencing and a sample schedule demonstrating how a student may progress through the program, including sequenced course of study from basic content to higher level of learning in the modules offered. Note where and how the core competencies are obtained and the 100 hours of applied experiences are provided.
- Course descriptions for each unit of instruction or course in the program
- Document where items in Standards VIII.A are included within the program curriculum. Suggested documentation may include:
    - course syllabi that include schedules and objectives
    - objectives for the didactic and clinical aspects of the program that address the cognitive, psychomotor, and affective domains
    - course examinations
    - program schedules

Standard VIII.B for Approved Programs: Curriculum Requirements – Learning Experiences

Contents of Narrative for Self-Study:

Standard VIII.B.1: Discuss learning experiences provided to achieve entry level competencies. Suggested sources include:

- Lectures
- Student Laboratories
- Class discussions

- Case studies
- Other learning activities utilized

Standard VIII.B.2: No additional narrative is needed for this section.

Accompanying Documentation for Self-Study:

Standard VIII.B.1-2: Submit documentation that didactic and clinical curricula provide sequenced learning experiences necessary to achieve entry competencies. Suggested supporting documents include:

- A list or brief description of instructional materials, classroom presentations, discussions, demonstrations, laboratory sessions, supervised practices and experiences that develop course objectives.
- Policies and procedures by which students may perform service work.
- List of patient types experienced by students (for PBT)
- A list of specimen types students have the opportunity to collect (for PBT)
- Schedules documenting where and when students are provided the opportunity to complete a minimum of 100 hours of applied experiences and 100 unaided collections (for PBT)
- Evidence that core module competencies are addressed in the curriculum (for CA)
- Evidence that any additional modules beyond the Core Module meet minimum standards as stated for Core Module (for CA)

Standard VIII.C for Approved Programs: Curriculum Requirements – Evaluations

Contents of Narrative for Self-Study:

Standard VIII.C.1-2: Describe the evaluation system(s) utilized by the program to assess the effectiveness of instruction, frequency of use of the various evaluation tools, and how the results of evaluation are utilized in program evaluation and revision.

Accompanying Documentation for Self-Study:

Standard VIII.C.1-2: Submit policies and procedures for student evaluation. Suggested documentation may include:

- Criteria for passing, failing and progression in the program
- Criteria for student evaluation
- Submit evaluations for both the clinical* and didactic** portions of the program. Indicate which of the program objectives are evaluated by each item***
- Indicate the frequency of student evaluation in lectures and student and/or clinical laboratories.

**Clinical evaluation tools may include log sheets recording number, variety of collection techniques and rate of success and skill assessment instruments, (e.g., checklists identifying critical steps).*

*** Didactic evaluation tools may include: exams, quizzes and papers, presentations and case studies.*

**** Evaluation tools for the affective domain may include: rating scales and anecdotal records.*

Submit policies and procedures for faculty evaluation. Suggested documentation may include:

- Copies of evaluation tools
- Student feedback
- Faculty self-assessment
- Administrative policies for review of faculty

Documentation of the utilization of feedback from evaluation in determining program effectiveness. Suggested documentation may include:

- Faculty meeting minute
- Advisory board minutes
- Continuous improvement objectives and results

Documentation of programmatic curriculum improvements and changes made as a result of systematic program review.

If outcomes 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), provide for one course in your curriculum the following items:

- Syllabus
- Course goals
- Measurable objectives in the cognitive, psychomotor, and affective domains
- Evaluation systems that correlate with objectives

NAACLS Entry-Level Phlebotomist Competencies

1.00 Demonstrate knowledge of the health care delivery system and medical terminology.
- 1.1 Identify the health care providers in hospitals and clinics and the phlebotomist's role as a member of this health care team.
- 1.2 Describe the various hospital departments and their major functions in which the phlebotomist may interact in his/her role.
- 1.3 Describe the organizational structure of the clinical laboratory department.
- 1.4 Discuss the roles of the clinical laboratory personnel and their qualifications for these professional positions.
- 1.5 List the types of laboratory procedures performed in the various disciplines of the clinical laboratory department.
- 1.6 Describe how laboratory testing is used to assess body functions and disease.
- 1.7 Use common medical terminology.

2.00 Demonstrate knowledge of infection control and safety.
- 2.1 Identify policies and procedures for maintaining laboratory safety.
- 2.2 Demonstrate accepted practices for infection control, isolation techniques, aseptic techniques and methods for disease prevention.
  - 2.2.1 Identify and discuss the modes of transmission of infection and methods for prevention.
  - 2.2.2 Identify and properly label biohazardous specimens.
  - 2.2.3 Discuss in detail and perform proper infection control techniques, such as hand hygiene, gowning, gloving, masking, and double-bagging.
  - 2.2.4 Define and discuss the term “healthcare-acquired infection”.
- 2.3 Comply with federal, state and locally mandated regulations regarding safety practices.
  - 2.3.1 Observe the OSHA Blood borne Pathogens Standard and Needle Safety Precaution Act.
  - 2.3.2 Use prescribed procedures to handle electrical, radiation, biological and fire hazards.
  - 2.3.3 Use appropriate practices, as outlined in the OSHA Hazard Communications Standard, including the correct use of the Material Safety Data Sheet as directed.
- 2.4 Describe measures used to insure patient safety in various patient settings, i.e., inpatient, outpatient, pediatrics, etc.

3.00 Demonstrate basic understanding of the anatomy and physiology of body systems and anatomic terminology in order to relate major areas of the clinical laboratory to general pathologic conditions associated with the body systems.
- 3.1 Describe the basic functions of each of the main body systems, and demonstrate basic knowledge of the circulatory, urinary, and other body systems necessary to perform assigned specimen collection tasks.
- 3.2 Identify the veins of the arms and hands on which phlebotomy is performed.
- 3.3 Explain the functions of the major constituents of blood, and differentiate between whole blood, serum and plasma.
- 3.4 Define hemostasis.
- 3.5 Describe the stages of coagulation.
- 3.6 Discuss the properties of arterial blood, venous blood, and capillary blood.

4.00 Demonstrate understanding of the importance of specimen collection and specimen integrity in the delivery of patient care.
- 4.1 Describe the legal and ethical importance of proper patient/sample identification.
- 4.2 Describe the types of patient specimens that are analyzed in the clinical laboratory.
- 4.3 Define the phlebotomist's role in collecting and/or transporting these specimens to the laboratory.
- 4.4 List the general criteria for suitability of a specimen for analysis, and reasons for specimen rejection or recollection.
- 4.5 Explain the importance of timed, fasting, and stat specimens, as related to specimen integrity and patient care.

5.00 Demonstrate knowledge of collection equipment, various types of additives used, special precautions necessary and substances that can interfere in clinical analysis of blood constituents.
- 5.1 Identify the various types of additives used in blood collection and explain the reasons for their use.
- 5.2 Identify the evacuated tube color codes associated with the additives.
- 5.3 Describe the proper order of draw for specimen collections.
- 5.4 Describe substances that can interfere in clinical analysis of blood constituents and ways in which the phlebotomist can help to avoid these occurrences.
- 5.5 List and select the types of equipment needed to collect blood by venipuncture and capillary (dermal) puncture.
- 5.6 Identify special precautions necessary during blood collections by venipuncture and capillary (dermal) puncture.

6.00 Follow standard operating procedures to collect specimens.
- 6.1 Identify potential sites for venipuncture and capillary (dermal) puncture.
- 6.2 Differentiate between sterile and antiseptic techniques.
- 6.3 Describe and demonstrate the steps in the preparation of a puncture site.
- 6.4 List the effects of tourniquet, hand squeezing and heating pads on specimens collected by venipuncture and capillary (dermal) puncture.
- 6.5 Recognize proper needle insertion and withdrawal techniques, including direction, angle, depth and aspiration, for venipuncture.
- 6.6 Describe and perform correct procedure for capillary (dermal) collection methods.
- 6.7 Describe the limitations and precautions of alternate collection sites for venipuncture and capillary (dermal) puncture.
- 6.8 Explain the causes of phlebotomy complications.
- 6.9 Describe signs and symptoms of physical problems that may occur during blood collection.
- 6.10 List the steps necessary to perform a venipuncture and a capillary (dermal) puncture in order.
- 6.11 Demonstrate a successful venipuncture following standard operating procedures.
- 6.12 Demonstrate a successful capillary (dermal) puncture following standard operating procedures.

7.00 Demonstrate understanding of requisitioning, specimen transport and specimen processing.
- 7.1 Describe the process by which a request for a laboratory test is generated.
- 7.2 Instruct patients in the proper collection and preservation for non-blood specimens.
- 7.3 Explain methods for transporting and processing specimens for routine and special testing.

7.4 Explain methods for processing and transporting specimens for testing at reference laboratories.
7.5 Identify and report potential pre-analytical errors that may occur during specimen collection, labeling, transporting, and processing.
7.6 Describe and follow the criteria for collection and processing of specimens that will be used as legal evidence, i.e., paternity testing, chain of custody, blood alcohol levels, etc.

8.00 Demonstrate understanding of quality assurance and quality control in phlebotomy.
8.1 Describe quality assurance in the collection of blood specimens.
8.2 Identify policies and procedures used in the clinical laboratory to assure quality in the obtaining of blood specimens.
8.2.1 Perform quality control procedures.
8.2.2 Record quality control results.
8.2.3 Identify and report control results that do not meet pre-determined criteria.

9.00 Communicate (verbally and nonverbally) effectively and appropriately in the workplace.
9.1 Maintain confidentiality of privileged information on individuals, according to federal regulations (e.g. HIPAA).
9.2 Demonstrate respect for diversity in the workplace.
9.3 Interact appropriately and professionally.
9.4 Demonstrate an understanding of the major points of the American Hospital Associations' Patient's Bill of Rights and the Patient's Bill of Rights from the workplace.
9.5 Comply with the American Hospital Associations' Patient's Bill of Rights and the Patient's Bill of Rights from the workplace.
9.6 Model professional appearance and appropriate behavior.
9.7 Follow written and verbal instructions.
9.8 Define and use medico legal terms and discuss policies and protocol designed to avoid medico legal problems.
9.9 List the causes of stress in the work environment and discuss the coping skills used to deal with stress in the work environment.
9.10 Demonstrate basic understanding of age specific or psycho-social considerations involved in the performance of phlebotomy procedures on various age groups of patients

NAACLS Entry Level Clinical Assistant Competencies

Core Module

These competencies describe duties at a level below that of the established Clinical Laboratory Technician/ Medical Laboratory Technician. As a member of the health care delivery team, the clinical assistant works under the supervision of an appropriate qualified person.

1.0 Define the role of the clinical assistant in the healthcare delivery system as it relates to the point-of-care or clinical laboratory environment.
2.0 Use common medical terminology.
3.0 Demonstrate knowledge of infection control and safety practices.
    3.1 Demonstrate accepted practices for infection control, isolation techniques, aseptic techniques and methods for disease prevention.
    3.2 Comply with federal, state and locally mandated regulations regarding safety practices
        3.2.1 Observe the OSHA Blood borne Pathogens Standard and Needle Safety Precaution Act.
        3.2.2 Use prescribed procedures to handle electrical, radiation, biological and fire hazards.
        3.2.3 Use appropriate practices, as outlined in the OSHA Hazard Communication Standard, including the correct use of the Material Safety Data Sheet as directed.
4.0 Follow standard operating procedures to collect specimens.
    4.1 Demonstrate basic knowledge of the circulatory, urinary, and other body systems necessary to perform assigned specimen collection tasks.
    4.2 Describe the difference between whole blood, serum and plasma.
    4.3 Identify and use blood collection equipment.
        4.3.1 Identify the additive by the evacuated tube color.
        4.3.2 Identify and properly use equipment needed to collect blood by venipuncture and capillary (dermal) puncture.
    4.4 Collect blood specimens by venipuncture.
    4.5 Collect blood specimens by capillary (dermal) puncture.
    4.6 Identify special precautions necessary during blood collections by venipuncture and capillary (dermal) puncture.
    4.7 List and apply the criteria that would lead to rejection or recollection of a patient sample.
    4.8 Instruct patients in the proper collection and preservation for non-blood samples.
5.0 Prepare blood and body fluid specimens for analysis according to standard operating procedures.
    5.1 Follow standard operating procedures for labeling, transport and processing of specimens, including transport to reference laboratories.
    5.2 Describe and follow the criteria for specimens and test results that will be used as legal evidence.
6.0 Prepare/reconstitute reagents, standards and controls according to standard operating procedure.
    6.1 Follow laboratory protocol for storage and suitability of reagents, standards, and controls.

