



NAACLS Guide to Doctoral Accreditation

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Dear Colleague:

Thank you for your interest in the Doctoral Accreditation process provided by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). NAACLS accredits biomedical sciences (BMS), cytogenetic technologist (CG), doctorate in clinical laboratory science (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 A), phlebotomist (PBT) and public health microbiologist (PHM) educational programs.

NAACLS is recognized by the Council for Higher Education Accreditation (CHEA). Recognition by CHEA affirms that standards and processes of accrediting organizations are consistent with quality improvement, and accountability expectations that CHEA has established. NAACLS also confirms the Code of Good Practice of the Association of Specialized and Professional Accreditors. It is assumed that NAACLS volunteers also support the code.

Due to the nature of advanced practice education, NAACLS has decided to give doctoral programs their own core documents. The **Guide to Doctoral Accreditation** is one of three documents needed by programs going through the accreditation process, along with the **NAACLS Standards for Doctoral Programs** and the **Doctoral Standards Compliance Guide**. The NAACLS Guide to Accreditation is designed to familiarize and assist you with the programmatic accreditation process. Section II contains Options and Processes for Programmatic Accreditation, along with fact sheets and other information useful during the review process.

A separate set of Standards, Standards Compliance Guide and Guide to Accreditation is available for biomedical sciences (BMS), cytogenetic technologist (CG), 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 A), phlebotomist (PBT) and public health microbiologist (PHM) educational programs.

If you have questions, contact us at 773.714.8880 or info@naacsls.org.

We look forward to working with you and helping you make accreditation an achievable goal for your program.

Sincerely,

The NAACLS Staff

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Mission Statement

The National Accrediting 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.

Vision Statement

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

Values

Quality
Education
Innovation
Collaboration
Peer Review
Global Accreditation

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.

Confidentiality Policy on Programmatic Communications

NAACLS maintains confidentiality of information submitted in the accreditation process (1) to NAACLS by accredited programs and accreditation applicant programs, and (2) by NAACLS to

those same programs. This includes, without limitation, communication by telephone, email, US mail, private delivery service, and messaging, through website submission, and in person. NAACLS does not share confidential information with the public.

Exceptions to this confidentiality include (1) publication of program information on the NAACLS public website, including, without limitation, program awards decided by the NAACLS Board of Directors, and (2) disclosure of information as may be legally required.

Intrinsic to private accreditation is the promotion of candor within its process, which includes constructive criticism that leads to improvement in the quality of an educational program. Maintaining confidentiality within the accreditation process promotes candor. Personnel within educational programs are more forthright and candid because they trust (a) that the information they disclose to an accrediting agency during the accreditation process will be used solely within that process and will not be otherwise disclosed, and (b) that the candid evaluation sent by the accrediting agency to the educational program for the purpose of fostering improvement in the program will also not be disclosed outside the process.

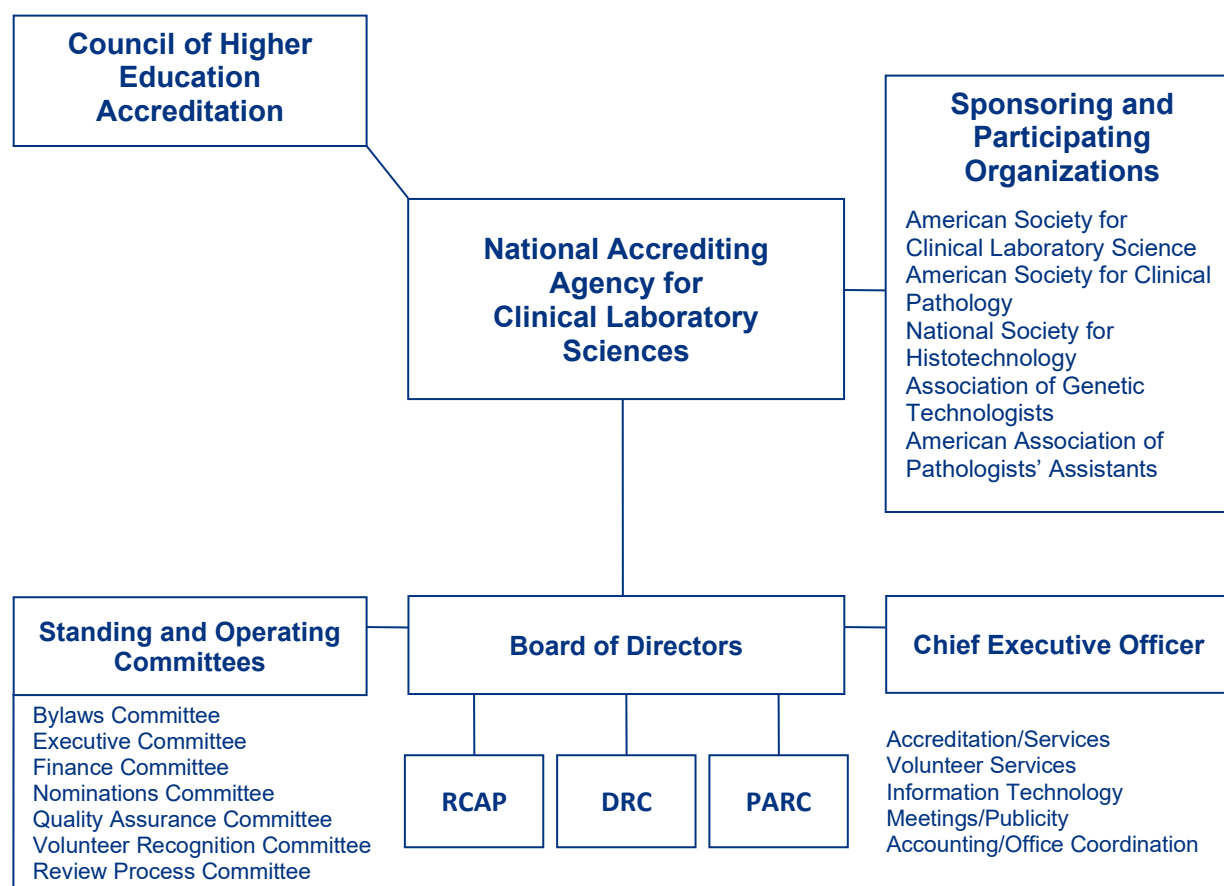
About NAACLS

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredits biomedical sciences (BMS), cytogenetic technologist (CG), doctorate in clinical laboratory science (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 A), phlebotomist (PBT) and public health microbiologist (PHM) educational programs.

NAACLS is comprised of three review committees, the board of directors and the executive office staff. The Review Committee for Accredited Programs (RCAP) reviews CG, DMS, MLS, and Path A programs for accreditation. The Doctoral Review Committee (DRC) reviews DCLS programs for accreditation. The Programs Approval Review Committee (PARC) reviews HT, HTL, MLA, MLT, and PBT programs for accreditation. The board of directors functions as the governing unit of NAACLS and grants final accreditation awards. The executive office staff facilitates both the accreditation and approval processes.

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

This diagram depicts NAACLS and the organizations that collaborate in the accreditation of clinical laboratory science education programs:



Accreditation

Primary aspects of the NAACLS programmatic accreditation process are: (1) the self-study process; (2) the site visit process; (3) evaluation by a review committee, (4) assessment of review committee evaluation by the Quality Assurance Committee, and (5) evaluation by the NAACLS Board of Directors. Evaluation is based on NAACLS Standards, which are the minimum criteria used when determining programmatic accreditation.

NAACLS conducts various functions of programmatic accreditation including: (1) drafting and reviewing standards for the operation of specialized programs; (2) selecting and training knowledgeable volunteers to review self-study reports and serve as site visitors; (3) selecting representatives to serve on the review committees and the board of directors, and (4) granting accreditation awards based on a program's self-study and site visit processes.

The review committees are comprised of educators and practitioners representing their respective disciplines. Members are elected by the board of directors for staggered terms to assure continuity on the committee. The chair, chair-elect, and vice chair are elected annually by committee members.

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. Programs that participate in the NAACLS programmatic accreditation process culminate in an associate's degree or higher upon completion. 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 include, but are not limited to, the following.

NAACLS Accreditation:

1. Through a review process that includes a Self-Study Review and site visit, identifies for the public specialized degree and certificate programs that meet nationally established standards of educational quality.
2. Stimulates improvement of educational programs by involving faculty and staff in ongoing self-evaluation, research and planning.
3. Promotes a better understanding of the goals of professional education.
4. Provides reasonable assurance that practitioners meet minimum educational standards upon entry into the profession.
5. Assists specialized programs in achieving their objectives.

Accreditation of NAACLS programs is a collaborative process involving several organizations and agencies.

Basic Eligibility Criteria for Becoming an Accredited Program

NAACLS applies the following basic eligibility criteria when it considers an applicant program for initial accreditation:

1. The sponsoring institution and affiliates, clinical and/or academic, if any, must be accredited by recognized state, regional and/or national agencies.
2. Academic institutions sponsoring clinical laboratory science education programs must be empowered by a state authority to grant the appropriate degree.
3. The institution must be legally authorized under applicable state law to provide postsecondary education.

Review of Accredited Programs

Programs that seek accreditation by NAACLS are evaluated by either the RCAP, PARC or DRC and by the board of directors.

DRC Evaluation

The Doctoral Review Committee (DRC) has representatives from programs for doctoral clinical laboratory scientists. The DRC evaluates programs seeking accreditation and forwards its accreditation recommendations to the board of directors. DRC members serve as readers of self-study and site visit materials for programs. NAACLS notifies the sponsoring institution of the DRC's recommendation to the board of directors. The DRC meets in the winter and summer annually.

Quality Assurance Assessment

The Quality Assurance Committee reviews all accreditation recommendations from the review

committees for accuracy, objectivity, and consistency with standards and accreditation policies. This review takes place before the sponsoring institution is notified of the review committee recommendations and before the recommendations are sent to the board of directors for final accreditation awards.

Board of Directors' Evaluation

The board of directors evaluates the review committee's accreditation recommendations for accuracy, objectivity and consistency. The board may approve a recommendation, amend it or return it to the committee for re-evaluation. NAACLS notifies the sponsoring institution of the board's accreditation action. The board meets in the spring and fall annually after the review committees' meetings.

Standards

Standards are the minimum national standards used for the development and evaluation of accredited educational programs. They are developed through a process that requires input from and review by peer groups, sponsoring and participating organizations, affiliating organizations, other interested professional groups, as well as the public. The standards describe the general characteristics of an acceptable program.

NAACLS Philosophy of Accreditation

Accreditation in the United States is a voluntary process whereby educational programs and institutions request review by their peers. In the NAACLS process of accreditation, there are several steps and parties of review:

1. The self-study process, which culminates in the Self-Study Report, includes a review of the Self-Study Report and the program's response.
2. The site visit process, which includes the visit itself, the Site Visit Report, and the program's response.
3. The review by the program review committee.
4. The assessment of the review committee recommendation by the Quality Assurance Committee.

The review by the NAACLS Board of Directors.

All these parties are dedicated to a common goal, quality enhancement of laboratory education. Only through full and open communication and cooperative efforts can this goal be achieved.

As described above, 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:

- Accreditation Application Packet Review.
- Program Official Approval Form Review.
- Self-Study Review.
- Site Visit Review.
- Progress 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.

Benefits of Accreditation to Non-USA Programs

With over 50 years of experience and more than 600 accredited programs worldwide, NAACLS is the premier accreditation agency for advancing education in clinical laboratory sciences and related healthcare disciplines.

With consistent standards and processes for all programs regardless of location, NAACLS accreditation demonstrates an equivalency of quality between non-US and US programs. This equivalency provides unique mobility opportunities for graduates and improves health outcomes locally to the areas where the accredited programs serve.

We deeply respect quality assurance (QA) systems and encourage all programs, including non-US programs seeking NAACLS accreditation, to engage in QA provided locally.

NAACLS accreditation focuses on outcomes. This philosophy preserves a program's identity and allows programs opportunities to comply with local requirements. NAACLS believes in continual quality improvement and strongly encourages program innovation. We actively guard against overly prescriptive standards. Providing flexibility at every opportunity allows programs the freedom to adjust quickly to local circumstances.

