

NAACLS Policy and Procedure Manual

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I. National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) Structure and Functions

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is a nonprofit organization that independently accredits biomedical sciences (BMS), cytogenetic technologist (CG), doctoral clinical laboratory scientist (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 Asst), phlebotomist (PHLEB), and public health microbiologist (PHM) educational programs.

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

NAACLS is formally recognized as an independent accrediting body by the Council for Higher Education Accreditation (CHEA). CHEA promotes academic quality through its recognition of higher education accrediting bodies and coordinates and works to advance self-regulation through accreditation. Accreditation is designed to serve several purposes:

- To ensure the quality of programs
- To encourage the improvement of programs that have met basic standards through continued focus on goals and achievements
- To certify program sufficiency as required by the public

A. Mission Statement, Vision Statement, Values

1. Mission Statement

The National Accreditation 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.

2. Vision Statement

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

3. Values

- Quality
- Education

- Innovation
- Collaboration
- Peer Review
- Global Accreditation

4. Commitment to Inclusion, Diversity, Equity and Access

NAACLS is committed to advancing Inclusion, Diversity, Equity, and Access (IDEA) within the laboratory science community. Fostering a culture of respect, equity, and belongingness, NAACLS celebrates differences in race, ethnicity, age, sex/gender identity, culture, ability, beliefs, and socioeconomic status. The dedication to equity ensures fair educational practices, promotes inclusivity in NAACLS accredited programs, and encourages access to educational resources for all.

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

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

EQUITY: ensuring fair, equitable, and just educational practices and policies that impact the achievement of successful student outcomes.

ACCESS: promoting access to NAACLS accredited program offerings and educational resources. This is characterized by behaviors and activities where all people feel welcome and able to participate, regardless of background or identity.

5. Code of Conduct

NAACLS prides itself on fostering an inclusive and respectful environment where all individuals feel valued and empowered, regardless of the role within the organization (eg Board member, volunteer, staff member, etc.). This applies to all forms of NAACLS Business and communication (eg site visits, e-mail communications, committee, BOD, or staff meetings, etc.). NAACLS embraces and celebrates the unique experiences, perspectives and cultural backgrounds that each employee/volunteer brings. NAACLS aims to be as welcoming as possible, providing education and/or guidance in all processes. An emphasis on a psychologically safe environment for volunteers and staff to thrive is essential. If an individual experiences treatment that is abusive, offensive, or unwelcome, please contact the NAACLS CEO or the President. Possible consequences may include removal from the individual's volunteer position(s) or implementing the employee disciplinary action policy.

B. NAACLS Structure

NAACLS is comprised of the Board of Directors, three Review Committees, the executive office staff, and volunteers.

1. Board of Directors

The Board of Directors functions as the governing unit of NAACLS and grants the final accreditation awards. The Board of Directors also formulates NAACLS policy.

2. Review Committees

a. Review Committee for Accredited Programs (RCAP)

The Review Committee for Accredited Programs reviews BMS, CG, DMS, MLM, MLS, PHM, and Path Asst programs for accreditation. The Committee is comprised of representatives from the disciplines of BMS, CG, DMS, MLM, MLS, and Path Asst elected by the Board. The RCAP forwards its accreditation recommendations to the Board of Directors.

b. Programs Accreditation Review Committee (PARC)

The Programs Accreditation Review Committee (PARC) reviews programs for accreditation and is comprised of representatives from the disciplines of MLA, MLT, HTL, HT, Phleb. The PARC forwards its accreditation recommendations to the Board of Directors.

c. Doctoral Review Committee (DRC)

The Doctoral Review Committee (DRC) reviews clinical doctoral programs for accreditation. The Committee is comprised of doctoral education practitioner representatives and a member at large elected by the Board. The DRC forwards its accreditation recommendations to the Board of Directors.

3. Executive Office Staff

The executive office staff facilitates the accreditation processes and supports the Board of Directors and Review Committees. The Chief Executive Officer conducts NAACLS' business and directs the executive office staff following the approved Personnel Policy and Procedure Manual. The Chief Executive Officer is an officer of NAACLS and a paid employee serving the Board of Directors. The CEO shall, ex officio, be a non-voting member of the Directors, and shall not be bound by the term limits of the Board. The Chief Executive Officer liaises with professional organizations and public and private recognition agencies.

4. Volunteers

People may volunteer for NAACLS to serve as Review Committees or Board of Directors members. People may also volunteer for NAACLS as Self-Study Reviewers, Site Visitors, and/or serve on special task forces as needed. Volunteers who serve on behalf of NAACLS by reviewing a Self-Study Report and/or performing a Site Visit are considered representatives of NAACLS for the period in which they perform such service(s). They may not speak for NAACLS nor anticipate possible citations that the Board might make.

Site Visitors and/or Self-Study Reviewers who participate in the accreditation process by virtue of their experience, training, and orientation are presented with opportunities to provide information to and receive information from faculty, staff, administrators, students and other parties. Reasonable precautions are taken to ensure Site Visitors and/or Self-Study Reviewers develop and express objective opinions and decisions, free of self-interest and personal bias.

NAACLS attempts to assign Site Visitors on a cost-effective basis; however, on occasion, it may be otherwise.

People should not serve as Site Visitors or Self-Study Reviewers for a program if they:

- Are employed in the proximity of the sponsoring institution
- Have recently been appointees of, employees of, or consultants to the sponsoring institution, or have relatives who are appointees or employees of the sponsoring institution
- Are recent graduates of the sponsoring institution
- Are not acceptable for a site visit for stated reasons from the program

i. Qualifications of a Self- Study Reviewer and Site Visitor:

- Self- Study Reviewer and Site Visitor Qualifications:
 - Must be a current or experienced program director, faculty member, clinical laboratory professional, physician or a member of higher administration (dean, department chair, etc) with knowledge of the clinical laboratory sciences
 - Must have a current or prior professional association with a NAACLS-accredited program
 - Must be currently licensed or credentialed and in good standing with the licensing/credentialing body, as appropriate
- Specific to Site Visitor Qualifications:
 - Within the last 3 years, must have completed a Self-Study Review or attended a NAACLS Reviewer Education Session.
 - Must complete a minimum of three Site Visits as a Team Member to qualify as a Team Leader.

ii. Expectations of a Self- Study Reviewer and Site Visitor:

- NAACLS Volunteer Expectations as a Representative of the Organization
 - Approaches accreditation in a supportive not punitive manner
 - Follows the policies and procedures established by the NAACLS Board of Directors
 - Dependably engages in collaboration
 - Contributes to an inclusive and respectful environment
 - Receptive to differing interpretations of NAACLS Standards and standards compliance.
- Expectations as a Content Expert
 - Comprehension of the current NAACLS' Standards.
 - Competency in evaluating standards to align with materials provided during review
 - Understands the purposes of accreditation.
 - Familiar with current practices in:
 - Clinical laboratory procedures.

- Evaluation of essential personnel and physical resources for clinical services and educational purposes.
 - Health professions education.
 - Demonstrates making objective assessments based upon established criteria
 - Adaptable to computer technology (Microsoft, Adobe, Web forms, file sharing sites, etc.)
 - Proficient in grammatically correct evidence based writing skills
 - Executes factual and non-biased reviews.
 - Relates all concerns in program reviews to current NAACLS Standards.
 - Consistently meets deadlines set by NAACLS Staff and peers.
 - Consistently completes review forms thoroughly.
 - Performs reviews in a professional manner.
 - Consistently respects and maintains confidentiality of privileged information.
 - Responds to communication in a timely manner.
- Site Visit Specific Expectations
 - Conducts interviews and performs observational functions with discretion
 - Flexible to logistical changes

C. NAACLS Functions

1. Providing Program Accreditation

Program accreditation is a process of external peer review in which an agency grants public recognition to a program of study that meets established qualifications and educational standards. Program accreditation is based on Standards and involves a self-study process and a site visit.

The primary aspects of program accreditation processes are:

- The self-study process
- The self-study review process
- The site visit process
- Evaluation by a Review Committee
- Quality Assurance review for accuracy, objectivity, and consistency with the Standards and accreditation policies
- Evaluation by the Board of Directors--evaluation is based on the Standards, which are the minimum criteria used when determining program accreditation.

NAACLS conducts various functions of program accreditation including:

- Drafting, reviewing, and approving Standards for the operation of specialized programs
- Selecting and training knowledgeable volunteers to review a Self-Study Report
- Selecting and training knowledgeable volunteers to serve as Site Visitors
- Selecting representatives to serve on the Review Committees and the Board of Directors
- Granting accreditation awards based on a program's self-study report, review and site-visit processes

2. Distributing Program Materials

NAACLS forwards the Self-Study Report Review and Site Visit Report to programs for a response. These documents are the primary resources the Board of Directors and Review Committees use when determining a program's accreditation status. The official copies are provided to the program, and become the program's property to be distributed at the officials' discretion. If a program official or institution publishes these documents or parts thereof in such a manner as to create a misleading impression, the Board of Directors reserves the right to release all pertinent materials.

Confidential copies of the documents are distributed to the site visit team members, the Review Committees and the Board of Directors, when needed. After the decision-making process is completed, all duplicates of confidential materials used in the accreditation review process are destroyed. Confidential materials, including the program's file, are not shared with the public or private agencies, the program's collateral institutions/programs or individuals without the prior written approval of the institution's Chief Executive Officer.

NAACLS releases all final board award decisions to the public.

3. 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 staff member, 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 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.

4. Providing Workshops

NAACLS offers continuing education workshops to NAACLS accredited program officials and the public. The responsibilities of NAACLS Staff are:

- Establish topic, location, date, and presenters
- Generate written electronic confirmation of each workshop
- Administer all registration procedures, i.e., establish registration deadlines, determine fees, collect registration forms and fees, and distribute confirmations
- Determine contact person(s) at location and reserve workshop room, sleeping rooms, audiovisual materials and order catering with the contact person(s)
- Develop and distribute announcements to all programs
- Duplicate and carry out revisions of workshop materials, as needed
- Determine the distribution procedure of workshop materials
- Assure CEU(s) allocation from professional organization(s)
- Assume all net financial losses or gains resulting from workshops
- Reserve the right to distribute announcements and workshop information to individuals and/or organizations outside of those contacted by a host-meeting group
- Reserve the right to cancel workshops if registration fees are not sufficient to offset expenses

The responsibilities of workshop presenters are:

- Develop objectives and presentation materials.
- Submit these materials by the provided deadline to NAACLS staff for review and editing as needed.
- Present the workshop on the scheduled date/time.
- Submit travel reimbursement requests with receipts within one month of presenting the workshop.
- Review workshop evaluations and share any insights with NAACLS staff.

5. Performing Self-Evaluation

NAACLS' self-evaluation processes address elements of agency operations as directed by the Council of Higher Education Accreditation (CHEA). NAACLS conducts a comprehensive self-evaluation of its activities at time intervals indicated by the CHEA. Continually, NAACLS is

sensitive to necessary policies and procedures and makes required adjustments appropriately. Self-evaluation is an area of responsibility that also lies with the Quality Assurance Committee of the Board of Directors.

6. Conducting a Quality Improvement Program

The NAACLS Board of Directors is responsible for a Quality Improvement program to monitor all aspects of operations. The Board of Directors will review outcome data on an ongoing basis as deemed necessary. Quality monitors may include:

- Document creation, review, approval, and retention policy.
- Finances and budget review including monthly financial statements, investments reports, and annual audit report.
- Customer service quality provided to programs by staff and volunteers.
- Accreditation data as garnered by the annual survey report or other sources with a focus on significant trends.
- Quality assurance committee reports to the Board of Directors.
- Review and modification of Standards and periodic creation of new Standards.
- Complaint resolution.

The Quality Assurance Committee monitors accreditation activities are of quality service. They ensure all accreditation standards are applied consistently.

7. Providing Employment

NAACLS is an equal-opportunity employer and conforms to federal and state laws concerning employment practices.

8. Assessing the Status of Delinquent Sponsoring and Participating Organizations

In connection with any status review conducted pursuant to the provisions of Article VIII of the NAACLS Bylaws, the Board of Directors assesses the financial situation of the sponsoring or participating organization being reviewed and its record of payments to NAACLS. However, when the Board evaluates the options available to NAACLS in dealing with a delinquent organization, its priority is to maintain NAACLS' financial integrity.

Options that may be considered by the Board of Directors when it reviews the status of a delinquent organization are as follows:

- An immediate assessment of an amount equal to the contributions past due, together with interest at the then prevailing rate of interest charged by the bank that handles the NAACLS checking account, with interest accruing retroactively from the date that the past due contributions became due.
- Negotiation of an agreement for the payment of the past due contributions on such terms shall be agreed to by the delinquent organization and the Board, with the agreement to be evidenced by a promissory note executed by the delinquent organization.

- Termination of the status of the delinquent organization as a sponsoring or participating organization according to procedure set forth in Article VIII of the Bylaws.

If the Board of Directors adopts the first of the above described options and the delinquent organization fails to promptly pay the amount assessed, or if the Board adopts the second of the above described options and the delinquent organization fails to comply with all the terms and conditions outlined in the promissory note, the Board will initiate proceedings to terminate the status of the delinquent organization as a sponsoring or participating organization pursuant to Article VIII of the Bylaws.

9. Applying Adverse Actions of Other Recognized Accrediting Agencies

If any of the following occur, NAACLS may require a program to demonstrate compliance with the Standards and may schedule a site visit to the program to verify compliance:

- The sponsoring institution is the subject of an interim action by a recognized institutional accrediting agency, potentially leading to the suspension, revocation or termination of accreditation, or pre-accreditation.
- The sponsoring institution is the subject of an interim action by a State agency, potentially leading to the suspension, revocation, or termination of the institution's legal authority to provide postsecondary education.
- NAACLS has been notified of a threatened loss of accreditation of the sponsoring institution, and the due process procedures required by the action have not been completed.
- NAACLS has been notified of a threatened suspension, revocation, or termination by the State of the institution's legal authority to provide postsecondary education and the due process procedures required by the action have not been completed.
- A recognized institutional accrediting agency takes adverse action for reasons associated with the overall institution, rather than the specific program, or places the program on public probation.
- The program must submit documentation to NAACLS within 30 days. Failure to submit the required documentation will lead to an award of Administrative Probationary Accreditation.

The President of the Board of Directors will appoint a task force of at least three individuals who have previously served on the Board of Directors or review committees and who have no current or prior association with the institution in question. If the program is noncompliant or partially compliant with any Standards, the President shall send the Board a motion for Probationary Accreditation. This motion shall include appropriate rationales and recommendations for compliance with the Standards.

10. Changing the Scope of the Agency

Should a change in scope for NAACLS accreditation activities become necessary, the following steps must be taken:

- The Executive Committee must select a Task Force to study the new scope of

operations and any potential conflicts with NAACLS guiding principles for expansion.

- The Task Force will make a recommendation to the Executive Committee.
- If the change in scope is approved, the Executive Committee will forward the proposed change to the Board of Directors.
- If the Board of Directors approves the change, the new statement of scope will be sent to NAACLS sponsoring agencies for approval.
- If the sponsoring agencies approve, NAACLS will forward a request for change of scope to the Council for Higher Education Accreditation.
- The Board of Directors then must approve the appropriate changes to the NAACLS Bylaws as provided in the current Bylaws.

11. Document Retention

The following documents will be stored in perpetuity:

- Board of Directors Minutes
- Board of Directors Awards
- Inactive Status Documentation
- Program Official Change Approval Documentation
- Serious Applicant Status Documentation
- Volunteer Evaluation Forms
- Voluntary Withdrawal Requests
- Confidentiality and Conflict of Interest agreements

The following documents will be purged after all current cycle due process opportunities have expired:

- Clean Self Studies with no Progress Reports Due (and all associated Self-Study Reviews, Site Visit Reviews and Responses)
- Satisfactory Progress Reports (and all related Self Studies, Reviews and Responses)
- NAACLS Approval Documents of Award Extensions
- Committee Recommendations
- Staff and Reviewer Emails regarding Reviewed Programs
- These documents should be destroyed as soon as NAACLS' legal obligations to retain them are met.
- Financial records and employment records shall be kept in accordance with federal requirements and guidelines developed by the NAACLS Accounting Department

These shall be retained at the discretion of the Chief Executive Officer in consultation with the board president, with the understanding that the agency should minimize the number of records retained.

12. NAACLS Artificial Intelligence Tools for Meetings Policy

Introduction

This policy governs the use of artificial intelligence note-taking tools, including chatbots, summarizers, and similar technologies in NAACLS meetings. For the sake of brevity, we will refer to all Artificial Intelligence note-taking tools as “AI Tools”.

Purpose & Scope

The purpose of this policy is to communicate and outline the acceptable and appropriate use of AI Tools in NAACLS’ meetings. Creating a policy for AI Tools requires a careful balance between harnessing the efficiency and convenience of AI tools and protecting privacy, confidentiality, and accuracy. This policy applies to all meetings initiated by NAACLS employees, volunteers, contractors, and board members for any NAACLS business purposes. All NAACLS employees, volunteers, contractors, and board members have a responsibility to adhere to these policy requirements.

Policy

Due to the nature of confidential information being shared, the use of AI Tools will not be permitted in any NAACLS Board of Directors meetings. Members of these committees will be asked to deactivate any such AI Tools they have enabled on their devices or meeting software prior to entering these meetings. In addition, and for clarity:

- Board of Director meetings have attendance requirements and an AI Tool or Video Avatar is not a substitute for the active participation of the volunteer.
- Board of Director meetings have official minutes recording the outcome of the meeting and there must only be one official record of the meeting, which may not be created via AI Tools.

At this time, NAACLS Staff may use approved AI Tools in any NAACLS meeting outside of the Board of Director meeting. These IT Tools must be approved by the CEO. Prior to the start of a NAACLS meeting, the Staff member must confirm the meeting may be recorded and if they will use an AI Tool. At this time, Zoom automatically captures this information. NAACLS confidential information or that of individuals must not be used for a commercial, machine-learning purpose in any AI system.

