#  NAACLS SELF-STUDY REPORT REVIEW

*(For Self-Studies Due Spring 2023 – Published March 2023)*

**Program Sponsor:**

**Sponsor Type: Sponsoring Institution** **[ ]  Consortium [ ]  Multi-location** **[ ]**

**Program Type:**

**Program Location (City, ST):**

**Program Director Name, Credentials, Phone/Email:**

**Name, Medical Director (if applicable):**

**Please indicate:** **Initial [ ]  or Continuing** [ ]

**CORE STANDARDS**

1. **Sponsorship (A, B or C *and* D must be completed):**

|  |  |
| --- | --- |
| 1. **The sponsoring institution** is:
 | [ ] NA (go to B or C) |
| 1. a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide post‐secondary education, which awards a minimum of a certificate at the completion of the program.
 | [ ] YES [ ] NO  |
| 1. a hospital, medical center, or laboratory accredited by an applicable recognized agency (see NAACLS website), which awards a minimum of a certificate at the completion of the program.
 | [ ] YES [ ] NO  |
| 1. a non‐degree granting post‐secondary institution recognized by the state in which it is located. (for Phlebotomy and Clinical Assistant programs only)
 | [ ] YES [ ] NO  |
| 1. The Sponsoring Institution is an institution recognized by the national government or a regional/national accrediting agency for higher education of the country in which it is located as a post-secondary academic institution with degree granting authority. (for programs outside of the United States)
 | [ ] YES [ ] NO  |

|  |  |
| --- | --- |
| 1. **The Consortium Sponsor** is a separate and distinct entity consisting of two or more members that exists for the purpose of operating an educational program.
 |  [ ] NA (A or C must be checked YES) |
| At least one member of the consortium meets the requirements of a sponsoring institution specifiedin IA. | [ ] YES [ ] NO  |
| The memorandum of understanding contains: |
| 1. governance of the consortium.
 | [ ] YES [ ] NO  |
| 1. lines of authority within the consortium for the educational program.
 | [ ] YES [ ] NO  |
| 1. responsibilities of each member in the delivery of the educational program.
 | [ ] YES [ ] NO  |

|  |  |
| --- | --- |
| 1. **The specified location seeking accreditation is a multi-location sponsor.**
 | [ ] NA (A or B must be checked YES) |
| 1. The Sponsor is a specified campus location of an entity that controls a system of campuses, which is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide postsecondary education, and the specified campus location delivers the educational program in its entirety and awards a minimum of a certificate at the completion of the program
 | [ ] YES [ ] NO  |
| 1. The Sponsor is a specified location of an entity that controls a system of hospitals, medical centers, or laboratories accredited by an applicable recognized agency (see NAACLS website), which awards a minimum of a certificate at the completion of the program.
 | [ ] YES [ ] NO  |

|  |  |
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| 1. **Responsibilities of the Sponsor as identified in affiliation agreements or other official documents**
 |  |
| 1. The sponsor has primary responsibility for:
 |   |
| * 1. supporting curriculum planning and course selection by program

faculty and staff. | [ ] YES [ ] NO  |
| * 1. appointing faculty and staff
 | [ ] YES[ ] NO |
| * 1. maintaining student transcripts permanently
 | [ ] YES[ ] NO |
| * 1. granting the degree and/or certificate documenting satisfactory completion of the educational program.
 | [ ] YES[ ] NO |
| * 1. ensuring that appropriate personal safety measures are addressed for students and faculty.
 | [ ] YES[ ] NO |
| * 1. ensuring that all provisions of the Standards are met
 | [ ] YES[ ] NO |
| * 1. ensuring that the students have obtained or will obtain the appropriate degree and/or certification of completion
 | [ ] YES[ ] NO |
| 1. The sponsor ensures that the activities assigned to students in the clinical setting are educational.
 | [ ] YES[ ] NO |
| 1. There are documented examples of ongoing communication between the sponsor and its affiliates for exchange of information and coordination of the program.
 | [ ] YES[ ] NO[ ] NA (if sponsoring institution is also the only affiliate) |
| 1. The sponsor provides eligible students the opportunity to participate in applied clinical experiences.
 | [ ] YES[ ] NO[ ] NA (if sponsoring institution is also the only affiliate) |
| 1. The sponsor has a current, fully executed, formal affiliation agreement with all other entities that are involved in the education of students, which describes
 | [ ] YES[ ] NO [ ] NA (only if sponsoring institution is also the only affiliate) |
| * 1. The relationship
 | [ ] YES[ ] NO  |
| * 1. The roles
 | [ ] YES[ ] NO |
| * 1. The responsibilities of the sponsor and that entity
 | [ ] YES[ ] NO |
| **COMMENTS:** |