NAACLS programs are reviewed by their peers, and we use volunteer content experts who are educators and practitioners. This firsthand experience plays a pivotal role in developing the materials available to support other program directors of NAACLS-accredited programs. Additionally, being the program director of an accredited program provides networking opportunities with other programs around the globe.

Over the last half-century, we have developed an accreditation process anchored in program improvement. Our volunteer content experts continually review and update the NAACLS standards to ensure relevance in each accreditation pathway. Because these volunteers are program officials, they have a pulse on making sure graduates of NAACLS-accredited programs are prepared to enter the workforce.

NAACLS Accreditation benefits your local community. The Standards, developed in partnership with domestic professional organizations, help create a standardization of practice. Additionally, as an accreditor that accredits multiple disciplines, it provides a career ladder for those entering the profession.

Non-USA Accreditation Process

With a few exceptions, non-USA standards and accreditation processes are identical to those in the United States. We recommend you review the “Philosophy of Accreditation and “Procedures for Review: Initial and Continuing Accreditation” sections of this document and contact NAACLS Staff if you have questions. However, due to the additional variables of non-US site visits, NAACLS has additional processes for non-US programs.

Request for Accreditation

When a non-USA program submits its Accreditation Application Packet, it must include a completed Request for Accreditation form. This form will document that NAACLS has the authority to operate within the program’s country. If NAACLS is not authorized to operate, it will provide a rationale as to why. When possible, NAACLS staff will follow up with the appropriate agencies to attempt to gain authorization.

Approval of Non-USA Site Visits

The NAACLS Executive Committee has the final decision on whether a site visit will take place. The executive committee will base this decision on a review of a Non-US Accreditation Logistics Assessment. The purposes of this assessment are twofold:

1. Ensure that all involved understand the critical information associated with the site visit. NAACLS logistics assessment will contain the following:
 - a. Policy acknowledgements.
 - b. Program information.
 - c. Site visitor information.
 - d. Site visit details.
2. Provide the NAACLS Board of Directors Executive Committee with the necessary information on whether the site visit will commence.

Non-USA Site Visits

NAACLS allows site visitors to travel at a minimum in business class when non-USA flights are more than eight hours (layovers included) or if one leg alone is six hours or more.

For non-USA site visits, when a site visitor crosses more than three time zones, the site visit will be at least seven days. Volunteers will be allowed two days for travel, two days for time zone adjustment or additional travel, and three days for the on-site program review. Site visits will be scheduled for longer when necessary, depending on circumstances.

Procedures for Review: Initial and Continuing Accreditation

The Overall Accreditation Process



Development of Program Application Packet

Programs seeking initial accreditation must first comply with several requirements including a letter of intent, a completed Accreditation Application Packet, payment of an application fee, and approval of a Preliminary Report. These individual requirements must be submitted in the Accreditation Application Packet (available on the website). Programs seeking Biomedical Scientist (BMS) Initial Accreditation must complete a screening questionnaire, Preliminary Potential Partnership Form prior to submitting the Accreditation Application Packet.

The Self-Study Process

The first step in the evaluation of a program is the program's own self-evaluation. This is accomplished by the program director with the cooperation of the program faculty and administration. NAACLS has made the forms that the reviewers will use available for download on the NAACLS Website (www.naacls.org) as an aide for program officials to evaluate their program. While the program's self-evaluation certainly should review the NAACLS Standards, other documents, such as the programmatic and institutional mission statements, supply additional information for the functions of the program. The result of this self-evaluation is the Self-Study Report, which is a document that demonstrates the program compliance with the Standards. Recommendations for assembling the Self-Study Report are found in the Standards Compliance Guide.

The self-study reviewer is charged with the review of the Self-Study Report, ensuring that it adequately demonstrates the program's compliance with the standards. The reviewer is evaluating the Self-

Study Report, rather than the program, thus assuring that good practice processes are documented. In addition, the reviewer is the earliest outside source to review the adequacy of compliance. The program receives the Self-Study Review and is directed to develop a response to the Self-Study Review. The response attempts to clarify issues identified in the Self-Study Review, and perhaps to develop new policies and procedures to address the concerns noted.

The Site Visit Process

Site visits are fact-finding journeys. The objective of a site visit is to verify and supplement information presented in the Self-Study Report and the response to the Self-Study Review. The Site Visit Report is the product of the site visit and is a summary of information that the program has provided for the site visitors, keyed to the NAACLS Standards. The program receives the Site Visit Report and is directed to develop a Site Visit Report Response. The response attempts to clarify issues identified in the site visit, and perhaps to develop new policies and procedures to address the concerns noted.

Review by a Review Committee

Based on the review of Self-Study Review, the program's response to the Self-Study Review, the Site Visit Report, and the program's response to the Site Visit Report, the appropriate review committee makes determinations as to the compliance, partial compliance or non-compliance of a program with the Standards and recommends accreditation and actions to the NAACLS Board of Directors.

Quality Assurance Assessment

The NAACLS Quality Assurance Committee reviews all accreditation recommendations before the sponsoring institution is notified of the review committee recommendations and before the recommendations are sent to the board of directors for final approval of accreditation awards.

The Review by the NAACLS Board of Directors

Based on the recommendations of the review committee, and with review of consistent application of the NAACLS Standards to ensure that decisions are not arbitrary, capricious, or inconsistent, the board of directors makes the final determination to award, withhold, or withdraw accreditation.

The Initial Doctoral Accreditation Process Chart

Step	Action	Responsible Party	Time Frame for the Program
1. Download the Initial Doctoral Accreditation Packet	Access the Initial Doctoral Accreditation Packet on the NAACLS Website.	Appropriate institutional authority (president, chancellor, provost, dean)	Starting point.

2. Provide all materials required by the Initial Doctoral Accreditation Packet	<p>Sponsoring Institution submits:</p> <p>Interest Letter, signed by the appropriate institutional authority (president, chancellor, provost, dean).</p> <p>Initial Application Form (included in packet)</p> <p>Initial Application Fee</p> <p>Preliminary Report (Requirements in packet)</p>	Proposed Program Director/Department Chair	As soon as the program has completed all listed steps.
3. Initial Doctoral Accreditation Packet Approved *	Program encouraged to proceed with the Self-Study process. Program begins first class.	NAACLS	NAACLS Reviewers receive up to 2 months to review all submitted materials
<p>*Once the program's Accreditation Application Packet is completed and approved, the program is considered "NAACLS Doctoral Accreditation Candidate".</p>			

All documentation is reviewed by NAACLS. Program review committee recommendations are reviewed by the QA Committee and sent to the NAACLS Board of Directors to determine accreditation awards.

Accreditation Application Packet

Institutional administrators submitting the Accreditation Application Packet must include the following:

1. A letter of interest signed by the sponsoring institution's designated official legally authorized to sign contractual agreement on behalf of the institution, declaring the program's intent to start an accredited program.
2. The application for accreditation to NAACLS.
3. Proof the accreditation application fee has been paid.
4. Required items for the Preliminary Report.

Preliminary Report Requirements

The Preliminary Report is a general overview of the program and forms part of the foundation of the Self-Study Report. As such, the Preliminary Report must provide adequate evidence that the program will be able to meet the NAACLS Doctoral Standards to be accepted as satisfactory. The Preliminary Report is submitted with all other required materials in the Accreditation Application Packet.

Upon review of the Accreditation Application Packet, if the committee is reasonably assured that the program will meet the Standards, NAACLS notifies the program director to begin the initial self-study process. Additional documentation and clarification may be requested before a program is encouraged to proceed. Programs are allowed three opportunities to submit requested items to achieve a satisfactory Accreditation Application Packet Review in a two-year period. If the program is unable to achieve a satisfactory review upon the third submission, the program must begin the initial accreditation process from the beginning, including submission of a new Accreditation Application Packet and application fee.

5. Achieve NAACLS Doctoral Candidacy Status.

NAACLS considers a program in candidacy status for doctoral accreditation once the Doctoral application packet has been submitted and accepted by the doctoral review committee.

Once a program reaches candidacy status it is required to make the following statement readily available to prospective and enrolled students.

The Doctoral Program in [name of program] at [name of parent institution of higher education] is a Candidate for Accreditation by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), 5600 N. River Rd, Suite 720 Rosemont IL 60018-5119; 773.714.8880. Candidacy is a “pre-accreditation” status with NAACLS, awarded to developing or emerging programs for a maximum period of four years.

After one year in Doctoral Candidacy Status, the program is required to participate in annual reporting. The criteria which the program must report on will be issued by NAACLS in the form of a survey every fall.

A program’s self-study due date will be set for three years after the Accreditation Application Packet is approved or after the third student graduates, whichever comes first.

Continuing Accreditation Process Chart

Step	Action	Responsible Party	Time Frame for the Program
1. Self-Study Report submitted to NAACLS.	Submit Self-Study Report to NAACLS.	Program Director	Submitted by due date listed on Notification of Renewal.
2. Self-Study Review.	Self-Study Report is evaluated.	NAACLS	Self-Study Review forwarded to program typically within two to three months.
3. Response to Self-Study Review.	Response to Self-Study Review is submitted with supporting documentation.	Program Director	Within one month of receipt of Self-Study Review.
4. Site Visit Report.	Site visit team submits a written report following the site visit.	NAACLS	Site Visit Report forwarded to program within one- and one-half months following the site visit.
5. Response to Site Visit Report.	Response to Site Visit Report is submitted with supporting documentation.	Program Director	Within one month of receipt of Site Visit Report.

All documentation is reviewed by NAACLS. Review committee recommendations are reviewed by the Quality Assurance Committee and sent to the NAACLS Board of Directors to determine accreditation awards.

The Doctoral Accreditation Process–The Self-Study Report

Programs seeking initial Doctoral Accreditation turn in the self-study report three years after the Doctoral Accreditation Application Packet is approved or after the third student graduates, whichever comes first, while programs seeking Continuing Doctoral Accreditation receive a Notification of Renewal from NAACLS approximately one year before the Self-Study Report is due.

Self-Study Process

The self-study process is one of the primary aspects of the Doctoral 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.

Conducting the Self-Study Process

The program director *may* conduct the self-study process in the following sequence:

1. Organize at least one committee of representatives from interested groups. Each committee may form subcommittees to address specific aspects of the self-study process in relation to the Standards.
2. Familiarize committee members with the Doctoral Standards, the Guide to Doctoral Accreditation and the Doctoral Standards Compliance Guide. Make assignments as needed.
3. Gather each committee's evaluations of the program and organize materials for the Self-Study Report.
4. Prepare the Self-Study Report and have the committee members and administrators review it.

Turning in the Self-Study Report

Recommended documentation for the Self-Study Report can be found in the Doctoral Standards Compliance Guide. See the NAACLS Website for ways you can electronically submit your Self-Study Report. Self-studies will only be accepted if they are submitted on a NAACLS Self-Study Template.

In the event the Self-Study will not be completed by the listed due date, please contact the NAACLS office as soon as possible.

Self-Study Review

A Self-Study Review is an annotated abstract of the information provided in the Self-Study Report. After the program director submits the Self-Study Report to NAACLS, staff assigns a qualified reviewer who determines if the program has submitted all required information and if narrative and documentary materials clearly describe the program. Ultimately, determining compliance with the Standards is the function of the NAACLS Board of Directors, upon recommendation by the appropriate review committee; however, the self-study reviewer identifies missing information and/or documents, areas of concern, and any additional areas the site visitors and review committees should address.

NAACLS Staff receives the Self-Study Review and sends it to the program director. The program director is encouraged to share this review with the administration and faculty. The program director **must** submit to NAACLS a response to the Self-Study Review. Should the materials within the Self-Study Report be cited as lacking or in need of clarification, these materials should also be re-submitted with the response.

The Doctoral Accreditation Process–Site Visit Process

Site Visit Process

After the self-study process has been completed, NAACLS arranges for the program's site visit. During the site visit, NAACLS' volunteer site visitors meet with faculty and administrators, review materials and verify the Self-Study Report's content. Several aspects of a program's operation can only be assessed on site. For example, the amount of space at the site may be minimal, but excellent adaptations in the use of the facilities are made. Also, interviews enable the site visitors to obtain viewpoints from all participants in the program.