II. Finances

Financial support of NAACLS' activities and services is derived primarily from initial application fees, serious applicant status fees, annual accreditation fees, administrative site visit fees, and workshops. Sponsoring, participating, and affiliating organizations contribute financial support through annual contributions. Other appropriate sources of income are identified and developed as feasible. Notices of fee changes are provided to the appropriate stakeholders before implementation. Please note: Refunds on NAACLS fees are nonrefundable.

A. Accreditation Fees

1. Initial Application Fee

Any program seeking initial accreditation is assessed an application fee. Programs are invoiced for the fee after receiving the initial application packet. The Initial Application Packet is sent for review once the application fee is received.

2. Serious Applicant Status Fee

Any program that achieves Serious Applicant Status is assessed an accreditation fee. Programs will receive a prorated amount determined by the accounting office based on when the Program will be on the Board Agenda for approval.

3. Annual Accreditation Fee

The Board of Directors shall determine the annual fee assessed accredited programs.

Failure to pay the annual fee within 30 days of receipt of the invoice may result in a 10% penalty. Failure to pay the annual fee within 60 days of receipt of the invoice may result in Administrative Probationary Accreditation.

4. Site Visit Fees

Programs must cover all applicable site visit fees. The site visit fees include the actual cost of the site visit. This will include authorized expenses incurred by all members of the Site Visitor team, such as lodging, travel, and food/beverage expenses. A nonrefundable administrative fee is required as well.

Programs that are delinquent on their annual accreditation dues are not allowed to schedule site visits until their Program is caught up on their fees,

The method of invoicing these costs is at the discretion of the Chief Executive Officer. Requests for reimbursement should be submitted to NAACLS within two weeks of the site visit, if possible. Forms submitted after 30 days will not be accepted.

B. Change in Program Official Fees

An Application Fee is required to process the Program Official Approval Form. This includes each of the following:

- Program Director
- Acting Program Directors
- Program Supervisor and Consultant
 - Two Separate Fees
- Education Coordinator
- Medical Director
- Site Coordinator
 - One Fee per Coordinator

C. Reimbursement

Members of the Board of Directors, Review Committees and Site Visitors on NAACLS related business may be reimbursed for expenses. Reimbursable expenses are as follows:

- Airfare at the economy rate.
- For tickets that do not include a checked bag, you may expense the cost of checking one.
- When travel by personal automobile is authorized by pre-approval by the Chief Executive Officer, reimbursement will be made at the current Internal Revenue Service rate.
- Costs related to local transportation, such as taxis, parking fees and airport limousines, will be reimbursed with appropriate receipts.
- Rental cars will be reimbursed with prior authorization from the Chief Executive Officer only.
- Meal reimbursement will be limited to the average per diem for the meeting location or as stipulated in the review committee or BOD meetings invitations.
- Miscellaneous expenses that should be submitted are tips to porters, lodging assistance, and any local telephone calls related to NAACLS business.
- Private aircraft use is reimbursed at coach rates.

Expenses that are not reimbursable are as follows:

- Expenses of a personal nature, such as valet service, except in the case of disability or other reasonable justification for such service
- Guest expenses
- Entertainment
- Any expense not deductible on an income tax form
- If NAACLS schedules a lunch or dinner at a meeting, and a member chooses to dine elsewhere, NAACLS will not reimburse the lunch/dinner meal expense incurred

Procedure for reimbursement is as follows:

- All expenses must be listed on the expense report

- The expense report must be filled out correctly and signed by the individual submitting the form
- Requests for reimbursement should be submitted to NAACLS within two weeks of the meeting. Forms submitted after 30 days will not be accepted
- Submitted with the form must be scanned copies of all paid bills, travel tickets (paid directly or through NAACLS' travel agency), receipts for meals, taxis, and all receipts for any other expenses. No one is authorized to have expenses billed directly to NAACLS
- If an individual pays for more than one meal, the names of others in the group must be listed in the proper area on the expense report

Due to the availability of computer based video calls, no one is authorized to make third party calls that will be charged to the NAACLS telephone number.

Volunteers are informed that if they find less expensive travel arrangements through their travel agent and can sustain the cost until reimbursement is possible, they may do so. Obtaining comparative prices before booking your flight is an acceptable practice.

If there is a travel complication out of your control (i.e. flight cancellation, weather delays, etc.), use discretion when balancing change fees and additional flight/hotel arrangements with getting to your final destination in a reasonable time. NAACLS understands current travel can be challenging and that extreme circumstances may occur. Isolated incidents are understandable, however, should a pattern develop, NAACLS will handle accordingly.

Lodging for Board and committee meetings is master billed. Individuals have the option of single or double occupancy.

D. Site Visit Expenses

NAACLS will bill the institution for site visit expenses that result from the following circumstances:

- Cancellation of a site visit by an applicant institution upon finding it impossible to keep a previously determined date after Site Visitors have made nonrefundable or nontransferable travel arrangements
- The applicant institution's preparation for the site visit is inadequate, and/or the avoidable absence of the program director and/or the education coordinator rendering the site visit incomplete, thereby finding it necessary for a second site visit.

A program is expected to pay the actual cost of the site visit, which may include items such as, travel, lodging, and meals for 2-3 site visitors for the duration of the site visit.

A program can expect to receive a final invoice after the visit is completed and all visitors have submitted their expense reports. If your site visit team is paying for the lodging, food and transportation, the program will still be responsible for the travel costs. If your program pays for all expenses (lodging, food and transportation) ahead of time, the program will only be invoiced the \$750 prep fee and any remaining travel fees submitted from the site visit team. Questions regarding invoicing and fees should be directed to the Accounting Department.

E. Workshop Honoraria

If more than one faculty member develops or revises a workshop, the payment will be divided between the developers.

F. Expenses of Board Members Invited to Give Presentations

Volunteers who are invited to national meetings to provide updates on NAACLS activities are reimbursed as follows:

- If the meeting is not usually attended by the Board member, NAACLS will reimburse the total cost of travel; up to two nights lodging at the conference hotel, and the standard per diem expense for the city visited.

III. Board of Directors

The Board of Directors functions as the governing unit of NAACLS and grants the final accreditation actions. The Board of Directors also formulates NAACLS policy. The Board represents NAACLS to various agencies, organizations and constituencies by developing position statements, sending agency representatives to meetings, recommending actions and/or policies and preparing reports, as appropriate. Consequently, the Board must maintain current information and monitor trends in regulations, legislation, certification of clinical laboratory professionals and other health care personnel, accreditation of healthcare education programs, health care economics, health care manpower and any other issues or concerns that may impact NAACLS. Such entities include, but are not limited to, the following:

- State and/or federal government agencies
- Certification agencies
- Military organizations
- Private sector accrediting groups
- Professional organizations of healthcare practitioners
- Professional organizations of educators of healthcare practitioners
- Professional organizations of managers of healthcare

A. Responsibilities

Members of the Board of Directors are responsible for participating in the governance and duties of the Board and are accountable for their actions. Board members are not bound by the recommendations of their respective organizations but they should consider such recommendations while acting under the accreditation process, operational policies, and ASPA (Association of Specialized and Professional Accreditors) Code of Good Practice and American Institute of Parliamentarians Standard Code of Parliamentary Procedures, which NAACLS follows.

Responsibilities of the Board members are as follows:

- Attend one- to two-day virtual meeting of the Board of Directors in the spring annually, and attend one- to two-day face-to-face meeting of the board in the fall annually. However, a face to face meeting may be substituted for the virtual meeting in the spring
- Participate in the formulation of policies and procedures
- Participate in review and approval of the annual budget
- Participate in review and approval of the Standards, as needed
- Participate in review and adoption of accreditation actions forwarded by the Review Committees with modifications, as needed
- Participate in standing and/or ad hoc committees, as appointed
- Conduct activities associated with positions as officers of the Board upon election
- Maintain knowledge of current trends in accreditation as well as the needs of NAACLS' constituency
- Serve as a site visit team member, upon request

B. Membership

Membership on the Board may range from 12 to 14 members, all of whom will be elected to service by the Board, and each serving a term of four years or until a successor is chosen and qualified. The membership of the Board must meet the NAACLS bylaws requirements.

Membership positions in excess of those specified may be created, provided that a 60-day notice in writing of such proposed additional membership positions has been given to each member of the Board, and provided that the written concurrence of the Board of Directors of each sponsoring organization has been obtained. If such approval is not obtained at the meeting scheduled for the amendment of such bylaws, the Board may proceed with such an amendment by the affirmative vote of two-thirds of the Board members, whose vote may not be taken until one year has elapsed from the date of the meeting at which such approval was not obtained from the sponsoring organization(s).

C. Time Requirements

For each six-month period, the primary time required is for:

- Traveling to and from NAACLS meeting(s)
- Participating in the annual spring and fall meetings
- Reading agenda materials

There will be additional time required for elected officers and standing and ad hoc committee members. Distribution of informational items may also be sent between meetings. The time required for members' review and action on these materials varies.

D. Committees of the Board of Directors

1. Standing Committees

The Standing Committees of the Board are:

- Executive Committee

- Finance Committee
- Bylaws Committee
- Nominations Committee
- Quality Assurance Committee
- Review Process Committee

Except when specified, the members and Chair of the Standing Committees are appointed by the Board President. The Board President and Chief Executive Officer are ex-officio members of all Standing Committees. Each Standing Committee Chair submits interim and annual reports including:

- A summary of activities
- Abstracts of pertinent information processed
- Items for Board action

a. Executive Committee

This committee consists of the president, president –elect or vice president, immediate past president, secretary and treasurer, and one board member at large elected by the Board at its annual meeting, all of whom serve at the pleasure of the Board. While completing the elected term of office on the Board of Directors, the Past President will serve on the Executive Committee. Meetings of the Executive Committee are scheduled prior to each Board meeting and as needed.

b. Finance Committee

The Finance Committee shall consist of the Treasurer, who shall be chair, the Chief Executive Officer (ex-officio) and at least three Directors of the Board appointed by the Board annually, upon recommendation of the President. Its responsibilities are to:

- Prepare the NAACLS' annual budget.
- Review monthly financial statements.
- Review periodic investments reports.
- Advise the Board President and staff responsible for financial matters regarding interim adjustments in budget line items.
- Review proposals for long-term commitments requiring major financial investment or support and recommend actions to the Board of Directors for endorsement.
- Review proposals for generating income and recommend actions to the Board for endorsement.
- Assure the Board that NAACLS' insurance coverage is appropriate.

c. Bylaws Committee

The Bylaws Committee shall consist of the Chief Executive Officer (ex officio) and at least three Directors of the Board (one designated as chair) appointed by the Board annually, upon recommendation of the President. Its responsibilities are to:

- Identify modifications needed in the Bylaws

- Prepare proposals for changes in the Bylaws

d. Nominations Committee

The Nominations Committee is appointed by the Board President, except for the Chair who is the Board public member, and consists of a minimum of three members of the Board. These appointments are made annually. With input from the Review Committees and staff, the Nominations Committee is responsible for reviewing the credentials of all candidates nominated for the elected positions of the Board and Review Committees.

e. Quality Assurance Committee

The QA Committee and Chair are appointed annually by the Board President and consists of the RCAP, PARC, and DRC Board Liaisons plus three additional board members. In addition, ex officio members are the Board President, NAACLS CEO, and the chairs of RCAP, PARC, and DRC. The QA Committee responsibilities are:

- Review all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with NAACLS Standards and accreditation policies. The review is completed before the review committee recommendations are sent to the program, and final recommendations are sent to the Board for approval.
- Review NAACLS documents and procedures for accuracy, clarity, and consistency with current NAACLS Standards, policies, and practice.
- Assist in developing corrective action when problems are identified in the accreditation process.

f. Review Process Committee

The Review Process Committee shall consist of the RCAP Board Liaison, the PARC Board Liaison, the DRC Board Liaison, the RCAP Chair, the PARC Chair, the DRC Chair, two additional Board members appointed by the Board President annually and the Chief Executive Officer (ex officio). The Board President shall designate one member as the Chair. Only Board of Directors members shall vote on issues.

The Review Process Committee responsibilities are:

- Evaluate the NAACLS' cyclical review processes for self-studies, self-study reviews, and site visits
- Suggest recommendations for quality improvements to the processes when indicated

g. Volunteer Recognition Committee

The Volunteer Recognition Committee shall consist of the Chief Executive Officer (ex officio) and at least three Directors of the Board (one designated as chair) appointed by the Board annually, upon recommendation of the president. The NAACLS Chief Executive Officer will assign a staff liaison.

The NAACLS Volunteer Recognition Committee is responsible for:

- Annually review the recognition plan for NAACLS' volunteers, including Self – Study Reviewers, Site Visitors, review committees and Board of Directors members, task force members and other people providing volunteer services to NAACLS. The committee may recommend changes as needed.
- Compile and review candidates for the NAACLS Distinguished Service award when appropriate (not necessarily annually). The NAACLS Distinguished Service Award is the highest honor that NAACLS confers upon volunteers that have made extraordinary contributions to NAACLS and its mission. The Distinguished Service Award was created to express the profound gratitude of NAACLS for the tireless service and immeasurable dedication of these often “unsung” volunteers.

2. Ad Hoc Committee

The Ad Hoc Committees of the Board are established when deemed necessary.

3. Task Forces

The Board of Directors may also create Task Forces as deemed necessary.

E. Meetings

The Board of Directors' Annual face-to-face Meeting is held in the fall. An interim spring virtual meeting is also held annually. The Board may schedule additional meetings, if needed. Meetings may be held virtually. Review Committee Chairs are invited to attend Board meetings.

F. Meeting Protocol

The Policy and Procedure Manual contents are reviewed by the President and Board Committee Chairs prior to every meeting to remind members of these rules. These shall include, at a minimum:

- Voting and other key parts of the Conflict of Interest policy
- Making motions
- Voting procedures
- Points of order
- Definition of actions
- Confidentiality of proceedings

G. Motion Procedure

The proper procedure for submitting motions are as follows:

- All board committee chairs write any motions that may arise from their committee discussions and submit them in advance to NAACLS, along with a report summarizing committee activities

- Staff compile the motions for all program actions and distribute these for approval to the Review Committee Chairs prior to the Board meeting
- Staff compile these motions and posts them electronically with other meeting materials

After the Board meeting, the staff prepares the minutes for the meeting and submits them to the Secretary for approval. If identified, the minutes shall reflect the accountable individual for action approved as well as the implementation timeline.

H. Voting Record

The Board of Directors' President calls for a vote after each motion is seconded and discussion completed. Those who abstain are asked to indicate so by stating their name and the word "abstain."

I. Abstention from Voting

Board members and Review Committee Members should follow the protocol listed below when abstaining from a vote:

- Board and Committee members will be asked to absent themselves from any review, discussion and vote involving an institution with which they have a current or potential relationship or conflict, including participating as a self-study reviewer or site visitor.
- Minutes of the meeting must clearly reflect the individual abstained from the vote.
- Board members and Committee members must disclose and not participate in any review, discussion and voting if he/she is a former employee (last 5 years), Board member within last 5 years, consultant within last 5 years, graduate within the past 5 years, or is affiliated with another institution in the same system or same section of the state or has sought within the last 5 years or is currently seeking employment at the institution under review.
- Members of the Review Committees and Board of Directors cannot jointly serve on the Board of Directors of a NAACLS sponsoring, participating or affiliating organization or agency that certifies clinical laboratory science professionals or other agencies/organizations that accredit clinical laboratory science education programs.
- Current members of the Board of Directors, Review Committees and staff may not serve as private consultants* to any program subject to NAACLS accreditation.

J. Disclosure:

Board members and Committee Members must disclose only if a former employee (more than 5 years), Board member (more than 5 years), consultant (more than 5 years), has a close relative or domestic partner at the institution, or has sought a position beyond 5 years at the institution under review.

*Private consultants are paid to advise programs on aspects of accreditation

K. Quorum

A majority of the members shall constitute a quorum for transacting business at any committee meeting.

L. Voting Procedures

The Board of Directors' election of officers and Board members may be conducted by secret ballot at the Annual Meeting (Also see Conflict of Interest Policy Statement – Appendix 1)

Executive Committee Election Procedure:

In June of every year, NAACLS Staff will contact the board president for nominees for each executive committee position. In addition to contacting the board president, staff will contact the whole board, letting them know nominees will be accepted by email. Once all nominations are received, NAACLS Staff will contact the nominees to confirm interest in the position. If an incumbent member has not been re-nominated, NAACLS Staff will notify the individual before sending the full docket to the entire Board of Directors.

Once all notifications are completed, and before the board meeting, NAACLS Staff will distribute the full list of nominees to the board. The list of nominees will not include who nominated whom to avoid bias towards any individuals' nominees. The election will continue to take place during the September Board of Directors meeting.

M. Board of Directors' Actions

The Board of Directors' Actions are:

- Accept is to commend and acknowledge receipt of work and incorporate the work into the Minutes of the meeting
- Adopt is to make a recommendation an official action of the Board, to be carried out by the unit(s) or person(s) designated as responsible
- Approve is to indicate agreement in principle with recommendations submitted for consideration
- Endorse is to sponsor and make official a recommendation submitted for consideration
- Receive indicates that the report has been read or orally rendered

When written and presented to a review group, Board Committee or Task Force reports may be attached as an exhibit without restating them in the body of the Minutes at the discretion of the Board. These reports should be "received," not "approved" or "accepted," unless it is intended that all actions recommended by the committee are to be approved and undertaken. Any reference to another report should be attached as an exhibit to the Minutes so there is no confusion as to what was approved by way of a motion that was adopted.

N. Board of Directors' Substitutions/Observers

If a Board member representing a sponsoring or participating organization is unable to attend a Board meeting, the Board will welcome a non-voting observer from the respective organization

at no expense to NAACLS.

