**Note for the Reviewer**

Please take time to check the following common missed items before submitting the Site Visit Report to NAACLS Staff:

* Unchecked boxes.
* The absence of explanatory comments.
* Narrative misspellings.
* blank sections designated for additional comments.

It is important to emphasize that these reports are official NAACLS documents that are distributed to individuals in the program’s C-suite, administrative teams, and other key decision makers.

To showcase the high level of professionalism our reviewers possess, please ensure you submit the NAACLS Site Visit Report only after a thorough examination of the document, confirming its completeness, and without misspellings.

Thank you,

NAACLS

**Program Sponsor:**

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

**Program Type:**

BMS  CG  DCLS  DMS  HT  HTL  MLA

MLM  MLS  MLT  Path A  PHM  PBT

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

**Program Director Name/Credentials:**

**Program Director Phone:**

**Program Director Email:**

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

**Please indicate:** InitialContinuing

|  |  |
| --- | --- |
| **Standard I.A: Sponsorship – Sponsoring Institution** | YES NO NA (if NA, Std. I.B or I.C must be YES) |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was the accreditation status of the sponsor verified and adequate? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard I.B: Sponsorship – Consortium Sponsor** | YES NO NA (if NA, Std. I.A or I.C must be YES) |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Did at least one member of the consortium meet requirements of a sponsoring institution specified in I.A? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard I.C: Sponsorship – Multilocation Sponsor** | YES NO NA (if NA, Std. I.A or I.B must be YES) |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was the accreditation status of the sponsor verified and adequate? | YES NO NA |
| 2. Was there proof of minimum of certificate of completion given upon program completion? | YES NO NA |
| **Remaining Concerns:** NA | |
| **Standard I.D: Sponsorship – Responsibilities of the Sponsor** |  |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate documentation of ongoing communications between several clinical/academic sites and sponsor to verify exchange of information and coordination of the program? | YES  NO  NA (Hospital-based programs only, with no affiliates) |
| 2. Was there proof of minimum of certificate of completion given upon program completion? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard I:** | |
| **Standard II.A: Assessment and Continuous Quality Improvement – Systematic Assessment** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there evidence of a mechanism for continually and systematically reviewing the effectiveness of the program? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard II.B.: Assessment and Continuous Quality Improvement – Outcome Measures**  ***Note: Outcome measures below benchmarks do not result in citations and should not be noted as concerns, however they do result in a required Action Plan.*** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification of the outcome measures statistics provided in the Self-Study Review? | YES  NO NA  (Initial programs only) |
| 2. Was the review of results documented, analyzed, and used in program assessment and continuous quality improvement of the program? | YES  NO NA  (Initial programs only) |
| **Remaining Concerns:** NA | |
| **Standard II.C: Assessment and Continuous Quality Improvement – Program Assessment and Modification** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification of any additional supportive documentation demonstrating data collection, review and evaluation that resulted in program improvement, ***and*** documentation that linked program improvement to changes made as a result of program review and evaluation? | YES  NO NA  (Initial programs only) |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard II:** | |
| **Standard III.A: Resources – General Resources** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Is there evidence that financial resources for the continued operation of the program are sufficient to achieve program goals? | YES  NO NA |
| 2. Did adequate verification include documentation that personnel resource assessment is a part of continuous program evaluation? | YES  NO NA |
| 3. Did adequate verification include demonstration that program physical resources are sufficient to allow achievement of program goals? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard III.B.: Resources – Personnel Resources** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Are faculty and staff sufficient and appropriately qualified to perform the functions in documented job descriptions and to allow achievement of program outcomes? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard III.C.: Resources – Physical Resources** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Were the program’s facilities sufficient to achieve program goals? | YES  NO NA |
| 2. Were supplies and equipment for laboratory analyses in student laboratory(ies) adequate? | YES  NO  NA |
| 3. Were supplies and equipment for laboratory analyses in clinical laboratory(ies) adequate? | YES  NO NA |
| 4. Were adequate information resources current and available for learning? | YES  NO NA |
| 5. Were supporting instructional materials related to all content areas of the curriculum current, available, and utilized? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard III:** | |
| **Standard IV.A: Students – Publications and Disclosures** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification, through review of materials and interviews, that the following are clearly defined, published and readily available to prospective and enrolled students? |  |
| a. Program mission statement | YES  NO NA |
| b. Program goals and competencies | YES  NO NA |
| c. Program accreditation/approval status including the name, address and contact information for NAACLS | YES  NO NA |
| d. Program outcomes identified in Standard II.B. | YES  NO NA  (Initial programs only) |
| e. List of current clinical affiliates. | YES  NO NA (Hospital-based programs with no clinical sites) |
| f. Admission criteria, both academic and non-academic, including essential functions, advance placement, etc. | YES  NO NA |
| g. A list of course descriptions (and associated credit hours if available) | YES  NO NA |
| h. Names and academic rank of program director and faculty (and medical director for Pathologist’s’ Assistant programs) | YES  NO NA |
| i. Current tuition and fees with withdrawal and refund policy | YES  NO NA |
| j. Service work policies for students | YES  NO NA |
| k. Policies and procedures for: |  |
| 1. Advising/guiding students through the program while maintaining confidentiality and impartiality | YES  NO NA |
| 1. Clinical assignment when placement cannot be immediately guaranteed | YES  NO NA |
| 1. Student grievance and appeals process | YES  NO NA |
| 1. Criteria for program completion including probation, suspension, and dismissal | YES  NO NA |
| l. Academic calendar | YES  NO NA |
| m. Rules and regulations governing acceptable personnel and academic conduct, including behavior | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard IV.B: Students – Student Records** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Is there evidence that student records are maintained and contain the materials required by Standard IV.B? | YES  NO NA |
| 2. Are transcripts/students records permanently maintained and do they include legal names, grades and credits and dates of admission and completion? | YES  NO NA |
