



# NAACLS Accreditation Application Packet Review

(Published May 2025)

## Program Information

Program Sponsor: \_\_\_\_\_

Program Type:

BMS  CG  DMS  HT  HTL  MLA   
MLM  MLS  MLT  Path A  PHM  PBT

Program Location (City, State, Zip): \_\_\_\_\_

Program Director Name/Credentials: \_\_\_\_\_

Program Director Phone: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Name, Medical Director (if applicable): \_\_\_\_\_

Please indicate: Initial  Continuing

## Administrative Items

### Documentation Review:

1. Has the program provided a signed letter of intent? <b>I.A.1 and I.A.4</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------------------------------------------------------	----------------------------------------------------------

### Standard I: Sponsorship

#### Narrative Review:

1. If the sponsor enlists clinical/applied learning affiliates to provide clinical/applied learning, have they provided a description of how the proposed number of sites will accommodate projected numbers of students accepted into the program? <b>I.B.5</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------

#### Missing Documents/Concerns:

1. <b>I.B.5</b>
-----------------

### Documentation Review:

1. Has the program provided proof that the sponsoring institution is currently accredited by a regional or national agency? <b>I.A.1 and I.A.4</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
----------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------



# NAACLS Accreditation Application Packet Review

(Published May 2025)

2. Has the program provided proof that the sponsoring institution is currently recognized by the state in which it's located? <b>I.A.3 and I.A.5</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Has the program provided proof that the sponsoring institution is currently accredited or licensed by an applicable recognition agency? <b>I.A.2</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Has the program provided letters of intent or signed affiliation agreements or memorandums of understanding from proposed clinical/applied learning sites? <b>I.B.5</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<b>Missing Documents/Concerns:</b>
1. <b>I.A.1 and I.A.4</b>
2. <b>I.A.3 and I.A.5</b>
3. <b>I.A.2</b>
4. <b>I.B.5</b>

## Standard II: Assessment and Continuous Quality Improvement

### Narrative Review:

1. Does the narrative summarize a documented plan for continuous and systematic assessment of program effectiveness and continuous improvement, which includes responsible individuals, processes, and an assessment schedule or timeline containing identified assessment methods? <b>II.A</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the narrative describe the process of program modification and how changes are assessed for effectiveness of implemented changes? <b>II.B</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO



# NAACLS Accreditation Application Packet Review

(Published May 2025)

## Missing Documents/Concerns:

1. [II.A](#)

2. [II.B](#)

## Documentation Review:

No documentation necessary.

## Standard III: Resources

### Narrative Review:

1. Does the narrative describe how the facilities, equipment, and supplies are sufficient to achieve program goals? [III.C](#)

YES  NO

## Missing Documents/Concerns:

1. [III.C](#)

## Documentation Review:

1. Has the program provided either a budget sufficient to achieve program goals or a letter of financial support? [III.A](#)

YES  NO

## Missing Documents/Concerns:

1. [III.A](#)

## Standard IV: Students

### Narrative Review:

1. Does the narrative describe how the admissions criteria, essential functions, and student outcome measures will be communicated to prospective and current students? [IV.A](#)

YES  NO

## Missing Documents/Concerns:

1. [IV.A](#)



# NAACLS Accreditation Application Packet Review

(Published May 2025)

## Documentation Review:

1. Were program goals that align, correlate, and support NAACLS entry-level competencies including both core and unique standards for the profession provided? <a href="#">IV.A</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

<b>Missing Documents/Concerns:</b>	
1. <a href="#">IV.A</a>	

## Standard V: Operational Policies

### Narrative Review:

1. Does the narrative describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program? <a href="#">V.A</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

<b>Missing Documents/Concerns:</b>	
1. <a href="#">V.A</a>	

### Documentation Review:

No documentation necessary

## Standard VII: Program Administration

### Narrative Review:

1. Does the narrative describe a 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? <a href="#">VII.C</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Does the narrative describe a plan for faculty and personnel positions, including names and the courses faculty will teach, when available? <a href="#">VII.C</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Does the narrative describe the membership of the advisory committee which provides input into the program/curriculum to maintain relevancy and effectiveness? <a href="#">VII.D</a>	<input type="checkbox"/> YES <input type="checkbox"/> NO