6.2 Recognize and report contamination and/or deterioration in reagents, standards, and controls.
6.3 Maintain inventory control.

7.0 Perform appropriate tests at the clinical assistant level, according to standard operating procedures.
7.1 Identify and report potential pre-analytical errors that may occur during specimen collection, labeling, transporting, and processing.
7.2 Compare test results to reference intervals.
7.3 Record results by manual method or computer according to laboratory protocol.
7.4 Report STAT results of completed tests according to laboratory protocol.
7.5 Recognize critical values and follow established protocol regarding reporting.
7.6 Use and handle measurement equipment appropriately.

8.0 Perform and record vital sign measurements.
8.1 Perform and record blood pressure measurement.
8.2 Perform and record pulse rate.
8.3 Perform and record body temperature.
8.4 Recognize and report abnormal values for vital sign measurement using predetermined criteria.

9.0 Follow established quality control protocols to include maintenance and calibration of equipment.
9.1 Perform quality control procedures.
9.2 Record quality control results.
9.3 Identify and report control results that do not meet pre-determined criteria.

10.0 Communicate (verbally and nonverbally) effectively and appropriately in the workplace.
10.1 Maintain confidentiality of privileged information on individuals, according to federal regulations (e.g. HIPAA).
10.2 Demonstrate respect for diversity in the workplace.
10.3 Interact appropriately and professionally.
10.4 Demonstrate an understanding of the major points of the American Hospital Associations' Patient's Bill of Rights and the Patient's Bill of Rights from the workplace.
10.5 Comply with the American Hospital Associations' Patient's Bill of Rights and the Patient's Bill of Rights from the workplace.
10.6 Model professional appearance and appropriate behavior.
10.7 Follow written and verbal instructions.
10.8 Define and use medico legal terms and discuss policies and protocol designed to avoid medico legal problems.
10.9 List the causes of stress in the work environment and discuss the coping skills used to deal with stress in the work environment.
10.10 Demonstrate ability to use computer information systems necessary to accomplish job functions.

Chemistry Module

1.0 Use common clinical chemistry terminology as it relates to the point-of-care or clinical laboratory environment.

2.0 Prepare, store, and dispose of specimens for chemistry analysis according to standard operating procedures.

3.0 Determine suitability of specimens for chemistry procedures according to: the test requested; appropriate patient preparation/method of collection; time of collection/processing; storage; specimen rejection criteria.
4.0 Assemble/prepare reagents, standards, and controls for chemistry tests.
5.0 Perform appropriate tests at the clinical assistant level.
6.0 Recognize technical testing errors for each test performed.
7.0 Report results of procedures using pre-determined criteria.
8.0 Follow established quality control procedures specific to chemistry tests, including maintenance and instrument calibration.

Donor Room Collection /Screening and Component Processing Module
Performance may be done in a clinical setting or in a simulated lab.

1.0 Use common donor room, collection, processing, and component preparation terminology as it relates to the point-of-care or clinical laboratory environment.
2.0 According to standard operating procedures, demonstrate the ability to perform donor screening.
    2.1 Complete donor medical/social history.
    2.2 Complete measurement of donor temperature.
    2.3 Complete donor hemoglobin measurement.
    2.4 Complete blood pressure measurement.
    2.5 Perform donor pulse rate.
3.0 Demonstrate the ability to perform unit collection procedures as defined by established regulations.
    3.1 Follow the procedure for donor identification.
    3.2 Follow the proper skin preparation procedure and describe its importance.
    3.3 Demonstrate the ability to perform donor collection, donor assessment during and after collection and troubleshooting actions for inadequate blood flow and donor reaction.
    3.4 Strip unit tubing, mix and package for transport.
4.0 Describe the procedures for the component preparation system.
    4.1 Describe the procedure to prepare components according to established regulations.
    4.2 Follow the procedure for packing and shipping of collected blood bags and testing tubes.
    4.3 Receive and distribute collected blood components.
    4.4 Prepare red blood cells, plasma, platelets and cryoprecipitates.
    4.5 Follow storage requirements for blood and blood components.
5.0 Follow established quality control procedures specific to donor room collection/component screening, including maintenance and instrument calibration.
    5.1 Comply with current Good Manufacturing Practices (GMP).
    5.2 Determine suitability of specimens according to pre-determined criteria.
6.0 Follow pre-determined criteria for unit suitability and lot release.

Hematology Module

1.0 Use common hematology terminology as it relates to the point-of-care or clinical laboratory environment.
2.0 Prepare, store and dispose of specimens for hematology analysis according to standard operating procedures.
3.0 Determine suitability of specimens for hematology procedures related to: the test requested; appropriate patient preparation/method of collection; and time of collection/processing; storage; specimen rejection criteria.
4.0 Assemble/prepare reagents, standards and controls for hematology tests.
5.0 Prepare and stain slides for further analysis.
6.0 Perform hematology procedures at the clinical assistant level.
7.0 Report results of tests using pre-determined criteria.
8.0 Recognize technical testing errors for each test performed.
9.0 Follow established quality control procedures specific to hematology tests, including maintenance and instrument calibration.

Immunology Module

1.0 Use common immunology terminology as it relates to the point-of-care or clinical laboratory environment.
2.0 Prepare, store and dispose of specimens for immunology testing according to standard operating procedures.
3.0 Determine suitability of specimens for immunology procedures related to: the test requested; appropriate patient preparation/method of collection; and time of collection/processing; storage; specimen rejection criteria.
4.0 Assemble/prepare reagents, standards and controls for immunology tests.
5.0 Perform immunology tests at the clinical assistant level.
6.0 Recognize technical testing errors for each test performed.
7.0 Report results of tests using pre-determined criteria.
8.0 Follow established quality control procedures specific to immunology tests, including maintenance and instrument calibration.

Microbiology Module

1.0 Use common immunology terminology as it relates to the point-of-care or clinical laboratory environment.
2.0 Follow special safety procedures and aseptic technique required for processing microbiology specimens.
3.0 Prepare, store, dispose of and properly transport specimens for microbiology testing according to standard operating procedure.
4.0 Determine suitability of specimens for microbiology procedures related to: the test requested; appropriate patient preparation/method of collection; and time of collection/processing; storage; specimen rejection criteria.
5.0 Assemble/prepare reagents, standards and controls for microbiology procedures.
6.0 Prepare and stain slides for further analysis.
7.0 Perform microbiology testing at the clinical assistant level.
8.0 Recognize technical errors for each test performed.

9.0 Report results of procedures using pre-determined criteria.
10.0 Perform pre-determined quality control procedures specific to microbiology testing, including maintenance and instrument calibration.

Urinalysis Module

1.0 Use common immunology terminology as it relates to the point-of-care or clinical laboratory environment.
2.0 Prepare, store, dispose of and properly transport specimens for urinalysis testing according to standard operating procedure.
3.0 Instruct patients in the proper collection and preservation for various urine samples, including:
- mid-stream;
- random
- clean catch;
- timed collections;
- collections for drug screening;
- urine pregnancy tests.

4.0 Determine suitability of specimens for hematology procedures related to: the test requested; appropriate patient preparation/method of collection; and time of collection/processing; storage; specimen rejection criteria.
5.0 Assemble/prepare reagents, standards and controls for urinalysis testing.
6.0 Prepare slides for microscopic examination.
7.0 Perform urinalysis tests at the clinical assistant level.
8.0 Recognize technical errors for each test performed.
9.0 Report results of tests using pre-determined criteria.
10.0 Perform pre-determined quality control procedures for urinalysis tests, including maintenance and instrument calibration.

Additional Tips

When submitting documents for a Preliminary Report, Self-Study, Action Plan or Progress Report, for clarity, consistency and to ensure reader or readers understanding, please label all supporting documents according to related Standard and content.

Please ensure that attachments to the Self-Study are provided in every location within the template where they are required. While appearing redundant, this assures that readers will be able to access the correct document for review.

Please verify that all documents are current at submission.

Please submit all supporting documents in *pdf* format.

Please ensure that all links and attachments work prior to submitting a Preliminary Report, Self-Study, Action Plan or Progress Report.

For assistance, NAACLS has identified experienced individuals as Discipline Leads who are available to program directors and administrators. A list of these Discipline Leads can be found on the NAACLS webpage: https://www.naacls.org/Program-Directors.aspx.