*1) Under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Stop Protection*

*2) Highlight one line fully, hit Crtl-C on keyboard, move curser to directly below table, right-click and select “Paste by Appending Table”.*

*3) Re-enforce protection on the document under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Yes, Start Enforcing Protection > OK (do not create a password)*

|  |  |  |
| --- | --- | --- |
| **Academic Affiliates**[ ]  None | **City/State** | **Std. ID Signed, current affiliation agreement is included**  |
| **Y** | **N** |
|  |  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  |
|  |  | [ ]  | [ ]  |
| **COMMENTS:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Clinical****Affiliate(s)**[ ]  **None** | **Signed Current Affiliation Agreement** | **Completed Clinical Facility Fact Sheet is submitted *and* complete** | **Site Specific Objectives and Evals, Unique Rules, and/or Policies** |
| **Y** | **N** | **Y** | **N** | **Y** | **N** | **NA** |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| **COMMENTS:** |

|  |  |  |
| --- | --- | --- |
| **Std. IB Consortium Participating Entity**[ ]  **None** | **City/State** | **Consortium Education Coordinator** |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| **COMMENTS:** |

*Note to Reviewer: The NAACLS Standards do not require a completed Clinical Facility Fact Sheet, however information found on that document is required and should be noted under the appropriate Standard if required information is not provided.*

1. **Assessment and Continuous Quality Improvement**

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| 1. **Systematic Assessment**
 |
| The program has a documented, formal assessment plan for continuous and systematic review of the effectiveness of the program.  | [ ] YES[ ] NO |
| The plan includes a mission statement and program goals. | [ ] YES[ ] NO |
| The plan includes a timeline/schedule of assessment activities. | [ ] YES[ ] NO |
| **COMMENTS:** |

|  |  |  |
| --- | --- | --- |
| Check all that apply | Feedback includes findings from | Frequency of Feedback |
| [ ]  | Graduates (Required) |  |
| [ ]  | Employers of Graduates (Required) |  |
| [ ]  | Students |  |
| [ ]  | Exit or Final Exams |  |
| [ ]  | Faculty |  |
| [ ]  | Advisory Committee  |  |
| [ ]  | Other |  |
| **COMMENTS:**  |

|  |  |
| --- | --- |
| **CERTIFICATION RATES**Please “check” which successive years were used to determine Three Year Averages: | **For students who graduated between:** |
| [ ]  | [ ]  | [ ]  | [ ]  |
| 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* |
| \*\* Programs with Self-Study Due Dates between 2/1/\_\_ and 6/29/\_\_ may choose to use this 12-month period to factor the three-year rolling average, since a full year will not have gone by since annual report data was last collected. Those submitting on or after 6/30/\_\_ cannot use this column. |
| A) Total # of Graduates |  |  |  |  |
| **[ ] NA** | **\*ASCP-BOC CERTIFICATION RATES** |
| 1. # who sat for the exam within first year of graduation
 |  |  |  |  |
| C) # who passed the exam within first year of graduation |  |  |  |  |
| **Yearly Certification Rate (%):** **(C**$÷$**B) X100** |  |  |  |  |
| **\*Three Year Average Certification Rate (%):****(∑C** $÷$ **∑B) X 100**  |  |
| **[ ] NA** | **\*AMT CERTIFICATION RATES** |
|  D) # who sat for exam within first year of graduation |  |  |  |  |
|  E) who passed exam within first year of graduation |  |  |  |  |
| **Yearly Certification Rate (%):** **(E**$÷$**D) X 100** |  |  |  |  |
| **\*Three Year Average Pass Rate (%):****(∑E** $÷$ **∑D) X 100** |  |
| **[ ] NA** | **\*NCCT CERTIFICATION RATES** |
|  F) # who sat for exam within first year of graduation |  |  |  |  |
|  G) # who passed exam within first year of graduation |  |  |  |  |
| **Yearly Certification Rate (%):** **(G**$÷$**F) X 100** |  |  |  |  |
| **\*Three Year Average Pass Rate (%): (∑G** $÷$ **∑F) X 100** |  |

|  |  |
| --- | --- |
| **[ ] NA** | **\*NHA CERTIFICATION RATES** |
| H) # who sat for the exam within first year of graduation |  |  |  |  |
| I) # who passed the exam within first year of graduation |  |  |  |  |
| **Yearly Certification Rate (%):** **(I**$÷$**H) X100** |  |  |  |  |
| **\*Three Year Average Certification Rate (%): (∑I** $÷$ **∑H) X 100**  |  |
| **[ ] NA** | **\*Other** *(Please Identify:* *)* |
|  J) # who sat for exam within first year of graduation |  |  |  |  |
|  K) who passed exam within first year of graduation |  |  |  |  |
| **Yearly Certification Rate (%):** **(K**$÷$**J) X 100** |  |  |  |  |
| **\*Three Year Average Pass Rate (%):****(∑K** $÷$ **∑J) X 100** |  |
| **If data for more than one certification examination is collected, please complete the Summary Below.** |
| **[ ] NA** | **\*SUMMARY OF CERTIFICATION** |
|  L) # who sat for exam within first year of graduation |  |  |  |  |
|  M) # who passed exam within first year of graduation |  |  |  |  |
| **Yearly Certification Rate (%):** **(M**$÷$**L) X 100** |  |  |  |  |
| **\*Three Year Average Pass Rate (%): (∑M** $÷$ **∑L) X 100** |  |

**\*If Outcomes Measures submitted for Standard II.B are below NAACLS approved benchmarks as found in the *NAACLS Standards Compliance Guide*, or if there is not three years’ worth of accumulated data for initial programs, additional information must be submitted for Standard VIII.C.**

|  |  |
| --- | --- |
| **GRADUATION/ ATTRITION RATES** | **For Students slated to graduate in the time periods below:** |
|  | 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* |
| 1. # who began the “final half” of the program
 |  |  |  |
| 1. # who began the “final half” of the program but subsequently left (voluntarily or involuntarily)
 |  |  |  |
| 1. # who began the “final half” of the program but are still currently enrolled
 |  |  |  |
| 1. # who began the “final half” of the program during the given time period and have since graduated
 |  |  |  |
|  **Yearly Attrition Rate (%):** **(B**$÷$**A) X 100** |  |  |  |
| **Yearly Graduation Rate %:**  **D** $÷$**(A-C) X100** |  |  |  |
| **\*Three Year Average Graduation** **Rate (%)****∑D**$÷$**(∑A-∑C) X100** |  |

**\*If Outcomes Measures submitted for Standard II.B are below NAACLS approved benchmarks as found in the *NAACLS Standards Compliance Guide*, or if there is not three years’ worth of accumulated data for initial programs, additional information must be submitted for Standard VIII.C.**

|  |  |
| --- | --- |
| **PLACEMENT RATES**Please enter which successive years were used to determine Three Year Averages: | **For the students who graduated between:** |
| [ ]  | [ ]  | [ ]  | [ ]  |
| 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* | 7/1/      – 6/30/      \* |
|  | \*\* Programs with Self-Study Due Dates between 2/1/\_\_ and 6/29/\_\_ may choose to use this 12-month period to factor the three-year rolling average, since a full year will not have gone by since annual report data was last collected. Those submitting on or after 6/30/\_\_ cannot use this column. |
| 1. Total # of Graduates
 |  |  |  |  |
| 1. # that found employment (in the field or in a closely related field) and/or continued their education within one year of graduation
 |  |  |  |  |
| 1. # that did neither listed above?
 |  |  |  |  |
| 1. # that do you NOT have any information for?
 |  |  |  |  |
| **Yearly Average Placement Rate:** **B**$÷$**(B+C) X100** |  |  |  |  |
| **\*Three Year Average Placement Rate:****∑B**$÷$**(∑B+∑C) X100** |  |