Site Visit Team Composition

All site visit teams will consist of a minimum of two members, a team coordinator, and a team member. Between the two, the following qualifications must be met.

- Knowledge of the DCLS Standards.
- Knowledge of and experience with clinical laboratory advance practice.
- Experience with graduate level and/or advanced practice education.

Arranging Site Visits

NAACLS will request site visit dates after the Self-Study Report has been submitted. Once these dates are received, NAACLS will begin to recruit site visitors. NAACLS assigns site visitors to programs undergoing accreditation review, based upon proximity to the program being visited, experience as a site visitor, and training through various resources.

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 leader to make arrangements for the site visit. NAACLS will provide the Self-Study Report, Self-Study Review and the Self-Study Response to the assigned site visit team.

Additional persons 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.

Role of the Team Leader and Setting the Itinerary

The team leader is the primary contact with the program regarding the site visit itinerary as well as lodging and ground transportation arrangements. It is also the team leader who keeps team member(s) informed about arrangements.

The program director and team coordinator prepare the itinerary for the site visit and confirm appointments with those who need to be interviewed.

The itinerary should include:

1. Time for the preliminary interview.
2. Persons to be interviewed.
3. Time and place that each interview will occur.

4. Time that facilities will be visited (if applicable).
5. Time for the team to work on the site visit report.
6. Time for the exit interview.

The team leader should also consult with team member(s) and the program director regarding any additional issues to be clarified during the site visit. The team usually meets the evening before the site visit to develop strategies and assign individual responsibilities. The team may request that the program director provide additional documentation at this time.

Conducting the Site Visit

The site visit team:

1. Verifies that information and documents contained in the Self-Study Report are accurate.
2. Reviews any information missing from the Self-Study Report.
3. Addresses the concerns raised by the paper reviewer.
4. Addresses aspects of the program that can only be determined on site.
5. Completes the Site Visit Report.

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 in a positive and constructive manner. 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 students and of recent graduates should be arranged. If students at the clinical facilities cannot be at the sponsoring institution, teleconferences 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 in clear and concise terms, 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 is to be granted or continued.

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 President or Chief Executive Officer 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 written and faxed or 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.

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 "Remaining Concerns Identified by the Site Visit Team" table, these materials should also be submitted with the response.

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 preparation fee and any remaining travel fees submitted from the site visit team.

Types of Site Visits

Initial Accreditation Review

A three-member team is assigned to visit an initial applicant program. This team includes a member of the review committee or NAACLS Board of Directors and an educator generalist (e.g., a dean or administrator).

Continuing Accreditation Review

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

Interim Review of Programs

If an accredited program is brought to the attention of a review committee or the NAACLS 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.

The Doctoral Accreditation Process—Review by Committee and BOD

Review by the Doctoral Review Committee

The Doctoral Review Committee meets once per year to discuss recommendations for doctoral accreditation. For each program, the committee reviews the Self-Study Review, the Self-Study Review Response, the Site Visit Report, the Site Visit Report Response, and any supplementary materials that have been received by the NAACLS office with enough time to distribute to the Committee. ***The Doctoral Review Committee does not review the original Self-Study document, so, if a response references the Self-Study Report, that portion of***

the Self-Study must be re-submitted within the response.

The Doctoral Review Committee first reviews the program to determine compliance with the Doctoral Standards. Based on the compliance with the Doctoral Standards, the committee then recommends an accreditation action. All recommendations are reviewed by the Quality Assurance Committee, and then sent to the board of directors, who will make the final decision on all accreditation awards.

When determining accreditation recommendations, the review committee states that a program is in compliance, non-compliance or partial compliance with the Doctoral Standards. These definitions are provided to clarify the accreditation categories:

Compliance

This indicates that a program meets the requirements of the Standards.

Partial Compliance

This indicates that a program partially meets the requirements of the cited Standard(s) or that compliance with the cited Standard(s) is planned or in progress, but plans have not been completed. A citation of partial compliance is accompanied by a rationale and recommendation for compliance with the cited Standard(s) in the accreditation recommendation letter to the program and in the board award.

Non-Compliance

This indicates that a program fails to meet the cited Standard(s). A citation of non-compliance is accompanied by a rationale and recommendation for compliance with the cited Standard(s) in the accreditation/approval recommendation letter to the program and in the board award.

NAACLS notifies the sponsoring institution's CEO, program director and medical advisor/medical director (if applicable) of its accreditation recommendation and board award.

The number of citations of partial compliance and non-compliance determine the award recommended. Citations are counted as follows:

Accreditation Categories

Accreditation for Ten Years

The maximum length of accreditation for ten years may be awarded to a program that has:

1. No partial or non-compliance citations in the current review cycle.
2. No non-compliance citations and up to two partial citations in the previous review cycle.
3. No period of inactivity or Probationary Status during the last period of accreditation.

Accreditation for ten years will not be awarded to programs seeking initial accreditation.

Accreditation for Five Years

For programs seeking initial accreditation, the maximum length of accreditation awarded is five years.

The program must have received:

1. No non-compliance citations in the current review cycle.
2. Three or fewer partial compliance citations in the current review cycle.

For programs seeking continuing accreditation, five years may be awarded to programs with no full citations of noncompliance that do not otherwise qualify for the ten-year accreditation award.

The program must have received:

1. One or more partial compliance citations in the current review cycle, or
2. A noncompliance citation or more than two partial compliance citations in the previous review cycle, or
3. An Inactive or Probationary Status during the last period of accreditation.

If there are any citations, a Progress Report documenting the program's compliance with the cited standards is required within one year.

Accreditation for Less Than Five Years

For programs seeking continuing accreditation, two years' accreditation may be recommended for a program with one to three full citations of noncompliance, with or without citations of partial compliance.

For continuing programs, a Progress Report documenting the program's compliance with the cited standards is required within one year. Accreditation may be extended for the balance of the full five years if the Progress Report demonstrates compliance with the cited standards.