O. Executive Sessions

When matters of a confidential nature are before the Board of Directors, the President declares an Executive Session and excuses guests from the meeting. Minutes of the meeting contain only motions made and the outcome of votes.

The following topics for Board and Review Committee discussion are confidential and should be limited to Executive Session unless the Board President grants exception:

- Program accreditation appeals and other discussion of specific programs
- Legal and financial matters of a sensitive nature
- Nominations of candidates and election of officers
- Discussions of changes to Bylaws
- Any topic deemed sensitive by the President

Members-elect of the Board, if in attendance for observation, may be permitted to remain, subject to the discretion of the President. The Chief Executive Officer represents the staff and is in attendance.

P. Position Descriptions

1. Board President

The Board President's responsibilities are as follows:

- Serve as principal executive officer of the corporation and supervise its business and affairs.
- Preside at Executive Committee and Board meetings.
- Assign Board members to the Board committees annually.
- Serve as a primary speaker for the corporation.
- Write an article for the Annual Report and 2-3 articles/year for posting on NAACLS News.

2. Board Vice President

The Board Vice President's responsibilities are as follows:

- Serve and perform all duties of the President if the President is absent, unable or unwilling to act.
- Perform duties assigned by the President, including new member orientation.
- Serve as a member of the Executive Committee.

The Vice President reports to the Board President.

3. Board Secretary

The Board Secretary's responsibilities are as follows:

- Keep the Minutes of the Board meeting.
- Assure that notices are given to the Board members in accordance with the provisions of the Bylaws.
- Maintain a register of the Board member's addresses and telephone numbers.
- Perform all duties incident to the office of Secretary and other duties assigned by the President.
- Serve as a member of the Executive Committee.

The Secretary reports to the Board President.

4. Board Treasurer

The Board Treasurer's responsibilities are as follows:

- Be accountable for NAACLS' funds and securities
- Be accountable for the maintenance of an adequate accounting system for the agency
- Supervise the annual budget for Board approval
- Supervise the NAACLS' annual financial statement
- Perform all duties incident to the office of Treasurer
- Serve as Finance Committee Chair
- Serve as a member of the Executive Committee

The Treasurer reports to the Board President.

5. Board Liaison

Board members are appointed to serve as liaisons between the Board and each Review Committee. The Liaison should have at least one year of experience on the board before being appointed Liaison to a Review Committee. The Liaison's function does not imply membership or voting privileges on a Review Committee.

a. Functions and Responsibilities

The Liaison serves as a resource for the Review Committee and NAACLS staff by monitoring and establishing quality assurance through identifying inconsistencies in Board policies and procedures.

The Liaison clarifies and explains the rationale for Board policies, views, decisions and actions for the Review Committee. When appropriate, the Liaison assists the Committee with operating within NAACLS principles and philosophies.

The Liaison also clarifies Board motions/decisions that are forwarded back to the Review Committee for action, feedback or discussion. This is accomplished by:

- Attending the Review Committee meetings--if unable to attend, the Liaison should be available by telephone for needed consultation.
- Becoming familiar with the Review Committee agenda and motions for overall content.
- Submitting the Review Committee Chair report to the Quality Assurance Committee and reporting to the Board of Directors actions taken by this committee.

b. Report Format

The Report should contain the following items:

- Name of Committee and Liaison
- Meeting date
- Identify and report non-accreditation action information on Review Committee views, decisions and actions
- Identify all inconsistent areas, issues or procedures made during the Review Committee meeting
- Prepare and attach all motions of Committee recommendations for Board action

This report is due two weeks prior to the scheduled Board of Directors face-to-face or virtual meeting. In the event the Liaison is absent for the meeting, the Review Committee Chair or representative shall present the report.

Q. Nominations Process

The nominations procedures for the Board of Directors and Review Committees are as follows:

- The Board President appoints one of the public representatives to the Board for the position of Nominations Committee Chair.
Staff informs the Chair of any positions opening for Board members at the fall Board meeting, one year prior to the expiration of the term(s) of the current member(s).
- Position vacancies are advertised on the NAACLS News during the fall. Further advertisement or recruitment is at the discretion of the Nominations Committee Chair
- Staff compiles a list of candidates for each position vacancy and compiles the following information on each candidate:
 - Summary of qualifications and other items as requested
 - Candidate Fact Sheet
- This information is presented to the Nominations Committee for consideration before the spring meeting of the Board of Directors
The Nominations Committee determines a slate of candidates to present to the Board. In the case of a Review Committee vacancy, the Review Committee Chair and Vice Chair will advise the Board as to their preference among the final candidates.
- Staff informs all candidates of the Board's decision
- For representatives from the sponsoring and participating organizations, the sponsoring and participating organizations forward at least two proposed nominees to the Nominations Committee, which chooses from the potential nominees and forwards a

slate to the Board. If only one qualified nominee is presented, the position is to remain open until the sponsoring or participating organization forwards a second qualified nominee.

- The Committee formally presents the nominees to the Board at the spring meeting. The Nominations Committee may elect not to present any candidates for these positions and to continue the search for appropriate nominees.
- The successful candidate(s) shall be invited as guest(s) of NAACLS to the Board of Directors' meeting following their appointment
- If positions are vacated prior to the expiration of a member's term, the President may appoint an individual to complete the previous member's term. For representatives from the sponsoring and participating organizations, the sponsoring and participating organizations forward at least two proposed nominees to the President, who will then choose among the nominees for the appointment. The formal letter appointing this individual must be copied to the Meetings and Events Planner.

R. Employment Changes

- If members of the Board of Directors change their employment status or position, they must notify the Chief Executive Officer within 30 days of the change if they wish to continue on the Board Committee. They must also provide a description of the new position.
- The Chief Executive Officer, in consultation with the Board President and Nominations Committee Chair, determines if the person's new employment status affects the person's capacity to represent the intended constituency
- If determined ineligible for the Board position, the person is notified by the board president and asked to vacate the position within one year of the employment change, unless the term of appointment expires sooner

S. Nonperformers

NAACLS recognizes and appreciates persons who volunteer to be members of the Board of Directors and Review Committees. After persons indicate a willingness to serve and accept their appointment by the Board, volunteers must commit to active participation, completion of work assignments in a timely fashion, and demonstration of professionalism. If circumstances make a member's involvement impossible, that person should resign. A Board member's or Review Committee member's non-participation may be evidenced by the following:

- Absence from two meetings.
- Unprepared for assigned agenda items on at least two occasions other than the person's first meeting cycle.
- Not fulfilling assigned committee responsibilities for two meeting cycles in a row.
- Failure to attend all portions of the meeting on a repetitive basis.
- Multiple breaches in the Code of Conduct.
- Inability to meet deadlines.

If a Board member's nonperformance becomes evident, the Board President or CEO shall informally discuss the matter with the member. If a Review Committee member's nonperformance becomes clear, the Committee Chair will inform the Board President or CEO

who will attempt to resolve the nonperformance with the Committee member. If consultation with the Review Committee member, Review Committee Chair, CEO and Board President do not improve performance, the procedures for removing a nonperformer will be followed.

T. Removing Nonperformers

The procedures for removing nonperformers are as follows:

- The Board President or CEO writes a letter to the Board of Directors or Review Committee member, delineating past performance record. The President or CEO asks for a written response regarding the member's future participation and performance at the Board or Committee level. The member is given 30 days to respond to the President or CEO in writing.
- Regardless of whether or not the member indicates a willingness to continue serving or to discontinue serving, the Executive Committee will discuss the matter at its next regularly scheduled meeting.
- The Executive Committee determines whether or not to accept or reject the member from future involvement on the board or committee and reports its discussion at the next regularly scheduled board meeting.

U. Filling Temporary Vacancies

If a Board of Directors' member is unable fulfill their responsibilities, the member should promptly notify the Chief Executive Officer. The Chief Executive Officer will contact the Board President.

V. Limitation of Terms

The Board of Directors members may serve a total of two complete four-year terms.

W. Board of Directors Conflict of Interest Policy Statement

The board must acknowledge they understand the Conflict of Interest Policy prior to each meeting. The policy is distributed by staff electronically.

X. Board of Directors Confidentiality Policy Statement

The board must acknowledge they understand the Confidentiality Policy prior to each meeting. The policy is distributed by staff electronically.

IV. Review Committees

A. Doctoral Review Committees (DRC)

The DRC reviews doctorate for clinical laboratory sciences (DCLS) programs for accreditation, forwards accreditation recommendations to the Board of Directors, and develops and implements operational policies and procedures for accreditation.

B. Programs Accreditation Review Committee (PARC)

The PARC reviews medical laboratory technician (MLT), histotechnologist (HTL), histotechnician (HT), phlebotomist (PBT) and medical laboratory assistant (MLA) programs for accreditation and forwards accreditation recommendations to the Board of Directors, develops and implements operational policies and procedures for accreditation.

C. Review Committees for Accredited Programs (RCAP)

The RCAP reviews medical laboratory scientist (MLS), diagnostic molecular scientist (DMS), cytogenetic technologist (CG), pathologists' assistant (PathA), medical laboratory Microbiologist (MLM), public health microbiologist (PHM) and Biomedical Scientists (BMS) programs for accreditation and forwards accreditation recommendations to the Board of Directors, develops and implements operational policies and procedures for accreditation

D. Composition of the Committees

The DRC is comprised of six members. The composition of the DRC includes one department chair/vice president/provost/dean, one Clinical Laboratory Sciences Industry Executive or Leader, one MLS Graduate Faculty Member, one member at large, one doctoral level clinical laboratory educator, and a DCLS Practitioner. In the absence of a DCLS Practitioner nominee, a DCLS Student may be nominated. This student will have full voting privileges.

The PARC is comprised of seventeen members. To ensure appropriate representation from the professions of clinical laboratory science, histology, phlebotomy, and education, the composition of the PARC includes: eight to nine MLT educators; three HT/HTL educators; three PBT educators or practitioners; three MLA educators and one to two two year educator generalist..

The RCAP is comprised of fifteen members. To ensure appropriate representation from the professions of clinical laboratory science, pathology and education, the composition of the RCAP includes: eight to nine MLS educators; two PathA educators or practitioners; one CG educator or practitioner; one DMS educator; one MLM educator; one PHM educator; one to two four-year educator generalist; and, establish an advisory committee of content experts when needed for BMS programs.

Each Review Committee is assigned a liaison from the Board of Directors.

1. Position Descriptions

a. Chair

i. Term

The chairs are elected to a two-year term at the committees' winter meeting. A simple majority of those present and voting is needed to elect the chairs. When a review committee member becomes Chair, they assume all new business after the July meeting. Old business which will be resolved by the outgoing chair at the September Board meeting. Chairs may serve for two consecutive years.

ii. Duties and Responsibilities:

- Correspondence:
 - Responds to complaints.
 - Corresponds with other committee chairs and members, as necessary.
 - Sends to NAACLS copies of all appropriate correspondence.
 - Provides written summaries of all pertinent telephone consultations to staff.
- Liaison role:
 - Confers with staff.
 - Confers with the board president.
 - Confers with the vice chair and/or chair elect
 - Confers with discipline lead persons and board liaisons
 - Confers with other review committee chairs.
- Appoint reader pairs and subcommittee roles.
- Staff liaisons may be appointed to task forces only at the discretion of the NAACLS CEO.
- Complete evaluation of committee members.
- RC chair is responsible for providing information as requested.
- Consults on removing non-performers.
- Final actions will to be carried out by NAACLS Staff.
- Reviews and revises documents, when requested.
- Makes presentations to groups or selects a delegate from among committee members.
- Assist the transition of incoming leadership.
- Maintains a list of all pending matters along with all related documents and correspondence.

b. Vice Chair

i. Term

The vice chair and/or chair elect is elected to a two -year term at the committees' winter meeting. A simple majority of those present and voting is needed to elect the vice chair and/or chair elect. A vice chair and/or chair elect may serve for two consecutive years. Each vice chair and/or chair elect assumes the new position immediately after the board's fall meeting.

ii. Duties and Responsibilities

- Serves as the chair during the absence of the chair or following the resignation of the chair.
- Is familiar with all of the duties of the chair.
- Aided by staff, acts as secretary for the meetings.
- Reviews all motions and minutes.
- Attends all Review Process Committee meetings in the absence of the chair or acting chair.

c. Review Committee Leadership Meeting Responsibility

Responsibility	Time Frame for completion	Vice Chair/Chair-Elect involved with process?
Communicate with staff relative to the development of the meeting agenda.	<u>February Virtual Meeting:</u> The chair will discuss with the NAACLS Staff in the first week the previous October. <u>July Face-to-Face meeting:</u> The chair will discuss with the NAACLS Staff in the first week the previous May.	Yes
Review and document the accuracy and completeness of the entire agenda with accompanying materials, culminating in a “Pre-Meeting”.	<u>February Virtual Meeting:</u> The chair will meet with staff via virtual meeting by mid-January to review agenda materials & motions. <u>July Face-to-Face meeting:</u> The chair will meet with staff via virtual meeting by mid-June to review agenda materials & motions.	Yes
Review RC Report to QA that the Vice Chair/Chair-Elect completes after meetings.	<u>February Virtual Meeting:</u> Confirm completion to staff within two days of receipt. <u>July Face-to-Face meeting:</u> Confirm completion to staff within two days of receipt.	No
Review Meeting Minutes that the Vice Chair/Chair-Elect completes after meetings.	<u>February Virtual Meeting:</u> Confirm completion and send to staff within one week of receipt. <u>July Face-to-Face meeting:</u> Confirm completion and send to staff within one week of receipt.	No
Work with staff to delegate responsibilities of an absent committee member.	<u>February Virtual Meeting:</u> As needed. <u>July Face-to-Face meeting:</u> As needed.	No
Orients new	<u>February Virtual Meeting:</u> Not applicable.	No

committee members.	<u>July Face-to-Face meeting:</u> Meet with Volunteer Services Manager via virtual meeting in June to discuss the July New Member Orientation schedule.	
Writes and presents the RC Chair Report to the Board of Directors.	<u>February Virtual Meeting:</u> Using the minutes provided by Vice Chair/Chair-Elect, create report and submit to NAACLS Staff within one month of meeting's end. <u>July Face-to-Face meeting:</u> Using the minutes provided by Vice Chair/Chair-Elect, create report and submit to NAACLS Staff within one month of meeting's end.	No
As Chair and as Outgoing Chair, attends the Board of Directors meetings, along with any Board of Directors Committee meetings for which the RC Chair is a member.	The Board of Directors meetings are via virtual meeting in April and face-to-face in September. The RC chairs are an ex-officio member of the BOD QA Committee and BOD Review Process Committee.	No

d. Discipline Lead Person

The review committee chair may choose to designate a discipline lead person for each program level reviewed by the committee.

i. Term

The DLP for each clinical laboratory science may be appointed annually by the committee chair. Each DLP should be an experienced educator, certified and/or credentialed in the specific discipline, with substantial knowledge about the depth and breadth of the respective discipline.

ii. Duties and Responsibilities

- Assists the chair and staff in all matters pertaining to discipline specific programs.
- Consults and communicates with programs to answer questions of policy, procedure or interpretation.
- Provides an annual report of all communication.

e. Board Liaison

Board members are appointed to serve as liaisons between the board and each Review Committee. The liaison's duty does not imply membership or voting privileges on a review committee.

i. Duties and Responsibilities

The liaison serves as a resource for the Review Committee and NAACLS staff by monitoring and establishing quality assurance through identifying inconsistencies in board policies and procedures. The liaison should be mindful and objective when providing their perspective.

The liaison clarifies and explains the rationale for board policies, views and decisions and actions for the Review Committee. When appropriate, the liaison assists the committee with operating within NAACLS principles and philosophies.

The liaison also clarifies board motions/decisions that are forwarded back to the review committees for action, feedback and discussion.

This is accomplished by:

- Attending the Review committee meetings. The Liaison should contact Staff as soon as possible if unavailable to attend a meeting.
- Attending the Joint Review Committee Leadership call prior to the Review Committee Meetings.
- Becoming familiar with the Review Committee agenda and motions for overall content.
- Providing consultation to the review committee chair after a review committee meeting.
- Presenting the prepared programmatic motions to the Board of Directors for action.

2. Review Committee Member Terms

Individuals are elected to the committees by the Board of Directors. New members are invited to attend the next scheduled committee meeting. Normally, the four-year terms beginning immediately following the next scheduled summer review committee meeting and concluding immediately after the summer review committee meeting four years later. If a sitting Chair is due to complete a term, that term will be extended to conclude after the Fall Board of Directors' Meeting. When vacancies occur before terms conclude, the Board President appoints replacements to complete the terms. Members may be elected to a maximum of two full terms per review committee.

3. Absence

The critical nature of the accreditation processes and the specialized skills of committee members make it vitally important for all members to attend all committee meetings, whether held in person or virtually. Attendance at meetings must hold a very high priority for all wishing to serve as committee members.

Unavoidable absences must be communicated to the chair as far in advance as possible so that appropriate workload shifting arrangements can be made well in advance of meetings.

Absence from two consecutive meetings is a cause for removal from committee membership.

E. Membership

The membership of each Review Committee relates to the particular constituency it serves and includes practitioners, pathologists and appropriate educators. Elections to the Review Committees are made by the Board of Directors at its annual April Board meeting. Elections are for four-year terms, beginning immediately following the summer Review Committee meeting and concluding immediately following the summer Review Committee meeting in the year completing the four-year term. If a committee member finishes their second term as committee chair, they will be asked to see the committee's work from the July meeting through to the September Board of Directors meeting.

If a vacancy occurs before a term concludes, it is the Board President's prerogative whether to appoint a replacement immediately, or seek a replacement through the nominations process. If the president chooses to appoint a replacement immediately, that appointment will finish out the time remaining on their predecessor's term. This time will not count against the appointee's own term limit. If the president chooses to wait until the nomination cycle, the elected nominee will begin their time on the review committee in their first term.

