**INITIAL APPLICATION PACKET REVIEW CHECKLIST**

The review of the Initial Application Packet serves two purposes:

1. To ensure that the program reviewed has a reasonable chance of meeting the Standards.
2. To give feedback on what will be necessary for the program to successfully complete the accreditation process and how the program can improve.

Once the Initial Application Packetis complete, please complete the attached check list. If any of the check boxes are **NOT** checked as compliant, the program cannot proceed with the initial accreditation process until the program has demonstrated compliance in all areas.

**INITIAL APPLICATION PACKET REVIEW CHECKLIST**

**Program Name:** **Location:**

*If Consortium, list Participating Entities:*

**Program Level:**

**Programs are allowed three (3) opportunities to submit documentation to have their Initial Application Packet accepted. If a program cannot provide a satisfactory Initial Application Packet upon the third submission, the program must begin the initial accreditation/approval process from the beginning, including submission of a new Initial Application Packet and initial application fee.**

**Required Administrative Items**

**Interest Letter:** A letter of interest signed by the designated institution official legally authorized to sign contractual agreement on behalf of the sponsoring institution, declaring the program’s intent to start an accredited program.

[ ]  Submitted

[ ]  Not Submitted

**Initial Application:** The Initial Application has been completed and submitted.

[ ]  Submitted

[ ]  Not Submitted

**Initial Fee:** Proof of the paid fee has been submitted.

[ ]  Submitted

[ ]  Not Submitted

**Preliminary Report**

***Standard I. Sponsorship***

**Sponsoring Institution:** Provide documents of current accreditation by a regional or national agency for the sponsoring institution.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

**Affiliations:** Provide letters of intent (or good faith) or completed affiliation agreements from proposed clinical sites, providing evidence that enough sites are available to accommodate projected numbers of students.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

***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.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

***Standard III. Resources***

**Budget Information:** Provide budget sufficient to achieve program goals.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

**Physical Resources:** Describe facilities, equipment, and supplies sufficient to achieve program goals.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

***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.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

***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 will be communicated to prospective students.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

***Standard VII. Faculty***

**Program Director Applicant Name:**

**Program Director Qualifications:**

|  |  |  |
| --- | --- | --- |
| **Qualifications****(BMS, CG, DMS, HT, HTL, MLS, MLT, Phleb., MLA, MLM, PHM)** |  | **Meets or Exceeds Standard Requirements. Explain “NO”** |
| **YES** | **NO** | **NA** |
| **A. Degree:**      |  | [ ]  | [ ]  | [ ]  |
| **B. Verified Certification:**      |  | [ ]  | [ ]  | [ ]  |
| **C. Teaching Experience: 3 years** **Bench: Institution, position, dates and discipline**      **AND/OR****Didactic: Institution, position, dates and discipline**       |  | [ ]  | [ ]  | [ ]  |
| **D1. Knowledge of Education Methodology and Administration:** **Bench: Letter(s) from Supervisors**      **Didactic: Letter(s) from appropriate administrator at college or university**      **Copies of course schedules that include name of proposed Program Director**      **Transcripts, CE certificates or other documentation**       |  | [ ]  | [ ]  | [ ]  |
| **D2. Knowledge of current NAACLS Accreditation /Approval and Certification Procedures:** **Previous PD experience**      **Letter from mentor or administrator documenting involvement in NAACLS accreditation process**      **Certificate from NAACLS Workshop**       |  | [ ]  | [ ]  | [ ]  |

|  |  |  |
| --- | --- | --- |
| **Qualifications****(PathA)** |  | **Meets or Exceeds Standard Requirements. Explain “NO”** |
| **YES** | **NO** | **NA** |
| **A. Education/Certification:**       |  | [ ]  | [ ]  | [ ]  |
| **B. Faculty Appointment/Institutional Requirements:**       |  | [ ]  | [ ]  | [ ]  |
| **C1. Knowledge of Education Methodology:**       |  | [ ]  | [ ]  | [ ]  |
| **C2. Knowledge of Current Accreditation and Certification Procedures:**       |  | [ ]  | [ ]  | [ ]  |

[ ]  Compliant

[ ]  Non-Compliant

[ ]  Has Provided Proof of Previous Board Approval

Rationale:

Recommendation:

**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.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

**Advisory Committee:** Describe the membership of Advisory Committee which provides input into the program/curriculum to maintain current relevancy and effectiveness.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

***Standard VIII. Curriculum***

Program and Course Descriptions **(***Standards IV.A.1.g and VIII)*: 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.

[ ]  Compliant

[ ]  Non-Compliant

Rationale:

Recommendation:

**Additional Comments:**

**Note to Program Director - Comprehensive documentation for each instructional area including course descriptions, measurable outcomes, sample learning activities and evaluation tools are required as a component of the Initial Self-Study. Please refer to the NAACLS *2012 Guide to Accreditation and Approval* and the NAACLS *2012 Standards Compliance Guide*.**

**NAACLS Application Packet Review Summary**

[ ]  The program’s Application Packet is found to be satisfactory and NAACLS will accept a Self-Study Report from the program.

[ ]  The program’s initial application packet is found to be unsatisfactory. Those items marked above as “Non-compliant” must be addressed and documented as compliant in a follow up report. NAACLS will not accept a Self-Study Report from the program at this time.

**REPORT COMPLETED BY:**

Reader #1 Name, Credentials and Date:

Reader # 1 Signature:

Reader #2 Name, Credentials and Date:

Reader # 2 Signature: