



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? I.A.1 and I.A.4	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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? I.B.5	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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Missing Documents/Concerns:

1. I.B.5

Documentation Review:

1. Has the program provided proof that the sponsoring institution is currently accredited by a regional or national agency? I.A.1 and I.A.4	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
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2. Has the program provided proof that the sponsoring institution is currently recognized by the state in which it's located? I.A.3 and I.A.5	<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? I.A.2	<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? I.B.5	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

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

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? II.A	<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? II.B	<input type="checkbox"/> YES <input type="checkbox"/> NO



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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](#)



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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? IV.A	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Missing Documents/Concerns:	
1. IV.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? V.A	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Missing Documents/Concerns:	
1. V.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? VII.C	<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? VII.C	<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? VII.D	<input type="checkbox"/> YES <input type="checkbox"/> NO



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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">A completed program official approval section of the Preliminary Report with all required documentation and narratives included.Proof of NAACLS approval of the program director. VII.A	<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
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Missing Documents/Concerns:
1. VIII.A



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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? VIII.A	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. For program specific courses were course syllabi including course descriptions, measurable student learning outcomes provided? VIII.A	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Was evidence of learning in the cognitive, affective and psychomotor domains provided? VIII.A	<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? VIII.C	<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? VIII.C	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Were evaluation tools that included learning objectives for cognitive, psychomotor and affective domains provided? VIII.C	<input type="checkbox"/> YES <input type="checkbox"/> NO

Missing Documents/Concerns:

1. VIII.A
2. VIII.A
3. VIII.A
4. VIII.C
5. VIII.C
6. VIII.C



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Summary Page

Missing Documents/Concerns Summary

Standard **Narrative Review:**

I.B.5	
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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	
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Standard **Documentation Review:**

III.A	
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Standard **Narrative Review:**

IV.A	
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Standard **Documentation Review:**

IV.A	
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Standard **Narrative Review:**

V.A	
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Standard **Narrative Review:**

VII.C	
VII.C	
VII.D	

Standard **Documentation Review:**

VII.A	
VII	

Standard **Narrative Review:**

VIII.A	
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Standard **Documentation Review:**

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



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Affirmation Page

Program Information

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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: ____ / ____ / ____