For programs seeking initial accreditation, two years' accreditation may be recommended for a program with one to three full citations of noncompliance, with or without citations of partial compliance.

Failure to submit a Progress Report within the specified time period will result in the program receiving Administrative Probationary Accreditation.

Probationary Accreditation

Probationary Accreditation of six months to one year is awarded to a program with:

1. Four or more full citations of noncompliance.
The number of citations indicates a program has deficiencies that may jeopardize an acceptable educational experience for students. A Progress Report documenting the program's compliance with the cited Standards is required. Accreditation may be extended for the balance of five years if the Progress Report demonstrates compliance.
2. A Progress Report deemed unsatisfactory.
A program whose Progress Report on previously cited standards is unsatisfactory due to concerns at the non-compliance level will be placed on probation for six months. A program whose Progress Report on previously cited standards is unsatisfactory due to concerns at the "partial compliance" level will be placed on probation for one year.

If Probationary Accreditation is recommended for the program, the program director is sent an outline of NAACLS' Due Process Procedure. The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. If the program director wishes NAACLS to reconsider the recommendation for Probationary Accreditation, the program director must request this in writing within 21 days.

A program's failure to comply with the Standard(s) within the Probationary Accreditation period results in an action of withdrawing accreditation.

Withholding 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.

If NAACLS recommends Withholding Accreditation Status for a program, it identifies all aspects of the program that are not in compliance with standard(s) and sends guidance to the program regarding all possible means of meeting the requirements. The institution may withdraw the application for accreditation before the NAACLS Board of Directors acts upon this recommendation.

If NAACLS recommends Withholding Accreditation Status, it notifies the chief executive officer and program officials of its Due Process Procedure. If the officials choose to exercise the options under the Due Process procedure, they must do so in writing. If not, they may reapply for accreditation one year after NAACLS' action. During that time, the program director and chief executive officer should correct deficiencies in the program and document compliance with the Standard(s).

Withdrawing Accreditation

This may be awarded to a program when:

1. The program fails to comply with the Standard(s) within the specified period of Probationary Accreditation or Administrative Probationary Accreditation.
2. All other possibilities have been exhausted.

NAACLS offers the program the option to follow NAACLS' Due Process procedure. The program may reapply one year after the effective date of the board award.

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

NAACLS must award a program Probationary Accreditation or Administrative Probationary Accreditation before it can withdraw accreditation from the program.

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.

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 Accreditation. 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.

Reapplication for Accreditation

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

Administrative Probationary Accreditation

This may be awarded to a program that does not comply with any requirement defined in Standard VI.

Administrative Probationary Accreditation is not subject to appeal. During the period of Administrative Probationary Accreditation, programs are recognized as being accredited.

If NAACLS awards Administrative Probationary Accreditation to the program, its notification

letter states that the program is in non-compliance with requirements for maintaining accreditation and lists the requirements in question. A program's failure to comply with requirements for maintaining accreditation results in Withdrawing Accreditation Status.

The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. A program that has been placed on Administrative Probationary Accreditation cannot receive ten years of accreditation at the next review.

Quality Assurance Assessment

The Quality Assurance Committee reviews all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with the Standards and accreditation policies. This review takes place before the sponsoring institution is notified of the review committee recommendations and before the recommendations are sent to the board of directors for final approval of accreditation awards. The Quality Assurance Committee may recommend actions directly to the review committees and/or the board of directors.

Due Process

Once the Quality Assurance Committee and the appropriate review committees have approved a recommendation for a program, the recommendation is then sent to the program prior to submission to the board of directors. The program has the option to accept the recommendation (no action required) or to request reconsideration of the recommendation (see Due Process procedures).

Review by the Board of Directors

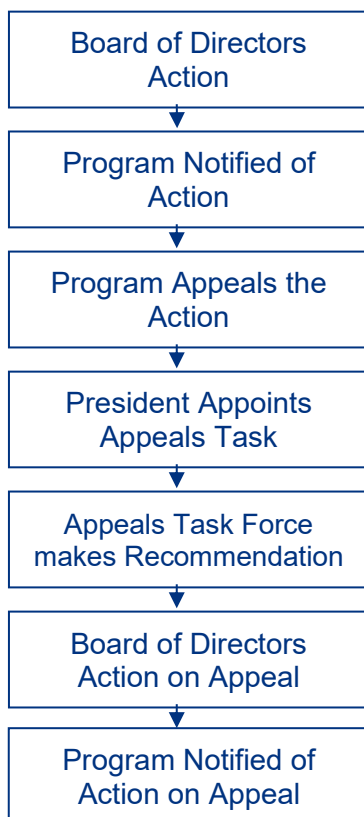
The board of directors receives the recommendations of the review committees and reviews them for consistency in the application of standards, the consistency of the years awarded and the consistency of process. The board then acts on accreditation actions, including granting, continuing and withdrawing accreditation.

Annual Survey

NAACLS' Standards require annual reporting from NAACLS accredited doctoral programs. The doctoral annual survey will focus on a program's compliance with Standard II, and their annual efforts in continual improvement. Items provided in the Annual Survey will be reviewed by the DRC.

NAACLS Due Process Procedure

Appeal Process



Appeals Process

Programs have the opportunity to appeal decisions of the board of directors related to their accreditation status. Within **21 days** from receipt of the board letter stating the action, the program must notify the executive director 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 if the board award is the same as the review committee recommendation) and responding to the Self-Study Review and Site Visit Report by either concurring with findings or addressing any negative findings or concerns in the reports.

The president of the board of directors establishes an ad hoc task force of at least three individuals to review the appeal. The task force is appointed by the president from a pool of persons having previously served on the board of directors or review committees but who played no role in the decision which is under appeal.

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

specific accreditation action only once.

Options and Processes for Programmatic Accreditation

Operational Characteristics of NAACLS Sponsorship

Background

While developing the 2012 Standards, the NAACLS Board of Directors established three options for a program's sponsorship. The possibilities for programs were a traditional sponsoring institution, a consortium sponsorship, and a multiplication sponsorship. NAACLS offered consortium and multi-location sponsorship standards in anticipation of educational trends expected in the early 2010s. However, some trends did not come to fruition over the next decade. As a result, the 2012 Sponsorship Standard language confused programs looking to create innovative, collaborative models.