Each Committee elects its Chair, Vice Chair and Chair-Elect (if applicable) annually at its winter or summer meeting. NAACLS solicits nominations for elections on the Review Committees according to the Nominations Committee's policies. Recommendations for election are solicited from the sponsoring and participating organizations of NAACLS for Board representatives and from the NAACLS News and other media for other positions, as deemed appropriate. People associated with NAACLS accredited programs are asked to send their curriculum vitae to NAACLS if they are willing to serve in the capacity for which they have been nominated. The Board's Nominations Committee reviews the information provided in the curriculum vitae and recommends a slate of nominees to the Board for action.

1. Qualifications for Membership

Qualifications for the Educator position are:

- Service as a program director from a NAACLS accredited program of the same type as the Review Committee is preferred.
- A program's accreditation history will be considered. If program directors are not available to serve on committees, then faculty of programs that are the same type as the Review Committee are acceptable if they are knowledgeable in the accreditation processes and management in education.
- Experience as a site visitor and self-study reviewer for NAACLS is preferred for accreditation Review Committee membership
 - Attendance at NAACLS accreditation workshops, instead of experience, may be acceptable for membership on the Review Committees.
- Knowledge of the principles and process of accreditation
- Knowledge of the principles and practices of management in education

Qualifications for the Educator Generalist position are:

- Current service in an educational administrative position with a NAACLS accredited program
- Experienced as a site visitor and/or Self-Study reviewer

- Knowledge of the principles and processes of accreditation
- Knowledge of the principles and practices of management in education

Qualifications for the Practitioner are:

- Currently in a position practicing at the level of the profession represented by the Review Committee.
- Acquaintance with the principles and processes of accreditation.
- Acquaintance with the principles and practices of management in education.

F. Responsibilities

Review Committee members are responsible for participating in the duties of the Review Committee and are accountable for their actions. The Review Committees' responsibilities are as follows:

- Participate in the development, review, revisions, justification and validation of Standards, as assigned by the Board of Directors and in accordance with recognized needs, making available the opportunity for public comment and review by sponsoring and participating organizations.
- Prepare compliance materials to explain the Standards realizing these are subject to approval by the Board of Directors.
- Submit recommendations regarding a program's accreditation status to the Board for approval. Recommendations are sent to the Quality Assurance Committee for initial review and any issues forwarded to the Board of Directors for approval.
- Prepare and Review Off Cycle Reports, which can include but not limited to, Application Packets, Program Official Approvals, Action Plans, etc.
- Review problems or complaints related to a program's administration or implementation and students.
- Conduct meetings at least twice a year.
- Review, in detail, documents for assigned programs prior to formulating accreditation recommendations to be forwarded to the Board for action.
- Volunteer for assigned Taskforces from the Board of Directors.
- Maintain knowledge of current trends in education, accreditation and needs of the constituency served by the Committee.
- Formulate recommendations for changes in policies and procedures and for revising the Standards and associated documents; recommendations are sent to the Quality Assurance Committee for initial review and any issues forwarded to the Board of Directors for approval.
- Complete Reader Pair and Self – Evaluation Survey.
- Provide compliance guidance regarding accreditation standards and processes to program officials, upon request.
- Participate in NAACLS News content as requested.
- Reviewing meeting motions and minutes and submitting corrections to the chair.
- Perform other duties, as assigned.

G. Time Requirements

For each six-month period, the primary time required is for:

- Traveling to and from NAACLS meeting(s).
- Meeting in February and July annually.
 - All meetings are two days and scheduled for the next three years.
- Preparing assigned agenda reports, Motions and Minutes.
- Reading and providing a review of additional agenda materials.

There will be additional time required for elected officers and subcommittee members. Distribution of informational items may also be sent between meetings. The time required for members' review and action on these materials varies.

H. Meetings

Review Committees' meetings are held before the Board of Directors' meetings. Sufficient time is allowed to notify the programs of the recommendations, to receive and process any reconsiderations and revise the motions, if needed, prior to the Board meeting. The Review Committee Chair may call a special committee meeting to take action on serious needs that cannot be delayed until the next meeting.

The members-elect of the RCAP, PARC and DRC will be invited to participate in the meeting previous to their assumption of office. The members-elect may participate in discussions at the discretion of the Chair.

1. Online Agenda

Approximately two months before the scheduled meeting, committee members will have access to the meeting agenda online. All assigned materials are due one month prior to the Review Committee Meetings. The following items will be provided once available:

- Program materials for review
- Minutes from the previous meeting
- Motions templates
- The Review Committee Chair's Report to the Board of Directors from the previous cycle
- Progress and Year Five Interim Report materials
- Letters of Voluntary Withdrawal
- Discussion items
- Completed motions
- Evaluations and Feedback Surveys
- Conflict of Interest
- Release Statement
- Policy and Procedure Manual

2. Reader Pair Assignments

a. First Reader

Each committee member is assigned a varying number of programs as first reader, depending upon the agenda length. The first reader is responsible for an in-depth review of all materials submitted for the program. Both readers review all documentation for the assigned programs for compliance with the Standards. Deficiencies are noted as the material is reviewed. Materials are read far enough in advance so that additional materials may be requested prior to the meeting. After reviewing the materials, the first reader writes a tentative accreditation recommendation in the form of a motion. Before citing a program for any possible non-compliance that was not mentioned in the self-study review or Site Visit Report, and to which the program has therefore not had an opportunity to respond, the first reader should communicate with NAACLS Staff so they may contact the program director. Following subsequent discussion with the second reader, the first reader writes the motion and minutes drafts, and forwards them to NAACLS Staff. At the meeting, the first reader is responsible for presenting the motion to the committee.

b. Second Reader

The second reader is also responsible for a in depth review of all materials received and must be able to discuss, modify or amend the tentative motion that was developed by the first reader. Both readers confer about their programs and motions prior to the meeting. The second reader seconds the motion made by the first reader. In the absence of the first reader, the second reader presents the motion and minutes for the program.

All motions must be completed using the motion template and instructions provided by NAACLS Staff.

3. Batch Voting Procedure

In the interest of time, we may occasionally use a batch voting procedure. Similar motions will be batched together and voted on. If necessary, one can pull out a motion from the batch to discuss.

- Within a particular group of programs, the first reader of the first program will make a motion, the second reader of that program will second. If one of those individuals needs to abstain or is absent, a committee member will need to fill this duty.
- After the motion is seconded, the Chair will open the motion up for discussion. If there is no discussion, the Chair will call for a vote.
- During discussion, an alternative motion can be introduced to a motion known to be coming before the Committee by saying “I move to adopt the following motion in lieu of {...}”.
- A motion already voted on can be amended by stating, “I move to amend the motion that was approved on {date} to..., by...”.
- When there is a call for vote, a voice vote will be made by the Chair.
- Those who abstain so indicate by stating their name and the word “abstain.” Those voting “no” state their name and the word “no.” When the chair so indicates, all those in favor of the motion so indicate by the word “yes.”
- If results are too close to be called, then it will be made by raising of hands. A yay vote is asked for first, followed by nay, and then abstentions.
- A motion carries with a simple majority vote.

4. Joint Review Committees

Often there are topics that impact multiple committees. In response, time is available during all meetings for the review committees to meet. In addition, the process described below allows the review committees to contribute to important discussion items without unnecessarily expanding the meeting agendas. This process promotes communication between the committees chairs.

- Two weeks prior to the review committee meetings, a virtual meeting with committee leadership and staff is conducted to review all discussion items.
- Any new issues or concerns brought up on the first day of meetings by the review committees that impact the others will be added to this agenda. A meeting will take place at the end of the first day of meetings with the Chairs to finalize the Joint Meeting agenda.
- The agenda is presented to the all review committees that is held following individual committee meetings. Final review and recommendations of action requests for the Board are considered.
- DRC will give a report at the Joint Committee Meeting.
- The Joint Review Committee meeting will last no longer than 90 minutes.
- Vice Chair for each committee should take details Minutes to compare and construct the Joint Review Committee Report to the Board.
- Attendance is required.

I. Employment Changes

- If members of the Review Committees change their employment status or position, they must notify the Chief Executive Officer within 30 days of the change if they wish to continue on the Review Committee and they must also provide a description of the new position.
- The Chief Executive Officer, in consultation with the Board President and Nominations Committee Chair, determines if the person's new employment status affects the person's capacity to represent the intended constituency.
- If determined ineligible for the position, the person is notified by the Board President and asked to vacate the position within one year of the employment change, unless the term of appointment expires sooner.

J. Filling Temporary Vacancies

If a Review Committee member is unable to attend a meeting, the member should promptly notify the Committee Chair. If the Chair determines that a temporary committee member is needed, the Chief Executive Officer will be consulted and a temporary committee member appointed.

Those considered as temporary committee members include:

- Past chairs.
- Past committee members.
- Program directors.
- Active NAACLS volunteers.

K. Staff Communication Policy

All questions or clarification requests regarding the Self Study Review Form, Site Visit Review Form, Year Five or Progress Reports, or Responses from the Program should be directed to the appropriate NAACLS Program Coordinator.

- The NAACLS Program Coordinator will then email the appropriate parties.
- Once a response has been received, the Staff liaison will provide the reader pair with the response and include additional documentation if requested.

V. Accreditation Process

A. Definition and Benefits of Accreditation

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

- Identifies for the public specialized programs and institutions that meet established standards of educational quality
- Stimulates voluntary improvement of educational programs by involving faculty and staff in self-evaluation, research, planning, and outcomes assessment
- Promotes a better understanding of the goals of professional education
- Provides reasonable assurance that practitioners meet minimum educational standards upon entry into the profession
- Assists specialized programs in achieving their objectives

B. NAACLS Philosophy on Accreditation

A process of peer-reviewed reviews and program responses is the foundation of the NAACLS Accreditation Process. The core of the NAACLS Accreditation Process is material provided by a program, a review conducted by content experts, and an opportunity to respond to any concerns identified in a review. Programs always have the chance to respond to a concern of non-compliance on a review. Examples of reviews programs receive may include, but is not limited to, the following:

- Application Packet Review
- Program Official Approval Review

- Self Study Review
- Site Visit Review
- Progress Report Review
- Five-Year Interim Report Review

After the application packet stage, NAACLS gives programs only one opportunity to respond to a document review. After NAACLS receives the program's review response, the review process moves forward. Board award decisions are rooted in compliance with all the standards met through this review and response process.

NAACLS requires a progress report for any program that fails to demonstrate compliance with Standard VI, the administrative standard. A progress report may not be required for Standard VI, but NAACLS will notify the program multiple times before it takes further action.

Probationary accreditation is awarded for programs that do not demonstrate compliance on their progress report or for programs that do not demonstrate compliance with Standard VI after multiple attempts by NAACLS Staff to resolve the issue. Programs awarded probationary accreditation, or administrative probationary accreditation, will have one opportunity to demonstrate compliance by a pre-determined due date.

If a program on probationary/administrative probationary accreditation cannot demonstrate compliance as required, the NAACLS Board of Directors will likely award Involuntary Withdrawal of Accreditation.

C. Initial Application for Accreditation

Officials of a program applying for initial accreditation must do the following:

- Request from NAACLS information regarding the accreditation process
- Submit the Application Packet, which includes the following:
 - Initial Application of Accreditation to NAACLS
 - Proof of payment of Initial Application Fee
 - Documentation for approval of the program director
 - Preliminary Report
- Submit a Self-Study Report
- Achieve "serious applicant" status
- Allow a site visit of the program

After the site visit, the RCAP, PARC or DRC and the Board of Directors evaluate the program. The Board grants the final accreditation award. Programs who have submitted their Initial Accreditation Packet can remain in this status up to two years without submission of their Self-Study. Once the NAACLS Office has received the Self-Study, programs can remain in Serious Applicant Status up to 18 months. Under Serious Applicant Status, students who successfully complete the program will be eligible to sit for the ASCP BOC Certification Exam.

D. Continuing Accreditation

As a courtesy, NAACLS notifies programs approximately one year before the accreditation renewal process should commence for their program. The renewal process occurs

approximately 12 months before the program's current accreditation period ends. The process for continuing accreditation progresses according to the procedures followed when applying for initial accreditation.

E. Accreditation Awards

Any decision by the NAACLS Board of Directors on a program review is considered an award. Accreditation awards for programs currently accredited are accessible electronically on NAACLS website.

F. Program Official Approval Process

The review process can take up to two (2) months after staff has received the entire application for program officials (numbers 1-5 as listed below) and the appropriate fee is paid. The completed application is sent to one of our three Review Committee reader pairs, where the reader pair will use a review sheet to approve or deny the applicant. All application forms must be requested directly from staff and notified within 30 days of a change in program official. The Site Program Coordinator has its own approval process, which is explained under number 6 below. A fee is still required for a Site Program Coordinator.

1. Program Director Qualifications:

Please see unique standards requirements for each program type.

2. Acting Program Director Qualifications:

Acting Program Director status may be considered by NAACLS **for continuing programs only** when there is a departure of the previous program director to allow time for a program to complete the search process for a qualified program director. Acting Program Director status is approved for one (1) year. Once the Acting Program Director's status has expired, a program is required to have a fully qualified program director in place.

3. Program Supervisor and Consultant Qualifications

Program Supervisor with Consultant status may be considered by NAACLS **for continuing programs only** when there is a departure of the previous program director and there is no qualified person to serve as Acting Program Director during the search process. Once the Program Supervisor's status has expired, a program must have a fully qualified program director in place.

Applicants for Program Supervisor must serve with a Consultant. The Consultant must have prior experience as a program director of a NAACLS accredited program and meet all the qualifications (certification and years of experience) of the program director as defined by the Standards. The consultant must be on-site at least once a month and in touch with the Program Supervisor more often, as necessary. Program Supervisor with Consultant status is approved for one (1) year.

4. Education Coordinator Qualifications (HT, HTL, & PathA Only)

The education coordinator, when required, is defined in the Standards.

5. Medical Director Qualifications (PathA Only)

The PathA Program must have a qualified medical director who does not also serve as the Program Director. The medical director must:

- have a faculty appointment in the sponsoring institution
- be a licensed, board- certified anatomic pathologist.

6. Site Program Coordinator Qualifications and Approval Process (Multi-Location Sponsors Only)

Programs will contact NAACLS to approve all new Site Program Coordinators (Multi-Location Programs only). NAACLS Staff will ensure the proposed Site Program Coordinator meets Standard VIII education and certification requirements. The proposed Site Program Coordinator's academic transcripts and proof of certification must be sent directly from their source to NAACLS Staff. The Site Program Coordinator's qualifications and responsibilities will be reviewed during the self-study and site visit process.

7. Previously Approved Program Directors

Previously Approved Program Directors are eligible to serve as Program Director for other programmatic types of accreditation as long as they meet the qualifications. An exemption is allowed for Phlebotomy Programs. Previously approved Program Directors do not need to meet Standard VII. A. 1.c, which requires six months of experience in a phlebotomy education institution. All previously approved Program Director applicants must submit the demographic pages of the Program Director Application, the NAACLS approved letter, a current CV, and a narrative explaining the changes (eg –assuming the role of another NAACLS accredited program at this institution or another institution). Should the individual need to supply additional documentation, NAACLS Staff will inform the Applicant. Since the applicant has been approved previously, the application fee is waived.

G. Program Official Vacancy and Extensions Policies

1. Program Director Vacancy Policy:

NAACLS understands that a vacancy in the program director position may happen at an inopportune time to find an immediate replacement.

NAACLS must be immediately alerted when there is a program director change. Standard VI.C requires programs to inform NAACLS of a change in program director within 30 days. The program must identify an administrator (Dean, Laboratory Director, Department Chair) as the contact person. This person will be the primary contact for the program by both NAACLS and the public.

After the notification, a program has six months to provide a qualified candidate to NAACLS for review. If a program cannot find a qualified candidate in that time frame, the program must submit evidence of an active search process. This evidence includes, but is not limited to, job listings, offer letters, etc. Should the program not provide proof of an active search, NAACLS will cite the program under standard VII.A.

If a program provides evidence of an active search, NAACLS will grant an additional six months for the program to find a qualified candidate for the program director position. Should the program still not find a qualified candidate after this additional six months of search time, NAACLS will cite the program under standard VII.A.

Programs cited under VII.A have six months to respond to this citation with a progress report in response to the citation. If NAACLS finds the progress report unsatisfactory, NAACLS will award the program probationary accreditation.

NAACLS allows probationary programs to demonstrate compliance with outstanding citations in a probationary progress report.

Programs unable to demonstrate compliance with the standards in their probationary progress report could face involuntary withdrawal.

This policy also applies to programs that utilize Education Coordinators (HT/HTL, Path A), Medical Directors (Path A) and Site Program Coordinators (multi-location only) to comply with Standard VII. Programs must fill those vacancies according to the above Program Director Vacancy Policy and timeline.

2. Extension of Temporary Program Director Positions (Acting Program Director and Program Supervisor with Consultant-ONLY)

Extensions can only be approved by the appropriate review committee for a maximum of six (6) months.

Requests for an extension must include:

- A narrative with supporting documentation describing the reason(s) why the previous plan did not succeed.
- A narrative describing the plan for complying with Standard VII within six months.
- An updated Program Official Approval Form for both the Program Supervisor and the Consultant and Acting Program Director.

H. Reports

1. Self – Study Reports

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

the Standards.

The self-study process enables the institution to:

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

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

2. Progress Reports

Accreditation actions citing areas of deficiency include a due date for programs to submit a Progress Report to NAACLS. The Progress Report should address each Standard cited in the NAACLS letter and include documentation of the action taken by the program to comply with the requirements.

Members of a Review Committee will review the progress report to determine whether the materials provided demonstrate compliance with the citations identified on the program award. The program will receive a progress report review stating the review committee members' findings. If there are outstanding concerns with the progress report, the program will have one opportunity to provide additional materials. After these materials are submitted, the Review Committee will make their recommendation to the Board of Directors.

If the Progress Report does not demonstrate compliance or is not submitted by the due date, the appropriate Review Committee may consider a recommendation for Probationary Accreditation at its next meeting.

3. Annual Report Action Plans

Programs identified as not meeting the benchmarks during the annual reporting process must submit an Action Plan detailing the program's plan to manage the concern. In addition, programs that submit outcomes that do not meet NAACLS/ benchmarks must also submit a syllabus, course goals, measurable objectives in the cognitive, psychomotor and affective domains, and evaluation systems that correlate with objectives, for one course in the curriculum.

The Action Plan (and course materials, if necessary) will be reviewed by the appropriate review committee, and the program will be provided feedback. Annual Report Action Plan results must be provided and analyzed in the next self-study or in the "Year Five Interim Report". (See Guide to Accreditation)

4. Interim Reports

Programs awarded accreditation for ten years are required to submit a Year Five Interim Report upon entering the fifth year of the accreditation award.

- Summary of last five years of annual reporting
- Provide a narrative summary of changes that occurred within the program since the previous award. These could include but are not limited to changes in resources, education delivery modes, relevant partnerships, and others.
- Narrative on how outcomes measures are analyzed and used in program assessment and continuous quality improvement of the program (outcomes measures that cannot be quantitatively analyzed are to be included in this narrative). The results of program outcomes measures and assessment must include findings from graduate and employer feedback and be:
 - Reflected in ongoing curriculum development, resource acquisition/allocation, and program modification.
 - Analyzed to demonstrate the effectiveness of any changes implemented.

Members of a Review Committee will review the Year Five Interim Report to determine whether the materials provided are satisfactory. The program will receive a Year Five Interim Report review stating the review committee members' findings. If there are outstanding concerns with the Year Five Interim Report, the program will have one opportunity to provide additional materials. After these materials are submitted, the Review Committee will make their recommendation to the Board of Directors.

An unsatisfactory “Year Five Interim Report” would result in a requested Progress Report within six to twelve months, possible probationary accreditation, and possible elimination of a ten-year accreditation award after the next review.

Programs that are required to provide an Annual Report Action Plan as part of NAACLS’ Annual Reporting process must submit additional materials needed as part of the “Year Five Interim Report”.

I. Program’s Response to the Self - Study Review

Programs respond to the Self – Study Review in the following manner:

- The NAACLS Program Coordinator will provide the Self – Study Review to the program director.
- The Program Director should respond to the concerns addressed on the Summary Page of the Self-Study Review to the best of their abilities. The Program Director should also be prepared to provide additional evidence at the site visit.
- If a response is not received within four weeks, NAACLS staff will attempt to communicate with the appropriate program official(s) by telephone and/or email.
- If a program director fails to submit a thorough self- study response, a site visit will not be scheduled. The program is at risk of being placed on administrative probation.

J. Program's Response to the Site Visit Report

Programs respond to the Site Visit Report in the following manner:

- The site visit team leader should inform the program at the exit interview of the programs’ responsibility to respond to the Site Visit Report.
- NAACLS staff will provide the program with the official Site Visit Report.

- If a response is not received within four weeks, NAACLS staff will attempt to communicate with the appropriate program official(s) by telephone and/or email.
- If this action does not result in a program's response, the Committee will review the program for accreditation without this part of the program's input.

K. Inactive Status

A program is considered inactive if:

- It does not accept students for a 12 month period and does not have students currently enrolled.

A program has the following responsibilities:

1. To notify NAACLS as soon as it is known the program will become inactive. *(NAACLS will use the date provided by the program as the official start date of inactive status.)*
2. To continue payment of NAACLS' full annual accreditation fees.
3. To notify NAACLS of any changes in program director during the inactive period.

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

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

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

If the inactive program was on probationary status (or placed on probationary status during the inactive period), the program has the option of addressing the probationary status with a progress report at the original due date or addressing it within the reactivation documents. If the latter is chosen, the program will remain on probationary status until the Board of Directors acts on the documents included in their reactivation.

L. Reactivation

If an inactive program reactivates and it was for less than two years, a letter of reactivation is required addressing:

- the reason for inactivity, and reactivation,
- resolution of issues which led to program inactivity and
- a description of a formal evaluation plan for continually and systematically reviewing the effectiveness of the plan.

If a program is inactive for two years, a Reactivation Progress Report is required. The Reactivation Progress Report must include:

- reason for inactivity, and reactivation,
- resolution of issues which led to program inactivity and

- a description of a formal evaluation plan for continually and systematically reviewing the effectiveness of the plan.

If a program has met its two year inactive status limit and its self-study due date has elapsed, a self-study is due within six months and a site visit to follow within six months.

Upon receipt of the letter of reactivation or the reactivation report, the appropriate Review Committee Chairs will review and provide a recommend to the NAACLS Executive Committee. The Executive Committee will determine the programs accreditation status.

The Reactivation Progress Report must include the following:

Standard I. Sponsorship

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

Standard II. Assessment and Continuous Quality Improvement

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

Standard III. Resources

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

Standard IV. Students

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

Standard V. Operational Policies

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

Standard VII. Faculty

- Submit proof of NAACLS Approval of the Program Director. If applicable, submit additionally required documentation for Medical Director and/or Education Coordinator.
- Personnel Plan: 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. Provide a list of faculty and the courses they will teach if possible.
- Advisory Committee: Describe the membership of Advisory Committee, which provides input into the program/curriculum to maintain current relevancy and effectiveness.

Standard VIII. Curriculum

- Program and Course Descriptions: Provide a description of the proposed length of program or program tracks, courses, course descriptions with measurable student learning outcomes and sequencing and syllabi for each course. For one course, provide an example of a lecture and associated evaluation tools that align with outcomes and will provide evidence of learning. Program courses must include all of the instructional areas delineated in Standard VIII.A specific for the level of program.

This Reactivation Progress Report will receive a review to determine if all required information exists. It will be presented to the Review Committee at the next meeting. The Review Committee will vote on the acceptability of the report, and the program will be notified of the Committee's decision. Additionally, a Progress Report on the program assessment plan, accompanying data, and modifications made as a result of assessment analysis will be required two years after reactivation has been awarded.

M. Re-Accreditation Process

The NAACLS Board of Directors establishes the following criteria for programs that had their accreditation withdrawn involuntarily and wish to seek re-accreditation. The program must do the following:

- Reactivation of the program within three years of the program's closure date stipulated in the NAACLS letter.
- Submit a statement for the reason(s) for re-establishment.
- Document actions taken to resolve the problems that led to the program being discontinued.
- Submit material addressing any progress reports that became due during the period the program was closed.
- Submit an Initial Application packet.

Review Committee members will review this documentation and all the program's recent award to determine if it is acceptable. If acceptable, the program will be instructed to enroll students. A Self-Study Report will be required prior to the graduation of the first class and a site visit will

occur after their graduation. The time between submission of the Self-Study Report and the site visit will not exceed 18 months. The program will be reviewed for initial accreditation and the NAACLS fee will only be for site visit expenses. NAACLS waives the initial application fee for any institution that wishes to reestablish a program that was discontinued within the past three years.

N. Due Process Procedure

1. Purpose and Criteria

The Due Process Procedure provides an opportunity to reexamine a NAACLS action of accreditation. For accreditation decisions, there are two levels of due process: First to the Review Committee (Reconsideration) and second to the Board of Directors (Appeal). The process may not be used to postpone implementing the accreditation action.

2. Reconsideration Process

Programs are given an opportunity to request Reconsideration after receiving notification of the Review Committee's recommendation for accreditation action. In order to take advantage of this due process option, within 21 days from receipt of the Review Committee's notification, programs must provide in writing to NAACLS a request for reconsideration of the Committee's recommendation for action to the Board. The request must be based on the non-application or misapplication of Standards and/or inconsistency with established procedures.

The program must have completed all previous steps in the accreditation process. These include responding to the Self - Study Review and the Site Visit Report by either concurring with the findings or addressing each negative finding or concern. NAACLS Staff shall provide the subcommittee all materials submitted in these responses. No new materials will be accepted or evaluated in the reconsideration process.

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

3. Appeals Process

Programs have the opportunity to appeal decisions of the Board of Directors related to their accreditation status. A program may petition the Board of Directors for appeal only if the review committee's recommendation appears arbitrary, capricious or inconsistent with the Standards and NAACLS' procedures. Within 21 days from receipt of the Board letter stating the action, the program must notify the Chief Executive Officer in writing of intent to appeal.

The letter of intent must indicate a specific misapplication of Standards (or non-application) or an inconsistency with established procedures. The program should have completed all previous steps in the accreditation process (including requesting Reconsideration) and responding to the Self-Study Review (and Site Visit Report, when applicable) by either concurring with findings or addressing any negative findings or concerns in the reports. No new materials will be evaluated

in the appeals process.

The President of the Board of Directors establishes an ad hoc task force of at least three individuals to review the appeal. The President appoints the task force from a pool of persons having previously served on the Board of Directors or Review Committees but who played no role in the decision that is under appeal.

The Appeals Task Force conducts a thorough review of all existing documentation and recommends an accreditation award to the Board. The Board makes the final decision related to the appeal.

A program may appeal a specific accreditation action only once.

4. Program Director Due Process

A program directors application that has been denied by the Review Committees, can appeal to the Board of Directors. The application should provide a narrative explaining in detail the reason for the appeal along with supplemental documentation to support the request.

5. General Due Process

To appeal a decision without a specific due process procedure, provide a narrative explaining in detail the reason for the appeal along with supplemental documentation to support the request.

O. Reapplication for Accreditation

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

P. Policy Regarding Schedule Errors

The number of years of accreditation awarded by the NAACLS Board of Directors takes precedence over any errors in dates that may be included in an award letter. In cases where a discrepancy between the number of years awarded (minus any extensions) and the date of the end of accreditation or the date of the Site Visit or the Self-Study due date are in question, dates must be recalculated to reflect the number of years that were actually awarded.

If the program is already under review, the review will continue. The program director may select one of the following options:

The motion may be tabled until the time of the correct Review Committee meeting if the correct meeting is in the future;

The motion may be treated as an extension to be subtracted from the next award.

In either case, the program director must state in writing the agreement to either option. The program director will be notified of all activity.

Q. International Accreditation

NAACLS accredits laboratory programs located outside the United States. Such programs are invited to have the Chief Executive Officer submit letters of intent to seek NAACLS accreditation. All materials sent to NAACLS regarding accreditation must be submitted in English.

The steps of the accreditation process for international programs are identical to the steps for United States programs and are found in the Guide to Accreditation. These include an application packet for accreditation, submission of a Self-Study document, attainment of serious applicant status, and an on-site evaluation.

The program is expected to meet the Standards as defined by NAACLS. The sponsoring academic institution must be accredited by a regional or national accrediting agency for higher education or a national governmental agency with authority over post-secondary education and must be authorized under applicable law to provide post-secondary education and to grant the appropriate degree.

The program is expected to pay the application fee for international programs, all costs associated with the on-site visit, and an annual fee. Business class seats must be purchased for the site visit team.

R. Site Visits

1. Arranging Site Visits

NAACLS will request program officials to suggest site visit dates after the Self-Study Report has been submitted. For Initial Programs only, a site visit will not occur until the program's students have progressed to the second half of the professional phase or have graduated. Once these dates are received, NAACLS will begin to recruit Site Visitors. All site visits, including clinical based visits, can be scheduled for up to two days. A two-day site visit will be required of all initial programs or those requiring curriculum reviews (i.e., if outcome measures listed in Standard II.B are below NAACLS approved benchmarks). The site visit team may determine the length of the second day.

NAACLS recruits volunteer Site Visitors on a regular basis. NAACLS assigns Site Visitors to programs undergoing accreditation review. Volunteers are solicited based upon:

- Proximity to the program being visited.
- Experience as a site visitor.
- Performance as a NAACLS volunteer.

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

Once the site visit team is approved, the program director must contact the team members to arrange the site visit.

Program Services will provide the site visit team with access to the following:

- Entire Self-Study Report before the site visit date.
- Response to the Self -Study Review, once available.

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

Each team member should prepare for the site visit by reading the program materials and the NAACLS Volunteer Manual. Before reading the Self-Study Review, team members should independently review the Self-Study Report. The team should compare concerns with those of the self-study reviewer and list what needs to be documented during the visit.

2. Conducting the Site Visit

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

Information concerning clinical affiliates is critical for the site visit team and should be made available to the Site Visitors at the Program's sponsoring institution. It is suggested that appropriate contact persons from each clinical affiliate be available for interview at the sponsoring institution during the site visit. If interviews cannot be conducted in this manner, arrangements should be made for telephone conversations. Interviews of student and of recent graduates should be arranged. If students at the clinical facilities cannot be at the sponsoring institution, virtual meetings should be arranged.

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

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

The site visit team:

- Verifies that information and documents contained in the Self-Study Report are accurate.
- Reviews any information missing from the Self-Study Report.
- Addresses the concerns raised by the self-study reviewer.

- Addresses aspects of the program that can only be determined on site.
- Completes the Site Visit Report.

3. Completing the Site Visit Report

Directions for completing the Site Visit Report are in the Volunteer Manual. Completion of the Site Visit Report is best accomplished through a cooperative team effort. The team uses notes made during the site visit to complete the task. The team leader completes the form and has team members sign it, indicating whether or not they concur. A team member who disagrees with any part of the report must submit a signed Dissenting Report to NAACLS. This report must be submitted within 2 weeks of the site visit.

Every concern identified in the Self-Study Review must be addressed in the Site Visit Report. Deficiencies should be listed under “Areas of Concern” and keyed to the appropriate Standard(s). Any deficiencies should be clearly stated and described in the body of the report (under COMMENTS).

The team leader must submit the completed Site Visit Report to NAACLS within 2 weeks of the site visit.

4. Guidelines on Handling a Dissenting Report

If a team member/reviewer disagrees with the entire report or a section of it, a separate Dissenting Report for these areas must be filed and signed. This policy also applies to any disagreement on a review.

The dissenting team member(s)/reviewer must:

- Check Do Not Concur original report agreement page.
- Prepare a written report identifying the program being visited or reviewed, city/state, and date(s) of the site visit or review and the specific areas of non-concurrence. This report should be as specific as possible in explaining the reasons for non-concurrence with the report.
- Sign the dissenting report and submit it to NAACLS within two weeks after the site visit or review.

When a dissenting report is received by NAACLS staff, the following steps are to be taken prior to sending a copy of the report to the program:

- Acknowledge receipt of the report.
- Forward the report, along with the dissenting report to the Chair, Vice Chair and Discipline Lead Person with supporting documentation as to why there is a conflict or dissent. Supporting documents may include, but is not limited to, copies of other pertinent materials that were used to evaluate the program. These might include the site visit report, self-study report, self-study review and response, or, other.
- Review Committee leadership shall review pertinent documents and will make a determination. Leadership’s final decision, including a rationale, will be forwarded to the reviewers or Site Visitors.
- The final report or review will be revised and forwarded to the program director.

- The dissenting reviewer or site visitor has the option of not signing the dissenting report should s/he disagree with leadership's final decision.

5. Aborting a Site Visit

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

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

6. After the Site Visit

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

7. Types of Site Visits

a. Initial Accreditation Review

A three-member team is assigned to visit an initial program. This team includes a member of the Review Committee or Board of Directors, if possible, and an educator generalist, i.e., a dean or administrator.

b. Continuing Accreditation Review

The team for continuing programs is composed of at least two qualified individuals from institutions similar to the one being visited.

c. Off-Cycle Review

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

d. Joint Review of Programs

Sponsors with multiple NAALCLS Accredited programs are eligible for a joint review process.

See the Cycle Alignment Policy for details.

S. Consortia and Joint Ventures

NAACLS provides this information to help programs assess options for establishing or continuing accredited programs in non-traditional configurations. For the purposes of this policy, sponsoring entities are legally formed consortia or joint ventures that serve as the sponsoring institution. Participating entities are the institutions that have met and formed the consortia or joint venture.

T. Operational Characteristics of Sponsor Types

1. Sponsoring Institution (Standard I.A)

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

2. Consortium Sponsor (Standard I.B)

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

3. Multi-Location Sponsor (Standard I.C)

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

U. Accreditation Process for Multi-Location Sponsors

1. Preliminary Review

- Initial Application Packets must be submitted for each location seeking accreditation.
- The controlling entity is also responsible for the submission of the Multi-Location Proposal Report. The Multi-Location Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Multi-Location sponsor as detailed in the Guide to Accreditation. The Review Committee will review the Multi-Location Proposal Report with the application packets, and if approved, a self-study due date will be determined.

2. Self-Study Submission

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

3. Site Visit

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

4. Recommendations and Awards

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

V. Other Processes for Consortium and Multi-Location Sponsors

1. Two or more existing NAACLS Accredited Programs that choose to form a Consortium

All parties will be responsible for the submission of the Consortium Proposal Report. The Consortium Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Consortium Sponsor as detailed in the *Guide to Accreditation*. The appropriate review committee chairs will review the Consortium Proposal Report

2. Adding entities to an existing Accredited Consortium

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

scheduled.

3. Seeking Accreditation for Multi-Location Sponsors that have the same controlling entity as other Multi-Location Sponsors

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

- Request from NAACLS information regarding the accreditation process. Review of a program is undertaken only when authorized by the new Multi-Location Sponsor's Chief Executive Officer. The Chief Executive Officer must submit a letter to NAACLS stating the intent to apply for accreditation. After receipt of the letter, the institution is sent an Application for Initial Accreditation.
- Submit the Application for Initial Accreditation to NAACLS, along with an updated Multi-Location Proposal Report. The new sponsor and the controlling entity are also responsible for submitting the Multi-Location Proposal Report. The Multi-Location Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the "Operational Characteristics" of a Consortium Sponsor as detailed in the *Guide to Accreditation*. The appropriate review committee will review the Consortium Proposal Report.
- Pay the Initial Application Fee.