| 3. Was there adequate verification of documented sponsor policies regarding student records and retention? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard IV.C: Students – Health and Safety** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was it verified and adequate that the health and safety of students, faculty and patients during educational activities is adequately safeguarded? | YES  NO NA |
| 2. Was it verified and adequate that there is documentation that students receive biohazard and safety training? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard IV:** | |
| **Standard V: Operational Policies – Fair Practices** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was it verified and adequate that student recruitment and admission is non-discriminatory and in accordance with existing governmental regulations and those of the sponsor? | YES  NO NA |
| 2. Was it verified and adequate that service work by students in clinical settings outside of academic hours is non-compulsory? | YES  NO NA |
| 3. Was it verified and adequate that students are not substituted for regular staff during their student experiences? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard V:** | |
| **Standard VI: Administrative: Maintaining Accreditation – Program Sponsoring Institution Responsibilities**  **This Standard involves the administrative requirements for maintaining accreditation throughout its award period, and therefore is not reviewed in the Self-Study Report or site visit process.** | |
| **Standard VII.A: Program Administration – Program Director** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Does the program director have input into the budget preparation? | YES  NO NA |
| 2. Is there adequate evidence that the program director has regular and consistent contact with students, faculty, and program personnel? | YES  NO NA |
| 3. Is there adequate evidence that the program director has a faculty or clinical appointment at the sponsoring institution? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard VII.B. Program Administration – Site Program Coordinator (required for Multi-location only, assigned to each participating site)** NA | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Is the site program coordinator responsible for the required aspects of the program? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard VII.C: Program Administration – Faculty/Instructor** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was adequate evidence of adequate knowledge and proficiency of the faculty in their content areas verified? | YES  NO NA |
| 2. Was adequate evidence of didactic instructor appointments within the educational program verified? | YES  NO NA |
| 3. Was adequate evidence that faculty teach effectively at the appropriate level verified? | YES  NO NA |
| 4. Was at least one liaison identified and appointed per clinical/applied learning experiences liaison site? | YES  NO  NA (Hospital-based programs with no clinical sites) |
| 5. When applicable, was there adequate verification that the clinical liaison(s) meet qualifications required for the discipline and level or program as described in Standard VII.C.2.a. | YES  NO  NA (Hospital-based programs with no clinical sites) |
| 6. Was adequate verification made, through review of documentation and interviews, that the clinical/applied learning experiences liaison is responsible for all aspects as described in Standard VII.C.2.b. | YES  NO  NA (Hospital-based programs with no clinical sites) |
| **Remaining Concerns:** NA | |
| **Additional Comments:** | |
| **Standard VII.D: Program Administration – Advisory Committee** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification, through the review of minutes, documentation, and interviews that an advisory committee is in place and active in providing input to the program relevancy and effectiveness? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard VII.E: Education Coordinator (when required)** NA | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification, through the review of documentation and interviews, that the education coordinator meets the qualification as described in Standard VII.E (when applicable)? | YES  NO NA |
| 2. Was there adequate verification, through the review of documentation and interviews, that the education coordinator meets the responsibilities as described in Standard VII.E (when applicable)? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard VII.F: Program Administration – Medical Director (for Path A Programs only)** N/A | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification, through the review of documentation and interviews, that the medical director is responsible for all aspects of program administration and management as described in Standard VII.F.2. (when applicable)? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard VII:** | |
| **Standard VIII.A. Curriculum Requirements – Instructional Areas** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was there adequate verification, through review of documentation, transcripts, and interviews, that the program meets the curricular requirements as described in the program specific Unique Standards VIII.A? | YES  NO NA |
| 2. Were prerequisites identified appropriate and met by current and past students as applicable? | YES  NO NA |
| 3. Were elements identified in Standard VIII.A.2. and (VIII.A.3. for Pathologists’ Assistant) for each unique program included in the curriculum, current and relevant? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard VIII.B.: Curriculum Requirements – Learning Experiences** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was adequate verification made that learning experiences are appropriate, current, and relevant for students to achieve entry-level competencies as described for each program level/discipline in Standard VIII? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Standard VIII.C.: Curriculum Requirements - Evaluations** | |
| **Concerns from Self-Study Review as identified by the self-study reviewer(s):** | None  Resolved in response to Self-Study Review; verified on site  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Concerns from Self-Study Review as identified by the site visit team:** | None  Resolved on site  Unresolved |
| **Explain how concerns from the Self-Study Review were resolved or left unresolved:**  NA | |
| **Additional Site Visit Questions** | |
| 1. Was adequate verification made, through the review of documents, as well as interviews with students, graduates, and employers that evaluations of student learning used are appropriate and provide timely feedback for successful student academic standing and progression? | YES  NO NA |
| 2. Was adequate verification made that evaluation systems are reliable indicators of program effectiveness? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments:** | |
| **Standard VIII Curriculum Review:**  N/A - met NAACLS benchmarks.  **Continuing programs** - if outcome measures listed in II.B. Accompanying Documentation for Self-Study are below NAACLS approved benchmarks.  **Initial programs** -if there is not three years’ worth of accumulated data. | |
| **Additional Site Visit Questions** | |
| 1. Were course syllabi and objectives for each subject area reviewed? | YES  NO NA |
| 2. Did the program have appropriate objectives in the cognitive, psychomotor, and affective domains? | YES  NO NA |
| 3. Did course objectives show progression to the level consistent with entry into the profession? | YES  NO NA |
| 4. Were evaluation systems reviewed for each subject area and in alignment with course objectives? | YES  NO NA |
| 5. Were evaluation systems in the cognitive, psychomotor, and affective domain reviewed? | YES  NO NA |
| 6. Were evaluation systems employed frequently enough to provide faculty and students with timely indications of a student’s academic standing and progress, and to serve as a reliable indicator of the effectiveness of instruction and course design? | YES  NO NA |
| **Remaining Concerns:** NA | |
| **Additional Comments for Standard VIII:** | |

Summary Page

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 exclusive right to determine whether or not accreditation is to be granted or continued.

This document is compiled based on information supplied to the site visit team 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 team rests solely with the program director and other officials.**

**Program Sponsor:**

**City, State:**

**Dates of Visit:**

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

Biomedical Scientist

Cytogenetic Technologist

Diagnostic Molecular Scientist

Histotechnician

Histotechnologist

Medical Laboratory Assistant

Medical Laboratory Microbiology

Medical Laboratory Scientist

Medical Laboratory Technician

Pathologists’ Assistant

Phlebotomy

Public Health Microbiology

**Areas of Strength:**

**Remaining Concerns Identified by the Site Visit Team:**

Directions: If there are outstanding concerns after the site visit, please ensure that the text used in the review above matches the text used on the Summary Page. NAACLS Staff strongly recommends to copy and paste concerns directly from the previous section into the rows below.

|  |  |
| --- | --- |
| **Standard #** | **Concern** |
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**Message to Program Director: Please review the report carefully and respond in writing to all 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.**

Affirmation Page

**Program Sponsor:**

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

**Program Type:**

BMS  CG  DCLS  DMS  HT  HTL  MLA

MLM  MLS  MLT  Path A  PHM  PBT

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

**Program Director Name/Credentials:**

**Program Director Phone:**

**Program Director Email:**

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

**Please indicate:** InitialContinuing

**Team Coordinator**

Name and Title:

Institution:

Address:

City/State/Zip:       Telephone/Email:

I affirm and agree with the site visit report findings.  YES  NO Date:

**Team Member**

Name and Title:

Institution:

Address:

City/State/Zip:       Telephone/Email:

I affirm and agree with the site visit report findings.  YES  NO Date:

**Educator Generalist**

Name and Title:

Institution:

Address:

City/State/Zip:       Telephone/Email:

I affirm and agree with the site visit report findings.  YES  NO Date:

***If a team member does not concur with the report, a dissenting report describing disagreements must be submitted to NAACLS. Instructions for completing this report can be found in the NAACLS Policy and Procedure Manual.***