# NAACLS Accreditation Application Packet Review

(Published May 2025)

Missing Documents/Concerns:
1. VII.C
2. VII.C
3. VII.D

## Documentation Review:

1. Was one of the following provided? <ul style="list-style-type: none"><li>A completed program official approval section of the Preliminary Report with all required documentation and narratives included.</li><li>Proof of NAACLS approval of the program director. VII.A</li></ul>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. For programs requiring an educational coordinator or medical director, was the required documentation for an approved medical director and/or education coordinator provided? VII	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

Missing Documents/Concerns:
1. VII.A
2. VII

## Standard VIII: Curriculum Requirements

### Narrative Review:

1. Does the narrative describe the proposed length of program, program tracks and rationale for course sequencing? VIII.A	<input type="checkbox"/> YES <input type="checkbox"/> NO
---------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

Missing Documents/Concerns:
1. VIII.A



# NAACLS Accreditation Application Packet Review

(Published May 2025)

## Documentation Review:

1. Was a plan of study that contains all required courses, including prerequisites, in recommended sequence for completion of the degree or certificate provided? <b>VIII.A</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. For program specific courses were course syllabi including course descriptions, measurable student learning outcomes provided? <b>VIII.A</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Was evidence of learning in the cognitive, affective and psychomotor domains provided? <b>VIII.A</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Was evidence provided that all the instructional areas delineated in Standard VIII.A, specific for the level of program, are included in the curriculum? <b>VIII.C</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Were examples of learning materials/activities and evaluation tools that align with identified program outcomes for one content area provided? <b>VIII.C</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Were evaluation tools that included learning objectives for cognitive, psychomotor and affective domains provided? <b>VIII.C</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO

## Missing Documents/Concerns:

1. <b>VIII.A</b>
2. <b>VIII.A</b>
3. <b>VIII.A</b>
4. <b>VIII.C</b>
5. <b>VIII.C</b>
6. <b>VIII.C</b>



# NAACLS Accreditation Application Packet Review

(Published May 2025)

## Summary Page

### Missing Documents/Concerns Summary

**Standard**      **Narrative Review:**

I.B.5	
-------	--

**Standard**      **Documentation Review:**

I.A.1 and I.A.4	
I.A.3 and I.A.5	
I.A.2	
I.B.5	

**Standard**      **Narrative Review:**

II.A	
II.B	

**Standard**      **Narrative Review:**

III.C	
-------	--

**Standard**      **Documentation Review:**

III.A	
-------	--

**Standard**      **Narrative Review:**

IV.A	
------	--



# NAACLS Accreditation Application Packet Review

(Published May 2025)

**Standard      Documentation Review:**

IV.A	
------	--

**Standard      Narrative Review:**

V.A	
-----	--

**Standard      Narrative Review:**

VII.C	
VII.C	
VII.D	

**Standard      Documentation Review:**

VII.A	
VII	

**Standard      Narrative Review:**

VIII.A	
--------	--

**Standard      Documentation Review:**

VIII.A	
VIII.A	
VIII.A	
VIII.C	
VIII.C	
VIII.C	





# NAACLS Accreditation Application Packet Review

(Published May 2025)

## Affirmation Page

### Program Information

Program Sponsor: \_\_\_\_\_

Program Type:

BMS  CG  DMS  HT  HTL  MLA   
MLM  MLS  MLT  Path A  PHM  PBT

Program Location (City, State, Zip): \_\_\_\_\_

Program Director Name/Credentials: \_\_\_\_\_

Program Director Phone: \_\_\_\_\_

Program Director Email: \_\_\_\_\_

Name, Medical Director (if applicable): \_\_\_\_\_

Please indicate: Initial  Continuing

### First Reviewer

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

The first reviewer affirms and agrees with the Accreditation Application Packet Review's findings. YES  NO

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Second Reviewer

Name and Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

The second reviewer affirms and agrees with the Accreditation Application Packet Review's findings. YES  NO

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_