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

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

W. Transfer of Sponsorship

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

- The Chief Executive Officer of the institution relinquishing sponsorship, or an official designee, should provide NAACLS with a notice of intent to transfer the program.
- The Chief Executive Officer of the new sponsoring institution, or an official designee, completes and forwards the NAACLS application for transfer of sponsorship of the program, together with a summary of the pertinent bases for program relocation.
- Statements and appropriate exhibits fulfilling the general characteristics of a sponsoring institution. A sponsoring institution or consortium:

- Demonstrates evidence of sound financial support of the educational program on a current and continuing basis.
 - Appoints faculty to the program based on established criteria for eligibility, including professional and academic qualifications.
 - Assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of affiliating institutions, if any.
 - Exercises primary responsibility in coordination of classroom or online teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
 - Receives and processes applications for admission to the program.
 - Accepts applicants who are then enrolled as full or part time students with all customary privileges for use of available student services and facilities.
 - Grants a degree or certificate, or other official evidence of completion of the program.
- Reasonable assurances that the Standards will continue to be met. These will include, but not be limited to:
 - Organizational chart:
 - If transfer of sponsor **includes** a change in the organizational chart, include an organization chart identifying the program's position within the organizational structure and all key personnel by name and title.
 - If transfer of sponsor **does not include** a change in the organizational chart, include narrative indicating no change to organizational chart, and assurances that the program's position within the organizational structure has not changed.
 - Program personnel:
 - If transfer of sponsor **includes** change in program personnel, include curriculum vitae of the program director, the clinical coordinator (optional) and the medical advisor/medical director (if applicable).
 - If transfer of sponsor **does not include** change in program personnel, include narrative indicating existing program personnel will continue in their roles under the new sponsor.
 - Resources:
 - If transfer of sponsor **involves** program relocation, include institutional support resources to include: space, library facilities, etc.
 - If transfer of sponsor **does not involve** program relocation, include narrative indicating existing resources (space, library facilities, etc.) will continue to be utilized under the new sponsor.
 - Submit an institutionally approved budget or a written statement of financial support.
 - Programs who are delinquent on their annual accreditation dues will not be allowed to transfer sponsorship until their account is current.
 - Curriculum:
 - If transfer of sponsor **involves** curriculum and principal faculty changes, include a curriculum outline and a list of principal faculty and lecturers with their qualifications.

- If transfer of sponsor **does not involve** curriculum and principal faculty changes, include narrative indicating existing curriculum and principal faculty will continue to be utilized.
 - Clinical and Academic Affiliates:
 - If transfer of sponsor **involves** changes to clinical and academic affiliates, include identification of all clinical and academic affiliates along with copies of formal affiliation agreements.
 - If transfer of sponsor **does not involve** changes to clinical and academic affiliates, include narrative indicating existing clinical and academic affiliates will continue to be utilized.
- NAACLS Staff acknowledges receipt of the letters and exhibits provided by the program. These materials will be sent for consideration to the appropriate Review Committee. After the assigned Review Committee has made a decision, the review will be sent to the NAACLS Executive Committee for final determination.
- If the materials submitted indicate the program continues to be in compliance with the Standards, the NAACLS Executive Committee will approve the transfer of sponsorship and determine an appropriate accreditation category and length. The NAACLS Executive Committee will also determine applicable fees and inform the new sponsor of these fees. The length of accreditation recommended for the newly sponsoring institution is usually the amount of time remaining in the program's last award.
- The program must remain fairly constant in the transfer process with similar personnel, affiliations and curriculum. Major changes may result in consideration of the program as an initial applicant.
- The length of accreditation recommended will depend upon when this action takes place. If the action occurs at the end of an accreditation cycle, the program may be recommended for the maximum eligible period of continuing accreditation. This action requires two separate motions on the part of the review committee:
 - Voluntary Withdrawal of Accreditation, naming the discontinued sponsor.
 - Motion recommending appropriate action.
- Should the information and exhibits provided by the new sponsor be found less than adequate, NAACLS may:
 - Require modification and submission of the most recent Self-Study Report with specific deadline date; or
 - Require a new Self-Study Report (by date), and/or
 - Recommend that accreditation be withheld from the new sponsor for reasons stated. This recommendation may or may not be based on a special, modified site visit.

X. Cycle Alignment Policy

Sponsors that have multiple NAACLS accredited programs may request to have their cycles aligned for a joint review. The appropriate Review Committee will review all cycle alignment requests and their recommendation will be forwarded to the Board for approval. The request will be placed in the programs' respective files. Program should use the Year Five Interim Report template when submitting their Cycle Alignment Report.

1. Eligibility

If the programs' end accreditation dates are within two years of each other, the sponsor will receive a one-time extension to align their review cycles. This extension will not be deducted off the back end of either of the involved programs' awards. Programs that are delinquent on their annual accreditation dues will not be allowed to apply for Cycle Alignment until their account is current.

If the programs' end accreditation dates are no more than five years apart, they will be required to complete a Cycle Alignment Report. Programs should use the Year Five Interim Report Template for submission of the Cycle Alignment Report. Should the materials submitted with the Cycle Alignment Report be accepted by the appropriate committee and Board of Directors, the program will be awarded the necessary years to align their cycles.

Sponsors with Initial and Continuing programs would also be eligible for this extension.

2. Joint Review Process

Programs that go through a joint review process after cycle alignment will submit self-studies for each program type.

One program service coordinator will handle all site visit planning for the combined review. Staff will make every attempt to compose a site visit team with the expertise to review all program types, without adding additional members to the site visit team. Each program will get individual site visit reviews, specific to the program type. The programs must submit responses to each site visit report separately.

3. Committee and Board Review

Programs that go through the joint review process will receive separate recommendations from the committee(s) and separate awards from the Board of Directors.

4. Continuing Accreditation

If programs fall out alignment, they will be required to submit a Cycle Alignment Report to realign those cycles.

Sponsors that go through the cycle alignment process with more than one accredited program, where both programs do not receive maximum awards, will continue on their respective self-study schedules until the end of their awards are within five years of each other.

Y. Withdrawal/Withholding of Accreditation

NAACLS Accredited programs may at any time voluntarily withdraw from NAACLS Accreditation, or if they do not demonstrate compliance with the standards, the NAACLS Board of Directors may involuntarily withdraw a program's accreditation.

NAACLS Staff will acknowledge receipt of the withdrawal letter. These materials will be expedited for consideration to the appropriate Review Committee. After the assigned Review Committee has made a decision, the recommendation for withdrawal will be sent to the NAACLS Executive Committee for final determination.

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

1. Withholding of Accreditation

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

2. Voluntary Withdrawal of Accreditation

A program may voluntarily withdraw from accreditation at any time for any reason. Once notified of the program's intent, NAACLS Staff will request a letter on letterhead signed by a designated signed authority. This letter should state the last date a class will graduate during the program's current accreditation award period and the reason for withdrawal.

3. Involuntary Withdrawal of Accreditation

Programs that fail to demonstrate compliance through the review process may have their accreditation involuntarily withdrawn by the NAACLS Board of Directors.

Should a program receive citations on a standard by the Board of Directors, they will be given a chance to respond in the form of a progress report. Programs that submit an unsatisfactory progress report will be awarded Probationary Accreditation.

Programs that are unable to demonstrate compliance with Standard VI, the administrative standard, will be awarded Administrative Probation. The CEO is the only NAACLS Staff member to award Administrative Probation accreditation.

Programs awarded probationary accreditation, or administrative probationary accreditation, will have one opportunity to demonstrate compliance by a pre-determined due date, whether that be a probationary progress report, or specific materials required for Standard IV.

If a program on probationary/administrative probationary accreditation cannot demonstrate compliance as required, the NAACLS Board of Directors will likely award Involuntary Withdrawal of Accreditation.

VI. Development and Maintenance of Standards

A. General Description

The Standards of Accredited Educational Programs at the Medical Laboratory Scientist, Medical Laboratory Technician, Histologic Technician/Histotechnologist, Cytogenetic Technologists, MLM, PHM, BMS, Diagnostic Molecular Scientist Pathologists' Assistant, Phlebotomist and Medical Laboratory Assistant levels address descriptive and criterion elements. Standards are the minimum nationally accepted criteria by which educational programs are reviewed for accreditation and reflect the profession's best practices. Standards are developed and periodically assessed by the Board of Directors in collaboration with the RCAP, PARC, and DRC. NAACLS' sponsoring and participating organizations and other interested parties review the Standards prior to adoption. Standards are used for the development and evaluation of accredited programs.

B. Maintaining Established Standards

The Board periodically reviews the Standards to insure their pertinence, validity and consistency with current practice. Any proposed change to a Standard brought to the Quality Assurance Committee should include a rationale explaining the need for the change and an impact statement indicating the proposed change's effect on related documents.

C. Assessing the Need for Standards in a New Program Type

Before Standards may be considered and developed for program types that are either new or not previously subject to accreditation, the following elements must be considered:

- The need for the new accredited educational program
- A description of the new educational program's function in relation to other established occupations
- A review of current documents to develop unique Standards appropriate for the new program type.

D. Preparing and Developing Standards in a New Program Type

When planning revisions to Standards, or if new unique Standards are needed for a new program type, the following process will be used in the preparation and approval:

- The Board of Directors designates the Review Committee or establishes a specialized task force that will be responsible for the new category
- The Review Committee or specialized task force designated by the Board will prepare an initial draft of unique Standards, including explanatory comments, where appropriate
- The Board of Directors studies the initial draft, evaluating the language, terminology,

- content and format for consistency with established conventions
- The proposed or modified Standards are made available to the public on the NAACLS' News for sponsoring and participating organizations and other professional organizations and concerned individuals for review and comment
 - The designated committee evaluates the comments and suggestions and revises the initial draft, incorporating elements deemed critical and/or useful, and it submits the revised document to the Board
 - The Board studies the revised document, relates it to the current NAACLS Standards to establish consistency with them and adopts the document, if satisfactory. If substantive changes have been made from the drafts sent to the sponsoring and participating organizations, the revised document must be resubmitted
 - Drafts are shared to the community of interest and made available to the public. Announcements of new or draft Standards will be accompanied by instructions for the making of comment.
 - The new/modified documents are submitted to the NAACLS Board of Directors for review and approval

E. Announcing the Standards

The Board of Directors sends an announcement to NAACLS' sponsoring and participating organizations when there is a need to develop Standards or revise existing ones. The announcement provides NAACLS the opportunity to receive opinions from the organizations before adopting changes.

F. Accountability

Standards shall be developed and applied through an impartial process. They will be used to judge the quality of programs in a manner that stimulates and encourages educational development and innovation. NAACLS' decisions and actions regarding the accreditation processes, as well as the Standards, shall be made public and appropriately disseminated.

VII. NAACLS Communications, Publications and Workshops

A. Communications

1. Copyright

NAACLS' documents developed for public distribution are copyrighted as noted by the symbol ©, the year of publication and NAACLS. Such documents include, but are not limited to:

- *NAACLS Bylaws*
- *NAACLS Policy and Procedure Manual*
- *NAACLS Guide to Accreditation*

- *NAACLS Guide to Doctoral Accreditation*
- *NAACLS Standards for Accredited Programs*
- *NAACLS Standards for Doctoral Programs*
- *NAACLS Standards Compliance Guide*
- *NAACLS Doctoral Standards Compliance Guide*
- *NAACLS News*
- *Volunteer Manual*
- *NAACLS Annual Report*

Outside parties must use proper citations when sharing NAACLS content from the list above. Parties must obtain written permission from the Chief Executive Officer when distributing any content or materials purchased from NAACLS.

2. Inter-Organization Reports

The following items are accessible to the presidents (or their designated representatives) of NAACLS' sponsoring, participating and affiliating organizations:

- *Annual Audit*
- *NAACLS Annual Report*
- *NAACLS News*
- Changes in administrative/Board policies and/or procedures, indicating effective dates
- Notification of NAACLS meetings
- Proposed changes in agency Bylaws that change the Board representation
- Requests for nominations to Board and Committees via NAACLS News and other media outlets

3. Motions, Reports and Minutes

Board motions that affect Review Committee policies and procedures to all respective Committee Chairs and annual and interim reports to the Board of Directors from the Review Committee Chairs are accessible electronically three weeks prior to each Board meeting, according to the following format and with supporting documents as required:

- Committee name and Chair
- Time period covered by the report
- Non-accreditation items to be considered by the Board for action
- Summary of activities
- Names of programs considered for accreditation and action taken
- Review Committee Minutes shall not be distributed to anyone other than Committee members, the Board of Directors' President and the Board Liaison to the particular committee.

B. Publications

Following are NAACLS' positions regarding publications both internal and external to the agency:

1. In house Guides and Manuals

Internal publications are defined as those items produced and published by the staff. These items include the *NAACLS Standards*, *NAACLS Guide to Accreditation*, *NAACLS Standard Compliance Guide* and other manuals produced for use by programs in the accreditation processes. Before reproduction and distribution, these documents are to be reviewed and approved by the appropriate Review Committee Chair and the NAACLS Executive Committee or the Board of Directors.

When substantive changes (as determined by the Chief Executive Officer) are proposed to in house brochures and documents, those materials are sent to the Quality Assurance Committee to review for accuracy and consistency with NAACLS policies and procedures. The Quality Assurance Committee may suggest or request editorial and substantive changes.

2. NAACLS News

NAACLS News is a blog format with articles from a variety of sources and announcements posted frequently. All articles must bear the author's name if written by an individual other than NAACLS staff members (excluding the Chief Executive Officer). Committee articles and announcements should bear the name of the author. All articles are reviewed by the NAACLS Chief Executive Officer or the NAACLS Blog Editor before publication.

3. Annual Report

The Annual Report contains articles submitted by the Board President and, if necessary Chief Executive Officer. The NAACLS Chief Executive Officer reviews all articles before publication. The Annual Report is posted on the NAACLS website.

4. External Publications

Articles or presentations developed for journals or meetings by NAACLS Board members, Committee members and the Chief Executive Officer are to be reviewed before publication or presentation by the Chief Executive Officer or parties assigned by the Chief Executive Officer. NAACLS may request modifications to the article or presentation for the purpose of accuracy and consistency with NAACLS' mission, vision, values and standards. NAACLS has the right to ask the author to add a clause as a disclaimer that should read as follows: "This article/presentation reflects the views of the author and should not be interpreted as reflecting the views of the NAACLS Board of Directors."

5. Principles Guiding NAACLS Publications

The Chief Executive Officer, NAACLS News Blog Editor and/or parties assigned by the Chief Executive Officer reserve the right to edit articles submitted for publication in the *NAACLS News* or Annual Report or presentations given at meetings by designees officially representing NAACLS prior to final approval of the Chief Executive Officer. Permission is required to reproduce articles appearing in any NAACLS publication.

C. Workshops

NAACLS offers continuing education workshops to NAACLS accredited programs.

If a workshop is held in partnership with an outside organization, the NAACLS Chief Executive Officer, in concurrence with each client/sponsor, categorizes the role played by each group involved in planning, quality assurance and financing of a workshop or event within predefined terms that reflect the degree of involvement.

In most instances, workshops or events promoted by NAACLS are sponsored solely by NAACLS. In some instances, NAACLS offers a workshop or event in conjunction with one of its sponsoring, participating or affiliating organizations or another group when requested.

The designation used to identify each group or organization's workshop or event role is determined by the NAACLS Chief Executive Officer in concurrence with the client/sponsor. The designations are used in program brochures, publicity releases and/or presentation materials.

1. Sponsored or Co-sponsored

This designation is used solely for NAACLS' sponsoring, participating and affiliating organizations. NAACLS assumes responsibility for planning educational strategies, selecting faculty, developing course material, evaluating program content and outcome and supervising the development of the workshop or event in all phases of planning and presentation. NAACLS also assumes responsibility for setting and collecting fees and determining the registration deadline and cancellations. Sponsors and co-sponsors must accept a share of the financial risk associated with a program, to be determined by the NAACLS Chief Executive Officer in concurrence with the client/sponsor.

2. Endorsed By

This designation may be used to identify a group that, while not participating in all phases of planning and presentation and not assuring quality, has reviewed the workshop or event and wishes to encourage participation of its professional constituents/members. A group designated as endorsing a NAACLS workshop or event is not financially responsible for the workshop or event.

3. Planned In Cooperation With

This designation is used to identify a group that is involved in administrative or promotion phases of a workshop or event planning process but is not responsible for elements of the developmental process nor is it financially responsible for the workshop or event. This designation is reserved for cooperation between and among other nonprofit agencies/organizations that do not have constituents/ members.

4. Supported In Part By

This designation is used to identify a group or organization which, in return for promotional considerations, provides a financial subsidy, use of materials or equipment or otherwise contributes to the financing of a program or event.

5. Offered In Concurrence With

This designation is used when NAACLS offers a workshop at the same time as or within a few day period, of another organization's or society's meeting. A workshop is offered either in the same facility as the other organization's or society's meeting or in a nearby facility. NAACLS maintains complete financial and operating responsibility for its workshop.

VIII. Handling of Complaints

A. NAACLS Policy on Student and Faculty Complaints for Accredited Programs

1. Before NAACLS may act on a student or faculty complaint, the student/faculty must provide the following:
 - a. Documentation that the student followed the institution's due process procedure on complaints.
 1. The student/faculty must first bring the issue to the faculty or program director. If this fails to produce satisfaction, the student/faculty must continue up the administrative hierarchy at the institution. Only when the institution's internal "due process" has been completed may NAACLS begin to act on a student/faculty complaint.
 2. An example of documentation may be (but is not limited to) a copy of a completed student grievance form, with proof of submission. These forms are often found in the program's student handbook.
 - b. As an accreditor, NAACLS cannot take action against a program unless it is in non-compliance with a standard. As a programmatic accreditor, NAACLS Standards have a limited scope. If you do not find a NAACLS Standard that would address your complaint, we recommend seeking out your school's institutional accreditor. In a written narrative, the student/faculty must state which Standards they feel this program has violated and provide any evidence.
 1. The student's/faculty's signature is also required along with the narrative.
2. Upon receipt of a letter of complaint from a student or faculty member regarding a program, the complainant is required to demonstrate they have exhausted the due process procedure at the institution.
 - a. If the complainant remains unsatisfied with the results of the institution's due process, the complaint may be forwarded to the NAACLS Chief Executive Officer.
3. Within two weeks of receipt of the complaint, the Chief Executive Officer will determine whether the complaint can be applied directly to a NAACLS Standard.
4. If the complaint does not apply to a standard, the Chief Executive Officer informs the complainant that NAACLS does not have the authority to judge the issue because it does not involve a violation of the Standards. NAACLS will take no further action.

5. If the Chief Executive Officer determines a violation of Standards may have occurred, they will forward the complaint to the appropriate Review Committee Chair and Vice Chair for further review.
6. The Chair will initiate correspondence with the institution and may request related documentation in writing.
7. Once the related documentation is reviewed, if a violation has transpired, a resolution is worked out between NAACLS and the institution.
8. If the response is adequate, the Review Committee Chair informs the complainant and the program of the complaint status. NAACLS will take no further action.
9. If the response is inadequate, a site visit may be scheduled.
 - a. If the program is going through the reaccreditation process and a site visit is scheduled within the next year, the site visitors will be asked to address the issue.
 - b. If a site visit is not scheduled within a year, the CEO, the President of the NAACLS Board of Directors, and the Review Committee Chair will review the documentation available and, if appropriate, schedule an early site visit.
 - c. In both cases, the issue would be addressed through the site visit, the program's response to the site visit team report, and the deliberations of the appropriate Review Committee and Board of Directors.

The Board President will inform the complainant and the program of the outcome.

All complaints that are reviewed by the Review Committee Chair and Vice Chair are summarized for the appropriate review committee. The NAACLS CEO reports on all active complaints at meetings of the Board of Directors.

B. NAACLS Policy on Public Complaints Against NAACLS

The policy requires that a complaint be filed through a letter addressed to the NAACLS office. The NAACLS CEO acknowledges the letter and determines if it can be resolved by office staff. If possible, it is thus resolved and the complainant is informed of the resolution.

If the CEO cannot resolve the complaint, it is forwarded to the Executive Committee. That committee makes a recommendation to the Board. The Board may appoint a Task Force of non-Board volunteers to investigate the issue and to ask for a recommendation from the Task Force. The Board decides upon the resolution and informs the complainant.

See Appendix for a chart covering "Handling of Public Complaints Against NAACLS".

C. Internal NAACLS Anti-Retaliation and Whistleblower Policy & Procedures

PURPOSE:

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is committed to lawful and ethical conduct in all its activities and requires its directors, officers, committee members, reviewers, program officials and employees to act under all applicable laws, regulations and policies and to observe high standards of business and personal ethics in the conduct of their NAACLS duties and responsibilities.

Policy:

Reporting Responsibility

It is the responsibility of all directors, officers, committee members, reviewers, program officials and employees to comply with high standards of business and personal ethics and to report violations or suspected violations of law, regulations, policies, conflicts of interest, or any material accounting or auditing matter following this Whistleblower Policy.

Acting in Good Faith

Anyone filing a complaint pursuant to the Whistleblower Policy must be acting in good faith and have reasonable grounds for believing the matter raised may constitute a violation of law, regulations, policies, conflicts of interest, discriminatory or other unfair employment practices, and accounting or auditing matters.

Confidentiality

Complaints of violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Such complaints will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to inform the Finance Committee of the NAACLS Board of Directors and a Public Member, who is not a member of the Finance Committee, of material accounting or auditing practices and to respond to any law enforcement or regulatory authority, as required by law.

Procedure:

Reporting Complaints

Any directors, officers, committee members, reviewers, program officials and employees should report a complaint under the Whistleblower Policy in writing. Such complaints should be reported to the Chief Executive Officer or, if the complaint is against the Chief Executive Officer * to the Board President. A complaint also may be made anonymously by placing it in a sealed envelope addressed to the Chief Executive Officer or, if the complaint is against the Chief Executive Officer, to the Board President.

* The Chief Executive Officer will be referred to in this document, in the event the Chief Executive Officer is the subject of the complaint, the President will assume these responsibilities.

Handling, Investigating and Resolving Reported Complaints

The Chief Executive Officer* will investigate all complaints promptly and thoroughly. The Chief Executive Officer * also shall advise the Executive Committee and/or the Finance Committee and the Public Member of the NAACLS Board of misconduct, as appropriate. Such misconduct also will be reported to the relevant law enforcement or regulatory authorities, as required by law. NAACLS will take appropriate disciplinary action in response to any complaints, up to and

including termination of employment of any individual or discontinuation of volunteer services, who, in NAACLS's view, has engaged in misconduct.

Anti-Retaliation

In accordance with anti-retaliation and whistleblower protection regulations, NAACLS will not tolerate any retaliation against any employee, directors, officers, committee members, reviewers, or program officials who:

- Makes a good faith complaint, or threatens to make a good faith complaint, regarding the suspected Agency or employee violations of the law, including discriminatory or other unfair employment practices;
- Makes a good faith complaint, or threatens to make a good faith complaint, regarding accounting, internal accounting controls, or auditing matters that may lead to incorrect, or misrepresentations in, financial accounting;
- Makes a good faith report, or threatens to make a good faith report, of a violation that endangers the health or safety of an employee, patient, client or customer, environment or general public;
- Objects to, or refuses to participate in, any activity, policy or practice, which the employee reasonably believes is a violation of the law;
- Provides information to assist in an investigation regarding violations of the law; **or**
- Files, testifies, participates or assists in a proceeding, action or hearing in relation to alleged violations of the law.

Retaliation is defined as any adverse employment action against an employee, including, but not limited to, refusal to hire, failure to promote, demotion, suspension, harassment, denial of training opportunities, termination, or discrimination in any manner in the terms and conditions of employment. Anyone found to have engaged in retaliation or in violation of law, policy or practice will be subject to discipline, up to and including termination of employment.

No directors, officers, committee members, reviewers, program officials and employees who, in good faith, report a suspected violation of law, regulations, policies, conflicts of interest, or a material accounting or auditing matter shall suffer threats, harassment, retaliation or adverse employment or accreditation consequence.

Any director, officer, committee member, reviewer, program official or employee who retaliates against someone who has reported a suspected violation in good faith shall be subject to disciplinary action, up to and including termination of employment or discontinuation of volunteer services.

Accounting and Auditing Matters

The Finance Committee and the Public Member of the NAACLS Board of Directors shall address all reported complaints regarding fraud, corporate accounting practices, and/or internal controls or audits. The Chief Executive Officer * shall immediately notify the both the Finance Committee and the Public Member of any such complaint and work with them until the matter is resolved.

Compliance Reporting

The Chief Executive Officer shall report concerns to an uninvolved Board Member and the Public Member on compliance with the Whistleblower Policy.

D. NAACLS Staff and Volunteer Sexual Harassment Policy

The National Accrediting Agency for Clinical Laboratory Sciences is committed to a work environment in which all individuals are treated with respect. The National Accrediting Agency for Clinical Laboratory Sciences expressly prohibits discrimination and all forms of employee harassment based on race, color, religion, sex, pregnancy, national origin, age, disability, military or veteran status, or status in any group protected by state or local law.

Sexual harassment is a form of discrimination and is prohibited by law. For purposes of this policy sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment. Unwelcome sexual advances (either verbal or physical), requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of employment; (2) submission or rejection of the conduct is used as a basis for making employment decisions; or, (3) the conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

Sexual and unlawful harassment may include a range of behaviors and may involve individuals of the same or different gender. These behaviors include, but are not limited to:

- Unwanted sexual advances or requests for sexual favors.
- Sexual or derogatory jokes, comments, or innuendo
- Unwelcomed physical interaction
- Insulting or obscene comments or gestures
- Offensive email, voicemail, or text messages
- Suggestive or sexually explicit posters, calendars, photographs, graffiti, or cartoons
- Making or threatening reprisals after a negative response to sexual advances
- Visual conduct that includes leering, making sexual gestures, or displaying of sexually suggestive objects or pictures, cartoons or posters
- Verbal sexual advances or propositions
- Physical conduct that includes touching, assaulting, or impeding or blocking movements
- Abusive or malicious conduct that a reasonable person would find hostile, offensive, and unrelated to the Agency's legitimate business interests
- Any other visual, verbal, or physical conduct or behavior deemed inappropriate by the Agency

Harassment on the basis of any other protected characteristic is also strictly prohibited.

Complaint Procedure:

National Accrediting Agency for Clinical Laboratory Sciences strongly encourages the reporting of all instances of discrimination, harassment, or retaliation. If you believe you have experienced or witnessed harassment or discrimination based on sex, race, national origin, disability, or

another factor, promptly report the incident to the Chief Executive Officer. This includes whereby you experience or observe prohibited behaviors originating with a co-worker, volunteer, or program official. If you believe it would be inappropriate to discuss the matter with the Chief Executive Officer, you may bypass the Chief Executive Officer and report it directly to the President of the Board of Directors. Any reported allegations of harassment or discrimination will be investigated promptly, thoroughly, and impartially.

Any employee found to be engaged in any form of sexual or other unlawful harassment may be subject to disciplinary action, up to and including termination of employment.

Retaliation Prohibited:

National Accrediting Agency for Clinical Laboratory Sciences expressly prohibits retaliation against any individual who reports discrimination or harassment, or assists in investigating such charges. Any form of retaliation is considered a direct violation of this policy and, like discrimination or harassment itself, will be subject to disciplinary action, up to and including termination of employment.

E. NAACLS Staff and Volunteer Violence Policy

National Accrediting Agency for Clinical Laboratory Sciences strictly prohibits workplace violence, including any act of intimidation, threat, harassment, physical violence, verbal abuse, aggression or coercion against a coworker, vendor, customer, or visitor. NAACLS has zero tolerance for violence.

Prohibited actions, include, but are not limited to the following examples:

- Physically injuring another person
- Threatening to injure another person
- Engaging in behavior that subjects another person to emotional distress
- Using obscene, abusive or threatening language or gestures
- Bringing an unauthorized firearm or other weapon onto Agency property
- Threatening to use or using a weapon while on Agency premises, on Agency-related business, or during job-related functions
- Intentionally damaging property

All threats or acts of violence should be reported immediately to the Chief Executive Officer or security personnel. Employees should warn the Chief Executive Officer or security personnel of any suspicious activity they observe or appears problematic. Employee reports made pursuant to this policy will be kept confidential to the maximum extent possible. The National Accrediting Agency for Clinical Laboratory Sciences will not tolerate any form of retaliation against any employee for making a report under this policy.

The National Accrediting Agency for Clinical Laboratory Sciences will take prompt remedial action, up to and including immediate termination, against any employee found to have engaged in threatening behavior or acts of violence.

IX. Appendix

(Staff Note –NAACLS makes these materials available online to review committee members and members of the Board of Directors. Responses are also collected online.)

NAACLS Board of Directors and Review Committee Conflict of Interest and Confidentiality Policies

Conflict of Interest

Board Members and Review Committee Members must at all times act in the best interests of NAACLS and not for personal or third-party gain or financial enrichment. When encountering potential conflicts of interest, Board and Committee members shall identify the potential conflict and, as required, remove themselves from all discussion and voting on the matter. Specifically, members of the Board of Directors and Review Committees shall:

- Avoid placing (and avoid the appearance of placing) one's own self-interest or any third-party interest above that of NAACLS; while the receipt of incidental personal or third-party benefit may necessarily flow from certain activities, such benefit must be merely incidental to the primary benefit to NAACLS and its purposes
- Not abuse their Board or Committee membership by improperly using their Board or Committee membership or NAACLS staff, services, equipment, materials, resources, or property for their personal or third-party gain or pleasure, and shall not represent to third parties that their authority as a Board member extends any further than that which it actually extends
- Not engage in any outside business, professional or other activities that would directly or indirectly materially adversely affect NAACLS
- Not engage in or facilitate any discriminatory or harassing behavior directed toward NAACLS staff, officers, Board members, Committee members, meeting attendees, or others in the context of activities relating to NAACLS
- Not solicit or accept gifts, gratuities, free trips, honoraria, personal property, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment to such donor with respect to matters pertaining to NAACLS without fully disclosing such items to the Board of Directors
- Not persuade or attempt to persuade any employee of NAACLS to leave the employ of NAACLS or to become employed by any person or entity other than NAACLS

Circumstances that may create a real or perceived conflict of interest also include, but are not limited to, situations in which the Board or Committee member:

- is employed by the program seeking or holding NAACLS accreditation, or has a close relative (spouse, parent, child, or sibling) employed there
- is, or has been, a consultant to the institution, or has a close relative who is, or has been a consultant
- has a monetary or personal interest in the outcome of the accreditation decision regarding the institution
- has a close personal relationship with an individual(s) involved with the institution

Abstention from all Recommendation or Award activities:

- Board and Committee members will be asked to absent themselves from any review, discussion and vote involving an institution with which they have a current or potential relationship or conflict, including participating as a self-study reviewer or site visitor. Review Committee Chairs have the authority to allow a review committee member provide clarification if that review committee member served as the self-study reviewer or site visitor.
- Minutes of the meeting must clearly reflect the individual abstained from the vote.
- Board members and Committee members must disclose and not participate in any review, discussion and voting if he/she is a former employee (last 5 years), Board member within last 5 years, consultant within last 5 years, graduate within the past 5 years, or is affiliated with another institution in the same system or same section of the state or has sought within the last 5 years or is currently seeking employment at the institution under review.
- Members of the Review Committees and Board of Directors cannot jointly serve on the Board of Directors of a NAACLS sponsoring, participating or affiliating organization or agency that certifies clinical laboratory science professionals or other agencies/organizations that accredit clinical laboratory science education programs.
- Current members of the Board of Directors, Review Committees and staff may not serve as private consultants* to any program subject to NAACLS accreditation.

Disclosure:

- Board members and Committee Members must disclose only if a former employee (more than 5 years), Board member (more than 5 years), consultant (more than 5 years), has a close relative or domestic partner at the institution, or has sought a position beyond 5 years at the institution under review.

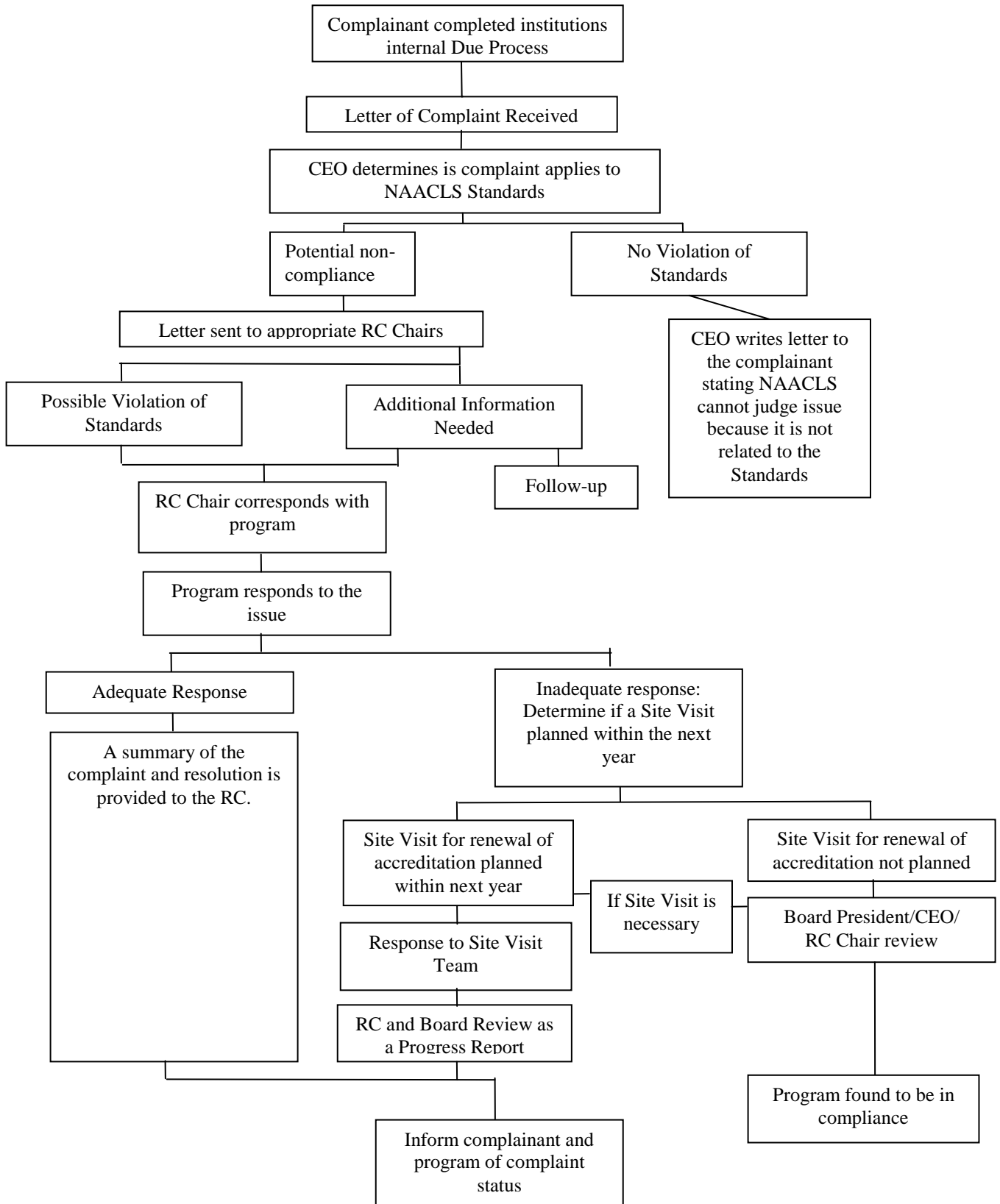
* Private consultants are paid to advise programs on aspects of accreditation.

Board of Directors and Review Committees Confidentiality Policy Statement

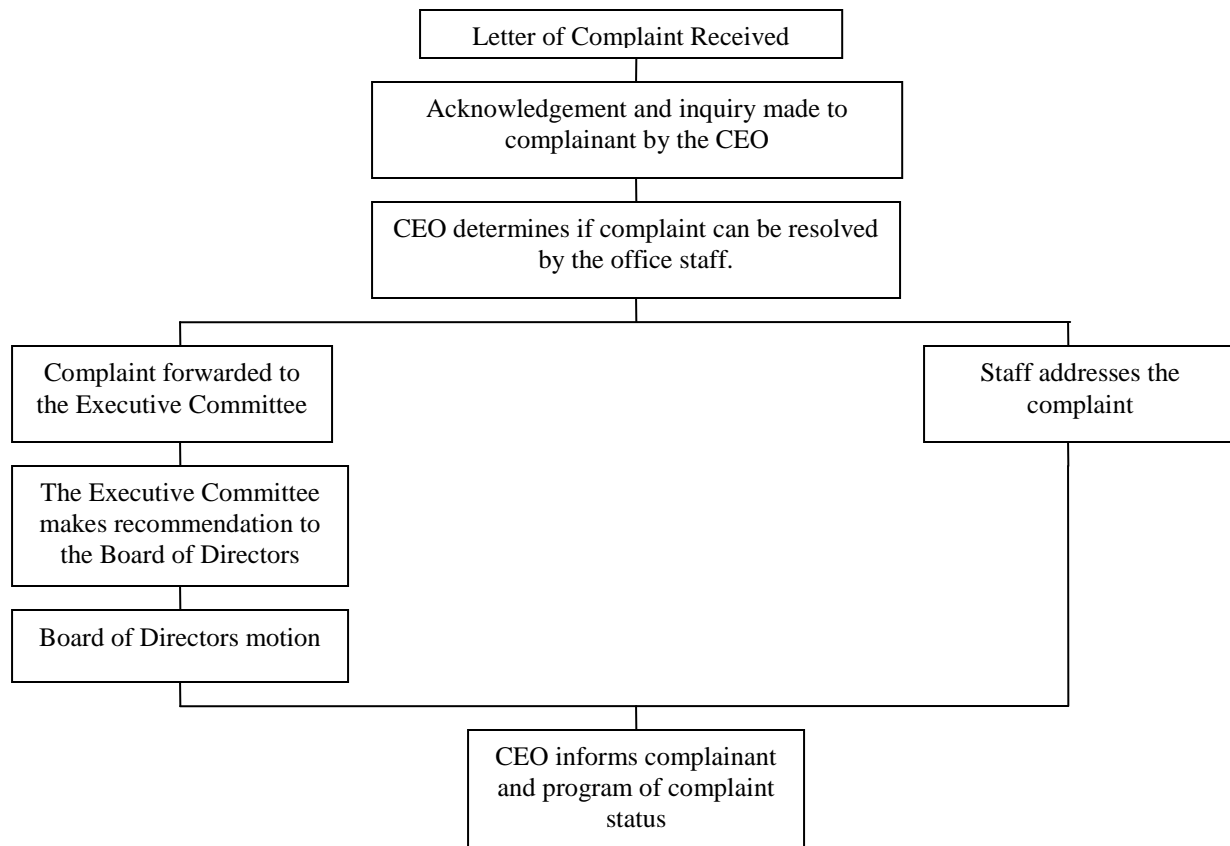
Board and Committee members must at all times maintain confidentiality of all information disclosed during the NAACLS accreditation process. This includes but is not limited to:

- Preliminary Report Concerns
- Self-Study Concerns
- Site Visit Concerns
- Any notes, emails or correspondence related to a programs accreditation process that preceded the Board of Director's decision
- Any notes, emails or correspondence related to a program's due process.
- Complaints (to the extent possible, consistent with the need to conduct an adequate investigation).

Handling of Student and Faculty Complaints for Accredited Programs



HANDLING OF PUBLIC COMPLAINTS AGAINST NAACLS



Review Committee Report to the QA Committee

Chair: (Name)

Meeting Date: 00/00/0000

Standard #	Citation: Non-Compliance / Partial Compliance	Motion #	Program Level	Rationale for Citation
I (indicate Standard sub category if applicable)	Choose None, Partial Compliance or Non-Compliance		Indicate MLS, MLT, HT, HTL, PathA, DMS or Cyto	Insert Rationale from motion
III				
IV				
V				
VI				
VII				
VIII				

Summary of Actions

Programs for Renewal of Accreditation: (this is an example of a summary. Group according to recommendation, note any citations or progress report issues)

MLS Programs

- Two (2) MLS program recommended for five (5) years initial accreditation, with no citations
- Twenty two (22) MLS programs recommended for ten (10) years continuing accreditation with a 5 year interim report

MLT Programs

- Eight (8) MLT programs recommended for ten (10) years continuing accreditation with a 5 year interim report
- One (1) MLT program recommended for two (2) years continuing accreditation, with a noncompliance citation on IIC and a partial citation on Standard VIII B

HTL Programs

- One (1) HTL program recommended for ten (10) years continuing accreditation (minus 6 months for a previous extension) with a 5 year interim report

HT Programs

- Two (2) HT programs recommended for ten (10) years continuing accreditation with a 5 year interim report
- One (1) HT program recommended for ten (10) years continuing accreditation (minus 1 year for a previous extension) with a 5 year interim report

PathA Programs

- Two (2) PathA programs recommended for ten (10) years continuing accreditation with a 5 year interim report
- One (1) PathA program recommended for ten (10) years continuing accreditation (minus 6 months for a previous extension) with a 5 year interim report

PBT Programs

- Two (2) PBT programs recommended for ten (10) years continuing accreditation with a 5 year interim report

- One (1) PBT program recommended for ten (10) years continuing accreditation (minus 6 months for a previous extension) with a 5 year interim report

MLA Programs

- Two (2) MLA programs recommended for ten (10) years continuing accreditation with a 5 year interim report
- One (1) MLA program recommended for ten (10) years continuing accreditation (minus 6 months for a previous extension) with a 5 year interim report

Progress Reports:

MLS Programs

- Seven (7) Satisfactory MLS progress reports
- One (1) Un-satisfactory MLS progress report. Recommended for a progress report on Standards 16, 17 and 18

MLT Programs

- Fourteen (14) Satisfactory MLT progress reports

HT Programs

- One (1) Satisfactory HT progress report

DMS Programs

- One (1) Satisfactory DMS progress reports

PBT Programs

- One (1) Satisfactory PBT progress reports

MLA Programs

- One (1) Satisfactory MLA progress reports

Withdrawals:

HTL Programs

- One (1) HTL program closure

PathA Programs

- One (1) PathA program closure

MLT Programs

- One (1) MLT program closure

Report to the NAACLS Board of Directors

DRC, PARC, or RCAP

(Summer or Fall) Meeting, Month/Date(s)/Year

Chair: _____

I. Summary of Actions

A. Initial Programs

# Programs	Type	Recommendation
Number of programs for each type	Add additional lines as needed for types	Indicate whether there were citations.

B. Continuing Programs

# Programs	Type	Recommendation
Number of programs for each type	Add additional lines as needed for types	Indicate whether there were citations and separate them by type. Also indicate if there are subtractions due to extensions

C. Progress Reports

# Programs	Type	Recommendation
Number of programs for each type	Add additional lines as needed for types	Separate Satisfactory and Unsatisfactory reports, and indicate what progress reports are due

D. Withdrawals

# Programs	Type	Recommendation
Number of programs for each type	Add additional lines as needed for types	Most will indicate Accepted

Total Motions: add up

II. Motion Summaries

1. MEDICAL LABORATORY SCIENTIST (MLS) PROGRAMS

MLS Initial Accreditation

Insert first initial, then continuing without citations, then continuing with citations for each type)

- **Five (5) Years Initial Accreditation and no citations. Initial progress report documenting compliance with Standards II.B and II.C due (October 1 or April 1, plus 2 years)**

Motion	Program	City	State
2	Program Name		
3	<i>Add lines as needed</i>		

- **Five (5) Years Continuing Accreditation and no citations due to citations of non-compliance during the previous review cycle.**

Motion	Program	City	State
4	Program Name		
5	<i>Add lines as needed</i>		

MLS Continuing Accreditation

- **Ten (10) Years Continuing Accreditation with no citations. A Year 5 Interim Report is due (October 1 or April 1, plus 5 years)**

Motion	Program	City	State
6			
	<i>Add lines as needed</i>		

2. MEDICAL LABORATORY TECHNICIAN (MLT) PROGRAMS

Insert first initial, then continuing without citations, then continuing with citations for each type)

MLT Continuing Accreditation

- **Ten (10) Years Continuing Accreditation with no citations. A Year 5 Interim Report is due (October 1 or April 1, plus 5 years). Indicate if any recommendations are shorter due to extensions**

Motion	Program	City	State
	<i>Add lines as needed</i>		

- **Indicate number of years recommended, with citations indicated, and dates for progress reports.**

Motion	Program	City	State
	<i>Add lines as needed</i>		

3. HISTOTECHNOLOGIST (HTL) PROGRAMS

Insert first initial, then continuing without citations, then continuing with citations for each type)

HTL Continuing Accreditation

Motion	Program	City	State
	<i>Add lines as needed</i>		

4. HISTOTECHNICIAN (HT) PROGRAMS

HT Continuing Accreditation

Motion	Program	City	State
	<i>Add lines as needed</i>		

5. PATHOLOGIST ASSISTANT (PATH A) PROGRAMS

PATH A Continuing Accreditation

Motion	Program	City	State
	<i>Add lines as needed</i>		

Continue as above for DMS and CG programs as needed

6. PROGRESS REPORTS

MLS Progress Reports

- Satisfactory Progress Reports

Motion	Program	City	State

	<i>Add lines as needed</i>		

- **Unsatisfactory Progress Report for Standards ____.** *Indicate when progress report is due*

Motion	Program	City	State
	<i>Add lines as needed</i>		

MLT Progress Reports

Continue as above for all other program types

HTL Progress Reports

HT Progress Reports

Diagnostic Molecular Scientist (DMS) Progress Reports

PathA Progress Reports

PBT Progress Reports

MLA Progress Reports

Cyto Progress Reports

7. REVIEW OF PROGRAMS FOR VOLUNTARY WITHDRAWAL OF ACCREDITATION

Indicate type of program and complete information as needed

Motion	Program	City	State
	<i>Add lines as needed</i>		

III. DISCUSSION ITEMS

Insert short notes regarding discussion items from the RC meeting. Joint discussion items will follow. Indicate if BOD action forms are needed or information only.

Review Committee Meeting Minutes Template

Review Committee Name
(Date and Year)
Meeting Minutes

The meeting was called to order at _____ (time zone), after committee introductions, by the chairperson, _____. Roll call taken by Vice Chair _____.

I. Opening Remarks were made by:

- _____, president NAACLS Board of Directors discussed the importance of the work that RC members perform in the accreditation process and the efficiency and effectiveness of the current members.
- _____ NAACLS Chief Executive Officer welcomed and thanked the committee for their work this cycle.
- _____ NAACLS Board Liaison also thanked the group for their hard work on the motions and minutes and discussion items.
- _____, RC Chair, welcomed committee members to the meeting. She also welcomed new members: _____, _____, _____. They are not voting members at this meeting, but only act as observers. The Conflict of Interest policy was also reviewed.
- Staff members introduced themselves.

Order of Business

- 1st reader makes motion, second reader seconds. Abstentions for proximity and members involved in the Self-Study and Site Visit review process are built in, please advise if there are other abstentions for other reasons.
- Absences
 - _____ – _____ will present motions
 - _____ – _____ will present motions

(previously documented abstentions on the voting order sheet may need amended. Absent members are not abstentions.)

II. Motion I - Review of (Winter or Summer) (Year) Meeting Minutes

To accept the (Winter or Summer and Year) meeting minutes:

Motion made by:

Motion seconded by:

The motion passed unanimously with no abstentions.

III. Review of Programs for Accreditation

- A. **Medical Laboratory Scientist (MLS) Program with five (5) Years Initial Accreditation and no citations. Initial progress report documenting compliance with Standards II.B and II.C due October 1 or April 1 in 2 years. (Insert tables from order of motions and add reader pair names in last column)**

Motio	Program	City	State	Readers
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n				
#	Program Name			1 st reader/2 nd reader

Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:
(Always indicate if someone needed to be excused during the voting—they abstain, they are not present.)

do not

B. Medical Laboratory Scientist (MLS) Programs with ten (10) Years Continuing Accreditation with no citations. A Year 5 Interim Report is due October 1 or April 1, in 5 years.

Motion #	Program	City	State	Readers
#	Program Name			1 st reader/2 nd reader

(indicate if any discussion occurred re any motions, or if any were pulled and tabled for later voting.)

Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:

C. Medical Laboratory Technologist (MLT) Programs with ten (10) Years Continuing Accreditation with no citations. A Year 5 Interim Report is due October 1 or April 1, in 5 years. (Note if any awards have subtractions due to extensions)

Motion #	Program	City	State	Readers
#	Program Name			1 st reader/2 nd reader

Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:

D. Medical Laboratory Technician (MLT) Programs with two (2) Years Continuing Accreditation with (indicate partial or non compliance citations and Standard numbers). A progress report is due (October 1 or April 1, plus one year).

Motion #	Program	City	State	Readers

#	Program Name			1 st reader/2 nd reader
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Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:

•

(Continue copying and pasting from corrected voting order as needed)

IV. Review of Programs with Progress Reports

A. Medical Laboratory Scientist (MLS) Programs with Satisfactory Progress Report

(these are simply copied from the voting order. Indicate which Standards the progress report addressed)

Motion	Program	City	State	Readers
#	Program Name Progress Report for Standards: _____			1 st and 2 nd readers

Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:

•

B. Medical Laboratory Science (MLS) Program with an Unsatisfactory Progress Report for *(insert Standard that is not satisfied)*. A progress report is due (October 1 or April 1, in one year)

Motion	Program	City	State	Readers
#	Program Name Progress Report for Standards: _____			1 st and 2 nd readers

Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:

•

V. Programs for Voluntary Withdrawal of Accreditation

Motion	Type of Program	City	State	Readers
#	Program name Effective Date: indicate			RCAP chair

	closure date			
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Motion made by:

Seconded by:

The motion passed unanimously with the following abstentions due to proximity:

Discussion Items:

Document agenda items as they are discussed, include pertinent sentences, names of task force members if applicable, motions and seconds. Also indicate whether it was agreed and moved to joint session with PARC or sent to BOD for consideration.

Each RC meeting was dismissed (not adjourned yet) and members of all review committees join for the Joint Session.

Joint Session:

Document agenda items as they are discussed, include pertinent sentences, names of task force members if applicable, motions and seconds. Also indicate whether it was agreed and sent to BOD for consideration. Complete BOD Action Forms if needed for presentation at September BOD meeting

VIII. Adjournment

The Joint Review Committee was adjourned at _____.

Review Committee Voting Order for Motions

(Winter or Summer plus Year)

Complete the chart below using the current agenda of programs. Insert lines as needed and delete any sections that are not applicable for that cycle. Add lettered sections as indicated if needed. Indicate any motions for potential discussion in the second column with *Pull

	Motion		City	State	Possible Abstentions (based upon state only):
I		Opening Remarks			N/A
II	1	To accept the minutes from the (Winter or Summer) (Year) RCAP meeting:			N/A
III A.		MLS Initial Accreditation for 5 yrs with no citations:			
	2	Name of Program			
B.		MLS Continuing Accreditation for 10 years:			
		(delete any sections that are not applicable)			
C.		MLS Continuing Accreditation for 2 years with citations:			
D.		MLT Initial Accreditation for 5 years with no citations:			
E.		MLT Continuing Accreditation for 10 years:			
F.		MLT Continuing Accreditation for 2 years with citations:			
G.		HTL Continuing Accreditation for 10 years:			
		(see above for split out if necessary)			
H.		HT Continuing Accreditation for 10 years:			

I.		PathA Continuing Accreditation for 10 years:			
J.		DMS Continuing Accreditation for 10 years:			
K.		Cyto Continuing Accreditation for 10 years:			
IV A.		MLS Satisfactory Progress Reports:			
		Name of Program Progress Report for Standards:			
B.		MLS Un-Satisfactory Progress Reports:			
		(delete any sections that are not applicable)			
C.		MLT Satisfactory Progress Reports:			
D.		MLT Un-Satisfactory Progress Reports:			
E.		HTL Satisfactory Progress Reports:			
		(see above for split out if necessary)			
F.		HT Satisfactory Progress Reports:			
G.		PathA Satisfactory Progress Reports:			
H.		DMS Satisfactory Progress Reports:			

I.		Cyto Satisfactory Progress Reports:			
V A.		MLS Voluntary Withdrawals of Accreditation:			
		(delete any sections that are not applicable)			
B.		MLT Voluntary Withdrawals of Accreditation:			
C.		HTL Voluntary Withdrawals of Accreditation:			
D.		HT Voluntary Withdrawals of Accreditation:			
E.		PathA Voluntary Withdrawals of Accreditation:			
F.		DMS Voluntary Withdrawals of Accreditation:			
G.		Cyto Voluntary Withdrawals of Accreditation:			