Recently the board of directors chose to remove confusing language without limiting delivery methods. Removing 2012's consortium and multi-location standards does not eliminate sponsorship options; rather, it attempts to make the process of collaboration between educational programs more efficient and user-friendly.

Definitions

In order to provide more flexibility with collaboration, NAACLS needs to be more specific about the definitions of important terms. This will ensure that administrators, educators, and NAACLS representatives are all on the same page when discussing program options and ensure that a program is compliant with the standards.

Program - the term NAACLS uses for the accredited entity, composed of the didactic and clinical education provider(s) (sponsor, partners and affiliates).

Academic Affiliate - a site for the program's foundational coursework. It may be a location for students to view broadcasted materials from the sponsor or the partner. While an academic affiliate may grant a certificate/degree acknowledging the completion of the academic affiliate's component of the learning experience, it does not grant the certificate/degree representing completion of the accredited program.

Clinical Affiliate - a site for conducting the program's clinical/applied learning experiences. It may be a location for students to view broadcasted materials from the sponsor or the partner. While a clinical affiliate may grant a certificate acknowledging the completion of the clinical/applied learning experiences, it cannot grant a degree/certificate at the culmination of the accredited program.

Partner - a location enlisted by the sponsor to administer professional phase content of a program, including teaching student labs. A sponsor's partner must employ a NAACLS-approved site program administrator, as found in Standard VII. In addition to the sponsor, a partner may grant a certificate or degree.

Sponsor/Sponsoring Institution - the party ultimately responsible for compliance with all the NAACLS Standards. A sponsor may enlist a partner(s) and affiliate(s) to ensure all components of the standards are met. The sponsor is the entity that employs the

program director, who must be approved by NAACLS. The sponsor hosts the site visit and can grant graduates a degree or certificate.

Example of Program Model

To better understand these terms, NAACLS has provided an example of what a program could look like using these terms. Admittedly, this is an example of a highly complex setup. NAACLS created this model consciously to demonstrate in detail the flexibility available to programs.

White Harbor Community College MLT Program

White Harbor Community College (WHCC) sponsors an MLT program. It has partnered with Hornwood Community College (HCC) and Ramsgate Medical Center (RMC) to deliver an NAACLS-accredited program.

Responsibilities of the Sponsor and Partners

Since White Harbor employs the program director, NAACLS considers it the program's sponsor. However, White Harbor engaged two partners in the area to help complete all educational and administrative requirements of a NAACLS Accredited program.

Hornwood and Ramsgate are partners with White Harbor in delivering the MLT Program. Both employ a site program administrator. In collaboration with the White Harbor program director, the site program administrators of Hornwood and Ramsgate have organized the responsibilities of professional phase classroom instructional content (lectures, etc.).

Professional Phase Instructional Classroom Content

Taking advantage of virtual meeting technology (Zoom, Microsoft Teams, Skype, etc.), students enrolled at each individual location can receive all the professional phase classroom instructional content without traveling to a separate location. For example, students at Hornwood would get the professional phase classroom instructional content provided by Hornwood in person while receiving broadcasted classroom content from White Harbor and Ramsgate at the Hornwood location. They would still have access to the program director for any questions or concerns, as required by the standards. In addition to having access to the program director, they could contact their respective site program administrator for assistance, as those positions require discipline-specific knowledge and experience in medical laboratory science education.

Affiliates of the Program

Hornwood Community College and White Harbor Community College use Cerwyn Labs as a clinical affiliate. While their partner Ramsgate is located at a clinical site, it has not elected to take on students from White Harbor or Hornwood for applied learning experiences or send its students there to complete any prerequisites needed prior to advancing on to professional phase content. Instead, it has enlisted Skagos Community College as an academic affiliate to provide those courses.


Degrees/Certificate Upon Completion

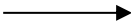
Students who complete the White Harbor Community College MLT program must receive a degree or certificate. White Harbor and its partners may decide whether all students receive a degree from White Harbor or if they receive a degree/certificate from the individual site they attended, White Harbor, Ramsgate, or Hornwood. The NAACLS

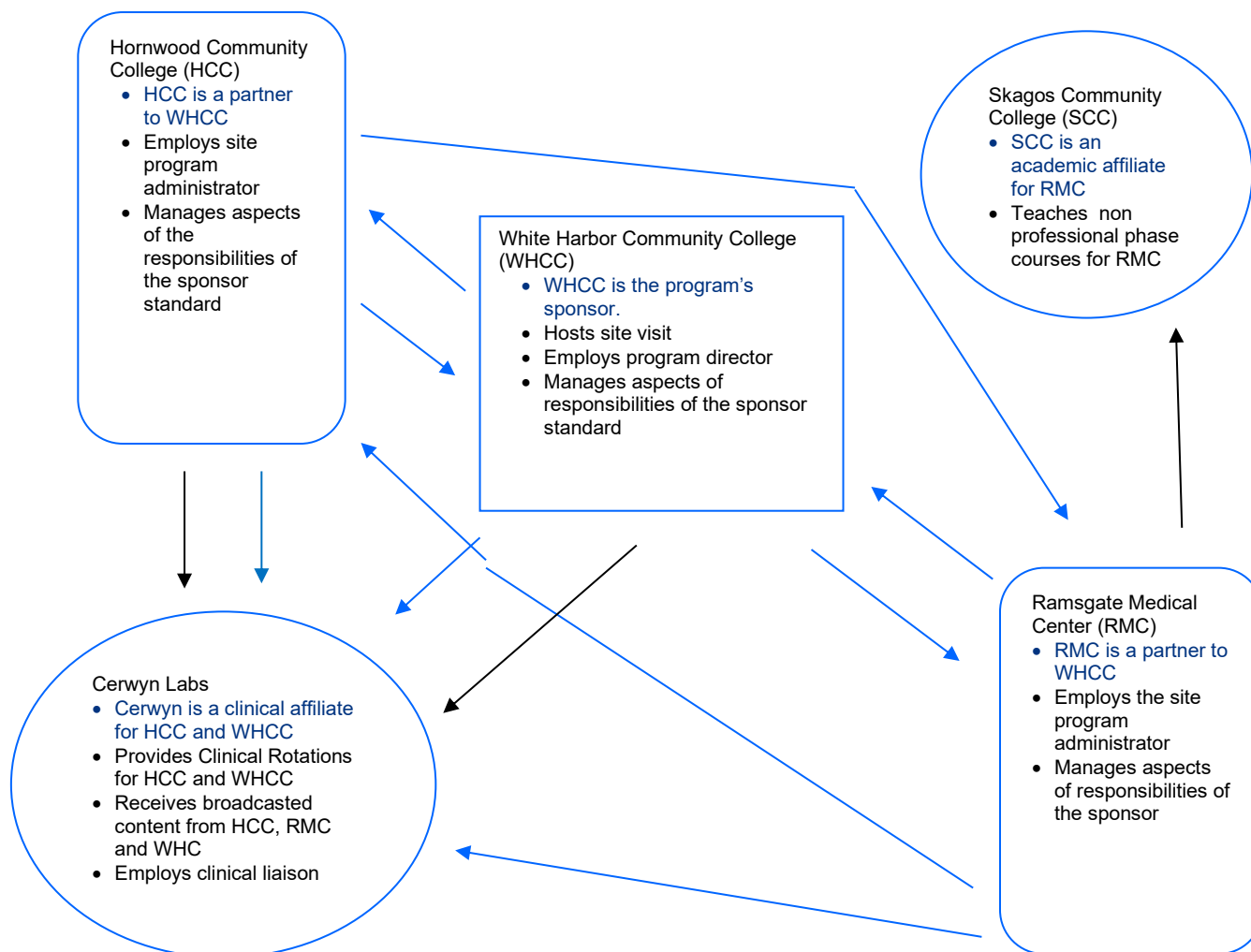
standard does not dictate who issues the degree/certificate, only that one is issued. As affiliates, Cerwyn and Skagos may or may not issue a degree or certificate upon completion. While NAACLS knows that the vast majority of the time, an affiliate may issue some document acknowledging the completion of that program section, it is not a requirement of the standards that they must do so.

A Visual Example of the Model Described Above

Key:

Professional Phase Classroom Instructional Content
Broadcasted
(where it originates and where it is received): 

Student Rotations
(where they are being sent and by whom): 



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, provides 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 rationale for program relocation:

- A. Statements and appropriate exhibits fulfilling the general characteristics of a sponsoring institution. A sponsoring institution or consortium:
 1. Demonstrates evidence of sound financial support of the educational program on a current and continuing basis.
 2. Appoints faculty to the program based on established criteria for eligibility, including professional and academic qualifications.
 3. Assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of affiliating institutions, if any.
 4. Exercises primary responsibility in coordination of classroom or online teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
 5. Receives and processes applications for admission to the program.
 6. Accepts applicants who are then enrolled as full or part-time students with all customary privileges for use of available student services and facilities.
 7. Grants a degree or certificate, or other official evidence of completion of the program.
- B. Reasonable assurances that the Standards will continue to be met. These will include, but are not limited to:
 1. Organizational chart.
 - a. 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.
 - b. 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.
 2. Program personnel.
 - a. 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).
 - b. 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.
 3. Resources.
 - a. If transfer of sponsor **involves** program relocation, include institutional support resources such as: space, library facilities, etc.
 - b. If transfer of sponsor **does not involve** program relocation, include narrative indicating existing resources (space, library facilities, etc.) that will continue to be utilized under the new sponsor.

4. Submit an institutionally approved budget or a written statement of financial support.
 - a. Programs who are delinquent on their annual accreditation dues will not be allowed to transfer sponsorship until their account is current.
 5. Curriculum.
 - a. 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.
 - b. 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.
 6. Clinical and Academic Affiliates.
 - a. 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 or memorandums of understanding (MOU).
 - b. 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.
- C. NAACLS Staff acknowledges receipt of these letters and exhibits provided by the program. These materials will be sent for consideration to the review committee. After the review committee has made a decision, the review will be sent to the NAACLS Executive Committee for final determination.
- D. 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.
- E. 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.
- F. 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:
1. Voluntary Withdrawal of Accreditation, naming the discontinued sponsor.
 2. Motion recommending appropriate action.
- G. Should the information and exhibits provided by the new sponsor be found less than adequate, NAACLS may:
1. Require modification and submission of the most recent Self-Study Report with specific deadline date; or
 2. Require a new Self-Study Report (by date), and/or
 3. 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.

Inactive Status

A program is considered inactive if it does not enroll, or progress students through the plan of study for at least half of the program's defined completion time. An inactive program has the following responsibilities:

1. Notify NAACLS.
2. Payment of NAACLS' full annual accreditation fees.
3. Notification 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, or progressing students through the plan of study, 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.

Reactivation

If an inactive program reactivates and the Self Study due date has elapsed, a Self-Study will be due shortly after notifying NAACLS of reactivation. 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 program must be included in the report.

If an inactive program reactivates and the Self-Study Report due date has not elapsed, then a Progress Report for Reactivation is required. The 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 or memorandums of understanding (MOU) 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 plan for continuous and systematic assessment, proposed outcomes of program effectiveness with a plan for program modification and improvement.

Standard III. Resources

- **Budget Information:** Cost projection 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 DCLS competencies including the Standards.

Standard V. Operational Policies

- **Recruitment:** Describe student recruitment, 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/Instructors

- **Program Director Qualifications:** Provide resume (CV), transcripts, documentation of certification and proof of knowledge of education methods and administration as well as current NAACLS Accreditation procedures and certification procedures.
- **Personnel Plan:** Describe the faculty/personnel plan (additional faculty/instructor positions if appropriate) adequate to support the program goals. Provide a list of faculty/instructors and the courses they may be teaching.
- **Advisory Committee:** Describe the membership of the 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 program level student learning outcomes and sequencing.

This reactivation report will receive a preliminary review to determine if all required information is present. It will then be presented to the programs review committee at the next regular meeting. The review committee will vote on the acceptability of the report, and the program will be notified of the committee's decision.