**\*If Outcomes Measures submitted for Standard II.B are below NAACLS approved benchmarks as found in the *NAACLS Standards Compliance Guide*, or if there is not three years’ worth of accumulated data for initial programs, additional information must be submitted for Standard VIII.C.**

|  |
| --- |
| 1. **Outcomes Measures**
 |
| Outcome measures from the last three active years are documented and considered in program evaluation. |
| **[ ] NA Initial Program (move to C)** | **Documented** | **Analyzed** | **Used in Program assessment and continuous quality improvement** |
| **Certification Rates** | [ ] YES [ ] NO  | [ ] YES [ ] NO | [ ] YES [ ] NO  |
| **Graduation and Attrition Rates** | [ ] YES [ ] NO | [ ] YES [ ] NO | [ ] YES [ ] NO  |
| **Placement Rates** | [ ] YES [ ] NO  | [ ] YES [ ] NO | [ ] YES [ ] NO  |
| Outcome Measures data are complete and accurate. | [ ] YES[ ] NO[ ] NA |
| **COMMENTS:**       |
| Other Outcomes Measures Data Used in Program Evaluation | [ ] YES[ ] NO[ ] NA |
| **If yes, please describe:**            |
| **COMMENTS:**       |

***NOTE TO REVIEWER: Falling below NAACLS benchmarks does not result in citations but will automatically trigger an Action Plan.***

|  |  |
| --- | --- |
| 1. **Program Assessment and Modification**
 |  |
| The results of the review of program outcomes measures and assessment include findings from graduate and employer feedback. | [ ] YES[ ] NO[ ] NA |
| 1. The results of program outcomes include findings from graduates and employers and are reflected in ongoing curriculum development, resource acquisition/allocations, and program modification.
 | [ ] YES[ ] NO[ ] NA |
| 1. Results are analyzed to demonstrate the effectiveness of any changes implemented.
 | [ ] YES[ ] NO[ ] NA |
| **COMMENTS:**       |

1. **Resources**

|  |  |
| --- | --- |
| 1. **General Resources**
 |  |
| Personnel resources are adequate for the education of the students in the program. | [ ] YES[ ] NO |
|  | **Reported in Self-Study** |
| Number of students admitted per year |  |
| Admission date(s) |  |
| Instructor/Student ratio (lecture) |  |
| Instructor/Student ratio (student laboratory) |  |
| Instructor/Student ratio (clinical laboratory) |  |
| **COMMENTS:**       |

|  |
| --- |
| 1. **Financial Resources**
 |
| Financial resources are adequate for the education of the students in the program. | [ ] YES[ ] NO |
| 1. An institutionally approved budget is submitted OR,
 | [ ] YES [ ] NO[ ] NA |
| 1. A written statement of continued financial support for the educational program from an executive office of the sponsor is submitted.
 | [ ] YES [ ] NO[ ] NA |
| **COMMENTS:**       |

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| 1. **Physical Resources**
 |
| Physical resources are adequate for the education of the students in the program. | [ ] YES[ ] NO |
| 1. Physical resources such as facilities, equipment and supplies, information resources, and instructional resources are sufficient to achieve the program goals.
 | [ ] YES [ ] NO |
| **COMMENTS:**       |
|  |
| Resource assessment is part of continuous program evaluation. | [ ] YES [ ] NO |
| Resources appear to be sufficient based on benchmarks, results of assessment activities and feedback from stakeholders, to allow achievement of program goals.  | [ ] YES [ ] NO |
| **COMMENTS:**       |

1. **Students**

|  |
| --- |
| 1. **Publications and Disclosures**
 |
| 1. The following are clearly defined, published and readily available to prospective and enrolled students.
 |  |
| 1. Program mission statement
 | [ ] YES [ ] NO |
| 1. Program goals and competencies
 | [ ] YES [ ] NO |
| 1. Program accreditation/approval status including the name, address, and contact information for NAACLS
 | [ ] YES [ ] NO |
| 1. Results of program outcomes identified in Standard II.B
 | [ ] YES [ ] NO[ ] NA (initial programs only) |
| 1. List of clinical affiliates
 | [ ] YES [ ] NO[ ] NA (hospital-based program only) |
| 1. Admission criteria, both academic and non-academic, including essential functions, advance placement, etc.
 | [ ] YES [ ] NO |
| 1. A list of course descriptions with credit hours (if applicable)
 | [ ] YES [ ] NO[ ] NA |
| 1. Names and academic rank or title of program director and faculty
 | [ ] YES [ ] NO |
| 1. Current tuition and fees with withdrawal and refund policy
 | [ ] YES [ ] NO |
| 1. Service work policies
 | [ ] YES [ ] NO |
| 1. Policies and procedures for
 |  |
| 1. Advising and guiding students through the program while maintaining confidentiality and impartiality.
 | [ ] YES [ ] NO |
| 1. Clinical assignment when placement cannot be immediately guarantee
 | [ ] YES [ ] NO |
| 1. Student grievance and appeals process
 | [ ] YES [ ] NO |
| 1. Criteria for progression in the program, including probation, suspension, and possible dismissal
 | [ ] YES [ ] NO |
| 1. Academic calendar
 | [ ] YES [ ] NO |
| 1. Rules for acceptable personal and academic conduct while in the program, including behavioral expectations
 | [ ] YES [ ] NO |

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| --- |
| **COMMENTS:** |

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| --- |
| 1. **Student Records**
 |
| 1. Student records (admission, evaluation, counseling, advising, grades, credits, etc.) are maintained according to governmental or sponsor regulations.
 | [ ] YES [ ] NO |
| 1. Student transcripts with legal name, grades and credits, and dates of attendance are permanently maintained by the program.
 | [ ] YES [ ] NO |
| **COMMENTS:** |

|  |
| --- |
| 1. **Health and Safety**
 |
| 1. Health
 |  |
| 1. The program provides evidence that the health and safety of students, faculty and patients during educational activities are adequately safeguarded.
 | [ ] YES [ ] NO |
| 1. Safety
 |  |
| 1. There is documentation that each student enrolled has received basic biohazard and safety training.
 | [ ] YES [ ] NO |
| **COMMENTS:** |

1. **Operational Policies**

|  |  |
| --- | --- |
| 1. Student recruitment and admission is non-discriminatory in accordance with governmental regulations and those of the sponsor.
 | [ ] YES[ ] NO |
| 1. Faculty recruitment and employment practices are non-discriminatory in accordance with the governmental regulations and those of the sponsor.
 | [ ] YES [ ] NO |
| 1. Granting of the degree/certificate is **NOT** contingent upon the students passing any type of external certification or licensure examination.
 | [ ] YES [ ] NO |
| 1. A policy is in place to provide for a plan in the event of program closure
 | [ ] YES [ ] NO |
| 1. Service work in clinical settings outside of academic hours is noncompulsory
 | [ ] YES [ ] NO |
| 1. Students are not substituted for regular staff during student experience
 | [ ] YES [ ] NO |
| **COMMENTS:** |

1. **Administration (no information needed)**

**UNIQUE STANDARDS**

1. **Program Administration**

|  |
| --- |
| 1. **Program Director**
 |
| Faculty Fact Sheet is complete | [ ] YES[ ] NO |
| 1. Qualifications: The Program Director has submitted a Program Official approval letter, a previous NAACLS award recognizing them as Program Director, or a self study review or site visit report recognizing the individual as Program Director. These documents should not identify concerns on standard VII.A

(Proof of prior program director approval satisfies this standard. For these situations, documentation addressing the below items is unnecessary) | [ ] YES[ ] NO |
| 1. Appropriate degree for the program discipline
 | [ ] YES [ ] NO[ ] NA |
| 1. Nationally recognized appropriate certification (if no, as in HT, HTL, PathA programs, a qualified Education Coordinator is in place)
 | [ ] YES [ ] NO[ ] NA |
| 1. Appropriate teaching experience
 | [ ] YES [ ] NO[ ] NA (acting PD only) |
| 1. Knowledge of education methods and administration
 | [ ] YES [ ] NO[ ] NA |
| 1. Knowledge of current NAACLS accreditation processes and certification procedures
 | [ ] YES [ ] NO[ ] NA |
| 1. PATH A only: Demonstrates adequate knowledge and proficiency in their content areas
 | [ ] YES [ ] NO[ ] NA |
| 1. PATH A only: Demonstrate the ability to teach effectively at the appropriate level
 | [ ] YES [ ] NO[ ] NA |
| **COMMENTS:** |

|  |
| --- |
| 1. Responsibilities: The Program Director
 |
| 1. Is responsible for program
 |  |
| Organization | [ ] YES[ ] NO |
| Administration | [ ] YES [ ] NO |
| Instruction | [ ] YES [ ] NO |
| Evaluation | [ ] YES [ ] NO |
| Continuous quality improvement | [ ] YES [ ] NO |
| Curriculum planning and development | [ ] YES [ ] NO |
| Directing other program faculty/staff | [ ] YES [ ] NO |
| General effectiveness of the program  | [ ] YES [ ] NO |
| 1. Has input into budget preparation process
 | [ ] YES [ ] NO |
| 1. Participates in a minimum of 36 hours of documented continuing professional development every three years (60 hours for PATH A)
 | [ ] YES [ ] NO |
| 1. Is responsible for maintaining NAACLS accreditation/approval of the program
 | [ ] YES [ ] NO |
| 1. Has regular and consistent contact with students, faculty and program personnel
 | [ ] YES [ ] NO |
| **COMMENTS:** |
| 1. Faculty Appointments
 |
| The Program Director has a faculty appointment at the sponsoring institution or at each affiliated academic institution (not applicable for PBT or CA) | [ ] YES [ ] NO |
| **COMMENTS:** |

|  |
| --- |
| 1. **Site Program Coordinator** (required for multi-location only; assigned to each participating site)
 |
| Faculty Fact Sheet is complete | [ ] YES[ ] NO[ ] NA (if NA continue to C) |
| 1. Qualifications: The Site Program Coordinator has:
 |  |
| 1. Appropriate degree for the program discipline
 | [ ] YES [ ] NO |
| 1. Nationally recognized appropriate certification
 | [ ] YES [ ] NO |
| 1. Appropriate teaching experience
 | [ ] YES [ ] NO |
| 1. Responsibilities: The Site Program Coordinator is responsible for:
 |  |
| 1. Coordinating teaching and clinical education
 | [ ] YES [ ] NO |
| 1. Evaluating program effectiveness
 | [ ] YES [ ] NO |
| 1. Maintaining appropriate communication with the program director
 | [ ] YES [ ] NO |
| **COMMENTS:** |

|  |
| --- |
| 1. **Faculty and Clinical Liaison**
 |
| 1. Didactic Instructor Appointments
 |
| Faculty Fact Sheets for primary faculty/instructors are complete | [ ] YES[ ] NO |
| Complete Job Descriptions for primary faculty/instructors are provided | [ ] YES [ ] NO |
| Primary faculty/instructors for each laboratory discipline are listed and meet qualifications required for the discipline and level of program as described in Standard VII.C.1.  | [ ] YES [ ] NO |
| Faculty/instructors hold appointments within the program | [ ] YES [ ] NO |
| Ongoing professional development is evident to fulfill the instructional responsibilities of the program faculty | [ ] YES [ ] NO |
| 1. Qualifications
 | [ ] YES [ ] NO |
| 1. Faculty demonstrate adequate knowledge and proficiency in their content area
 | [ ] YES [ ] NO |
| 1. Faculty demonstrate the ability to teach at the appropriate level
 | [ ] YES [ ] NO |
| 1. Faculty responsibilities MUST include participation in:
 | [ ] YES [ ] NO |
| 1. Teaching courses
 | [ ] YES [ ] NO |
| 1. Evaluating student achievement
 | [ ] YES [ ] NO |
| 1. Developing curriculum, policies, and procedures
 | [ ] YES [ ] NO |
| 1. Assessment of program outcomes
 | [ ] YES [ ] NO |
| **COMMENTS:** |
| 1. Clinical Liaisons: At least one clinical liaison, employed by the clinical affiliate, is designated at each site affiliated with the program to coordinate clinical experiences for the students
 | [ ] YES [ ] NO[ ] NA (if NA continue to D) |
| Clinical liaisons as designated on clinical affiliate fact sheets meet qualifications required for the discipline and level of program as described in Standard VII.C. 2. | [ ] YES [ ] NO |
| 1. The clinical liaison qualifications are:
 |  |
| 1. Medical laboratory professionals who demonstrates the

ability to effectively coordinate clinical experiences of the students;  | [ ] YES [ ] NO |
| 1. Demonstrate knowledge of the program discipline
 | [ ] YES [ ] NO |
| 1. Has at least one-year experience as a medical laboratory professional
 | [ ] YES [ ] NO |
| 1. The clinical liaison responsibilities include:
 |  |
| 1. Coordinating clinical instruction at the site
 | [ ] YES [ ] NO |
| 1. Maintaining effective communication with the program director or designee as evidenced by the representative sample
 | [ ] YES [ ] NO |
| **COMMENTS:** |

|  |
| --- |
| 1. **Advisory Committee**
 |
| The name(s) comprising the advisory committee are provided | [ ] YES[ ] NO |
| The relationship of the advisory committee member(s) to the program is stated | [ ] YES[ ] NO |
| 1. **Responsibilities:** The advisory committee has regular, meaningful,l and relevant input into the program/curriculum
 | [ ] YES[ ] NO |
| **COMMENTS:** |

|  |  |
| --- | --- |
| 1. **Education Coordinator/Clinical** **Coordinator** (HLT, HT, PathA when required)
 | [ ] NA (move to F) |
| Faculty Fact Sheet is complete | [ ] YES [ ] NO |
| 1. Qualifications: The Educational/Clinical Coordinator has submitted a Program Official approval letter, or a self study review or site visit report recognizing the individual as Educational/Clinical Coordinator. These documents should not identify concerns on standard VII.E

(Proof of prior approval satisfies this standard. For these situations, documentation addressing the below items is unnecessary) | [ ] YES[ ] NO |
| 1. Appropriate degree and experience for the program discipline as described in Standard VII.E.1.
 | [ ] YES[ ] NO[ ] NA |
| 1. Nationally recognized appropriate certification
 | [ ] YES[ ] NO[ ] NA |
| 1. Knowledge of NAACLS accreditation and current certification procedures
 | [ ] YES[ ] NO[ ] NA |
| 1. 45 credit hours of CME related to pathology within a three-year period (PathA only)
 | [ ] YES[ ] NO[ ] NA |
| 1. The Education Coordinator is responsible for:
 |  |
| 1. Providing supervision and coordination of the instructional faculty in both the academic and clinical phases of the program
 | [ ] YES [ ] NO |
| **COMMENTS:** |

|  |  |
| --- | --- |
| 1. **Medical Director** (required for PathA programs only, separate from the Program Director)
 | [ ] NA (move to VIII) |
| Faculty Fact Sheet is complete | [ ] YES [ ] NO |
| The Medical Director has a faculty appointment at the sponsoring institution or at each affiliated academic institution | [ ] YES [ ] NO |
| 1. Qualifications: The Medical Director has submitted a Program Official approval letter, or a self study review or site visit report recognizing the individual as Medical Director. These documents should not identify concerns on standard VII.F

(Proof of prior approval satisfies this standard. For these situations, documentation addressing the below items is unnecessary). | [ ] YES [ ] NO |
| 1. Faculty appointment at the sponsoring institution
 | [ ] YES[ ] NO[ ] NA |
| 1. Licensed, board certified anatomic pathologist
 | [ ] YES[ ] NO[ ] NA |
| 1. The Medical Director is responsible for:
 |  |
| 1. Continuous medical direction for clinical instruction
 | [ ] YES [ ] NO |
| 1. Actively eliciting support of practicing physicians
 | [ ] YES [ ] NO |
| 1. Participating in the clinical instruction of pathology within the program
 | [ ] YES [ ] NO |
| **COMMENTS:** |

1. **Curriculum Requirements**

|  |  |
| --- | --- |
| 1. **Instructional areas**
 |  |
| 1. Prerequisite content in biological sciences, chemistry and mathematics are required as foundation for coursework in the program (may not be applicable to PBT or CA)
 | [ ] YES [ ] NO[ ] NA |
| 1. The curriculum includes components of laboratory/clinical services in the program as applicable for the level of learning as describe in Unique Standard VIII.A.
 | [ ] YES [ ] NO |
| The curriculum includes the scientific content or practices applicable to the program level as listed in the standards  | [ ] YES [ ] NO |
| Additionally, the program contains |  |
| 1. Application of safety and governmental regulations and standards as applicable to the level of the program.
 | [ ] YES [ ] NO[ ] NA |
| 1. Principles and practices of professional conduct and the significance of continuing professional development.
 | [ ] YES [ ] NO |
| 1. Communications sufficient to serve the needs of patients, the public, and members of the health care team.
 | [ ] YES [ ] NO |
| 1. Principles and practices of administration as applicable to program level (not applicable to MLT, HT, PBT, CA)
 | [ ] YES [ ] NO[ ] NA |
| 1. Education methodologies and terminology sufficient to train and educate users and providers of laboratory services (not applicable to MLT, HT, PBT, CA)
 | [ ] YES [ ] NO[ ] NA |
| 1. Principles and practices of clinical study design, implementation, and dissemination of results (not applicable to MLT, HTL, HT, PathA, PBT, CA)
 | [ ] YES [ ] NO[ ] NA |
|  |  |
| **COMMENTS:** |
| **B. Learning Experiences** |  |
| 1. Instruction provides properly sequenced learning experiences
 | [ ] YES[ ] NO  |
| 1. Experiences include necessary content and activities so that entry level competencies can be achieved
 | [ ] YES[ ] NO |
| **COMMENTS:** |
| **C. Evaluations** |
| 1. Evaluation systems relate to course content and support program competencies
 | [ ] YES [ ] NO |
| 1. Evaluation systems are utilized frequently enough to provide students and faculty with timely indications of students’ academic standing and progress
 | [ ] YES [ ] NO |
| Frequency of student evaluations in |  |
| Lectures      |
| Student laboratories      |
| Clinical Laboratories      |
| **COMMENTS:** |
| The evaluation systems serve as a reliable indicator of the effectiveness of instruction and are utilized in monitoring course content and design | [ ] YES [ ] NO |
| **COMMENTS:** |  |

|  |  |
| --- | --- |
| **OUTCOMES MEASURES: If outcomes measures listed in ‘II.B. Accompanying Documentation for Self-Study’ are below NAACLS approved benchmarks (or if there isn’t three years’ worth of accumulated data, in the case of initial programs), programs are to submit additional materials to analyze from one course.**  | **[ ] NA** |
| **In such cases the following are included:** |  |
| **Syllabus**  | **[ ] YES[ ] NO** |
| **Course goals**  | **[ ] YES[ ] NO** |
| **Measurable objectives in the cognitive, psychomotor, and affective domains**  | **[ ] YES[ ] NO** |
| **Evaluation systems that correlate with objectives** | **[ ] YES [ ] NO** |
| **COMMENTS:**       |

# NAACLS SELF-STUDY REVIEW REPORT

**Summary Page**

**Important Notice:**

The self-study reviewer 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 / approval actions. These responsibilities rest solely with the NAACLS Board of Directors, which has the exclusive right to determine if accreditation is to be granted or continued.

NOTE: This page is compiled on the basis of information supplied to the self-study reviewer by the program director and other officials. **NAACLS makes no representation as to its accuracy. The responsibility for accuracy of the information provided to the self-study reviewer rests solely with the program director and other officials.**

**Name of Sponsoring Institution**:

**City, State**:

**Type of Program(s) Reviewed:**

[ ]  Medical Laboratory Assistant

[ ]  Cytogenetic Technologist

[ ]  Diagnostic Molecular Scientist

[ ]  Histotechnician

[ ]  Histotechnologist

[ ]  Medical Laboratory Scientist

[ ]  Medical Laboratory Technician

[ ]  Phlebotomy

[ ]  Pathologists’ Assistant

**Concerns**

1. In the table below list all concerns, be specific and include any missing documentation.

2. If there are multiple concerns within a Standard, list each concern on a separate line.

3. All concerns noted in the body of this document must be listed here.

*4. For additional lines, go to Review click Restrict Editing, then Stop Protection. Add the lines you need, then once finished, go back and click Yes, Start Enforcing Protection.*

|  |  |
| --- | --- |
| **Standard #** | **Missing Documents/Concerns** |
|       |       |
|       |       |
|       |       |

**Message to Program Director: Please review the report carefully and respond in writing to any concerns found in the body of the report and on the summary page.  A written acknowledgment of receipt of this report must be received by NAACLS within 30 days, even if there are no concerns included in this report.**

**Additional comments**:

**NAACLS SELF-STUDY REVIEW REPORT**

**Agreement Statement Page**

**\*\*\*Please complete and attach as the last page of the Self-Study Review\*\*\***

**Program Sponsor:**

**Sponsor Type:**

(Sponsoring Institution, Consortium, Multi-location)

**Program Type:**

**Program Location (City, ST):**

**Name, Title and Credentials of Program Director:**

**Name, Medical Director (if applicable):**

**First Reviewer**

Name and Title:

Institution:

Address:

City/State/Zip:

Telepone/Email

The first reviewer affirms and agrees with the self study review’s findings [ ]  YES [ ]  NO

Date:

**Second Reviewer** [ ] NA

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Email

The second reviewer affirms and agrees with the self study review’s findings [ ]  YES [ ]  NO

Date: