Welcome to the 2025 Annual Program Survey for NAACLS Accredited programs!

<ul><li>1) I verify the information I will enter in the survey is true and accurate to the best of my knowledge.*</li><li>( ) True</li></ul>
2) Sponsor Name:*
3) Please describe your institution:* ( ) 4-year College or University ( ) 2-year College or University ( ) Hospital or Medical Center ( ) Non Degree Granting Proprietary School ( ) Independent Laboratory ( ) Military Facility ( ) Academic Health Center/Medical School ( ) Blood Center
4) Please select the terminology used in the name of your program at your sponsor:* () Clinical Laboratory Technology / Clinical Laboratory Technologist (CLT) () Clinical Laboratory Technician () Clinical Laboratory Science / Clinical Laboratory Scientist (CLS) () Cytogenetic Technology / Cytogenetic Technologist (CG) () Diagnostic Molecular Science / Diagnostic Molecular Scientist (DMS) () Doctor of Clinical Laboratory Science (DCLS) () Histotechnician (HT) () Histotechnologist (HTL) () Medical Laboratory Assistant (MLA) () Medical Laboratory Microbiology / Medical Laboratory Microbiologist (MLM) () Medical Laboratory Science / Medical Laboratory Scientist (MLS) () Medical Laboratory Technology/Medical Laboratory Technologist (MLT) () Medical Laboratory Technician (MLT) () Medical Technology / Medical Technologist (MT) () Pathologists' Assistant (PATH A) () Phlebotomy / Phlebotomist (PHLEB) () Public Health Microbiology / Public Health Microbiologist (PHM) () Other (Please write in the Comments below) Comments:

Program Address Line 1*	
Program Address Line 2	
City*	
5) State/Province:*	
Zip Code	
Country	
6) Please confirm the program's website URL we have on file please do so.*	If you have to edit it,
Faculty Contact Information	
7) Is the prefilled information below accurate and up-to-date? do not edit the prefilled information. If No, select "No" and coinformation in the areas below.* ( ) Yes ( ) No	
Program Director Salutation	
Program Director First Name*	

Program Director Last Name*	
Program Director Credentials	_
Email Address*	_
Phone #*	_
8) Please enter the following contact information about the 0 First Name:  Last Name:  Credentials:  Address Line 1:  Address Line 2:  City:  State:  Zip:  Email Address:  Phone Number:	
Phone Number:	Dean or Comparable
10) If someone other than the program director is completing contact information below. If the program director is complete this question.  First Name:  Last Name:  Title:	eting this survey, then skip

Phone:	<del></del>
Program Information	
11) What is the status of student enrollment in this program? option that most closely resembles your program).* ( ) Active- Annual Enrollment (have enrolled students in the lactive- Annual Enrollment (have not enrolled students in year) ( ) Planning on closure (write in date of expected closure):	ast academic school year)
( ) Closed (write in date of closure- required):	*
() Other - Write In (Required):	*

12) PLEASE ANSWER THE FOLLOWING AS IT APPLIES TO <u>FULL TIME</u> STUDENTS AT YOUR ACCREDITED [contact('group')] PROGRAM.  $^*$ 

This question requires 1 row to be answered.

Email:

If the program is inactive, please enter the information for when it was last active.

	How many months to complete program?	Tuition - Resident, per year (in US Dollars)	Tuition - Non- Resident, per year (in US Dollars)	Class Capacity per start date
Certificate/Diploma requiring less than one year				
One-Year Undergraduate certificate/diploma				
Two-Year Undergraduate certificate/diploma				
Associate degree				

Baccalaureate degree				
Post- Baccalaureate certificate				
Master's degree				
13) In which month(s) does your program begin? Check all that apply.*				

13) in which month(s) does your program begin?	Check all that apply.
[] Open enrollment	
[] January	
[] February	
[] March	
[ ] April	

[] April

[] June

[] July

[] August

[] September

[] October

[] November

[] December

## 14) Graduates of the program for the previous 3 years

If there were no graduates, please leave the field blank. Only numbers will be accepted\*

	Graduated between 7/1/22 - 6/30/23	Graduated between 7/1/23 - 6/30/24	Graduated between 7/1/24 - 6/30/25
Total Number of Students who Graduated			

Certification Pass Rates- ASCP BOC

15) Do graduates of this program take the ASCP-BOC certification exam for this discipline?

If "No", then select "No" and go to the next page.

If "Yes", then select "Yes and fill out answers on this page.

\*

() No () Yes

16) ASCP BOC Certification Pass Rates for Graduates from the following years: If you have problems with these automatically calculating survey questions, please update/try another browser. If that does not help, please close the survey and try a computer that is not behind a firewall (with updated browsers).\*

			·
	For students who graduated between 7/1/21 - 6/30/22	For students who graduated between 7/1/22 - 6/30/23	For students who graduated between 7/1/23 - 6/30/24
A) # who sat for the ASCP BOC exam within first year of graduation			
B) # who passed the ASCP BOC exam within the first year of graduation			
Yearly Certification Pass Rate Percentage: (B/A) x 100			

17) Three Year Average	Certification P	ass Rate F	Percentage: (	(Row B / I	Row A) x 1	00:
This answer will be automatically	generated from yo	ur responses a	above.			

Certification Pass Rates- AMT

18) Do graduates of this program take the AMT certification exam for this discipline?

If "No", then select "No" and go to the next page. If "Yes", then select "Yes and fill out answers on this page.

\*

	For students who graduated between 7/1/21 - 6/30/22	For students who graduated between 7/1/22 - 6/30/23	For students who graduated between 7/1/23 - 6/30/24
A) # who sat for the AMT exam within first year of graduation			
B) # who passed the AMT exam within the first year of graduation			
Yearly Certification Pass Rate Percentage: (B/A) x 100			
00	age AMT Certification		ge: (Row B / Row A)
ertification Pass Ra	ates- NHA and NCCT		

22) NHA and NCCT Certification Pass Rates for graduates from the following years: If you have problems with these automatically calculating survey questions, please update/try another browser. If that does not help, please close the survey and try a computer that is not behind a firewall (with updated browsers).\*

() No () Yes

	For students who graduated between 7/1/21 - 6/30/22	For students who graduated between 7/1/22 - 6/30/23	For students who graduated between 7/1/23 - 6/30/24		
A) # who sat for the exam(s) within first year of graduation					
B) # who passed the exam(s) within the first year of graduation					
Yearly Certification Pass Rate Percentage: (B/A) x 100					
23) Three Year Average NHA and NCCT Certification Pass Rate Percentage: (Row B / Row A) x 100  This answer will be automatically generated from your responses above.  Certification Pass Rates- Other					
24) Does this program document, analyze, and use in program assessment a review of the results of any other certification exam taken by graduates (do not include information from previous questions)?					
If "No", then select "No" and go to the next page.  If "Yes", then select "Yes", type the exams used, and fill out answers on this page.					
() No () Yes:	*				
25) Other Certification [question('value'), id=		luates from the followi	ng years:		
For students For students who graduated who graduated who graduated					

	between 7/1/21 - 6/30/22	between 7/1/22 - 6/30/23	between 7/1/23 - 6/30/24
A) # who sat for specified other exam(s) within first year of graduation			
B) # who passed specified other exam(s) within the first year of graduation			
Yearly Other Certification Pass Rate Percentage: (B/A) x 100			

26)	Three	Year	Average	Other (	Certificatio	n Pass	Rate	Percent	age:	(Row	B/	'Row	A) x
100	):												

This answer will be automatically generated from your responses above.

\_\_\_\_

## Summary/Final Certification Pass Rates

27) Please complete this grid summarizing the graduates who became certified. (please count each individual only 1 time):\*

Please restrict your response to the following certifications (by program type):

- ASCP-BOC for CG, DMS, HT, HTL, MLM, MLS, MLT, and Path A
- ASCP-BOC or AMT for MLS and MLT
- ASCP-BOC, AMT, NHA, or NCCT for Phlebotomy and MLA

	For students	For students	For students
	who graduated	who graduated	who graduated
	between 7/1/21 -	between 7/1/22 -	between 7/1/23 -
	6/30/22	6/30/23	6/30/24
A) Total # who sat for the exam(s)			

within first year of graduation							
B) # of graduates certified within the first year of graduation							
Yearly Certification Pass Rate Percentage: (B/A) x 100							
28) Three Year Average [contact('group')] Certification Rate Percentage: (Row B / Row A) x 100 This answer will autofill from your answers above.							

## Placement Rates

29) Placement Rates for graduates from the following years (Please count an individual only 1 time):
If you have problems with these automatically calculating survey questions, please update/try another browser. If that does not help, please close the survey and try a computer that is not behind a firewall (with updated browsers).

	For students who graduated between 7/1/21 - 6/30/22	For students who graduated between 7/1/22 - 6/30/23	For students who graduated between 7/1/23 - 6/30/24
A) # who found employment (in the field or in a closely related field) and/or continued their education within one year of graduation			
B) # who did neither of the above			

	For students slated to graduate between 7/1/22 - 6/30/23	For students slated to graduate between 7/1/23- 6/30/24	For students slated to graduate between 7/1/24 - 6/30/25
,	n Rates (please note theorem with this question,	<u> </u>	,
	ATES: ou define the "final half" <u>e Guide</u> for more inform	. •	e see the <u>NAACLS</u>
Graduation Attrition Ra	ates		
30) Three Year Average *100: This answer will autofill from you	ge Placement Rate Per ur answers above.	rcentage: = (Row A / (F	Row A + Row B))
Yearly Average Placement Rate Percentage: [A/(A+B)] x 100			
C) # for which you do NOT have any information			

A) # who began the "final half" of the

B) # who began the "final half" of the program but

program

subsequently left (voluntarily or involuntarily)			
C) # who began the "final half" of the program but are still currently enrolled			
D) # who began the "final half" of the program during the given time period and have since graduated			
Yearly Attrition Rate Percentage: (B/A) x100			
Yearly Graduation Rate Percentage: [D/(A-C)] x 100			
33) Three Year Average 100: This answer will autofill from you		rcentage: = (Row D / (	Row A - Row C)) *
Public Availability of O	utcomes		
34) The program has a	a website.*		
35) Please provide one p	rogram website address (	url) where all of the follow	ing outcomes

measures are made available to prospective and enrolled students (Write an "X" if a website is not used, but please note it is preferred):
Program's Graduate Certification Pass Rates

Program's Graduation Rates

Program's Graduate Placement Rates

Please make sure the outcomes are linked on the program's landing page or within 1 click. NAACLS Staff will verify.\*

36) If websites were not answered for the previous question in any area, describe how the following outcomes measures are made available to prospective and enrolled students (i.e. Program Brochure, Institution Catalog, etc.):
Program's Graduate Certification Pass Rates Program's Graduation and Attrition Rates Program's Graduate Placement Rates Evidence of public availability of outcomes measures must also be submitted on the next question. *
37) If the program does not have a website, attach the document(s), or other evidence, used to make outcomes measures available to the public.*123
New General Questions
38) Please best describe how your institution defines the "professional phase" of your program.
NAACLS defines the professional phase as "characterized by learning advanced didactics along with technical and professional skill development in laboratory science, focusing on achieving entry-level competency distinct from other health science professions. This phase typically commences after students complete foundational coursework in basic sciences and general education."
30) Can any part of the professional phase of the program be completed via the routes

NAACLS defines professional phase as "characterized by learning advanced didactics along with technical and professional skill development in laboratory science, focusing on achieving entry-level competency distinct from other health science professions. This

below?

[] Evening Co [] Online cou [] Part-time o [] Weekend o [] None of the Comments:	rses ptions courses	in-person instru	ıction during we	ekday shift hou	rs)
		mber of individua ('group')] Progra		ng categories fo	or 7/1/2024 -
in the same p	rogram, prog ogether. If yo	emic cohort constressing through ur program allow time frame.*	the same acade	emic curriculum	and finishing
	Cohorts started	Qualified Applicants for all cohorts	Student enrollment capacity in all cohorts	Students graduated in all cohorts	Student vacancies (unfilled spots for students)
Total Number in the following categories for 7/1/2024 - 6/30/2025:					

phase typically commences after students complete foundational coursework in basic

sciences and general education "

41) Estimate the percentage of the total clinical/applied experience (often referred to as clinical rotation) below. Please note the percentages must equal 100%.:\*

Please note that for the purposes of this survey, the following NAACLS definitions apply:

NAACLS defines professional phase as "characterized by learning advanced didactics along with technical and professional skill development in laboratory science, focusing on achieving entry-level competency distinct from other health science professions. This phase typically commences after students complete foundational coursework in basic sciences and general education.

Please enter the maximum percentage of the program that can be completed via each route.

A hospital laboratory is part of a hospital or medical center. Students are generally involved in instrumentation or procedures that involve direct patient care in a real-world settina.

A student laboratory is a controlled environment where basic lab skills are taught, often in a group setting.

A simulated laboratory mimics a hospital lab using instruments or procedures involving specimens with real-time deadlines.

A virtual laboratory is an interactive, digital simulation of activities typically performed in physical laboratory settings. Virtual labs utilize a website or software to simulate

discipline-specific instruments and procedures. Virtual labs differ from simulation labs because students are not in person. A reference laboratory is not part of a hospital or medical center but involves instrumentation or procedures on samples from a healthcare facility. Lab classroom learning is the didactic portion of the applied/clinical experience that primarily falls in the cognitive domain of learning. % Hospital Laboratory % Student / Simulated Laboratory % Virtual Laboratory % Reference Laboratory % Lab Classroom Learning % Other, Write in Comments below Total (100%) Comments: 42) How much time do students spend in a Hospital Laboratory for their Clinical/Applied experiences (please include all rotations where students spend time in a hospital lab. often referred to a Clinical rotation)? () Less than 3 weeks () 3 - 6 weeks () 6 - 12 weeks () 3 - 6 months () 6 - 12 months () > 12 months Comments: 43) If you offer categorical programs under the auspices of your NAACLS Accredited MLS program (ASCP Route3), which options do you offer? [] Blood Bank [ ] Clinical Chemistry [] Hematology [] Microbiology [] Other - Write In: [] Exclusive / None of the above

44) How many graduates have completed each categorical track in the last three years?  Blood Bank: Clinical Chemistry: Hematology: Microbiology: Other - Write In: Exclusive / None of the above:
Significant changes & Comments
45) What is your current barrier to increasing the capacity of your program? Check all that apply.  In the Comment box, please explain if there is a specific rotation or area that is limiting (for example, microbiology availability).*  [] Administration support  [] Budget  [] Campus facilities  [] Limited number of Clinical sites  [] Competition from other laboratory programs  [] Current faculty workload  [] Faculty vacancies  [] Laboratory staffing levels  [] Lack of marketing or recruitment practices  [] Number of qualified student applicants  [] Offered to employees only (not to the public)  [] Other - Write In (Required):*  Comments:
46) Have you had significant changes in your program?  Please contact POForms@naacls.org if there has been a change in program director and NAACLS has not yet been informed.
47) Please estimate the percentage change in the following since the release of last year's annual survey (Sept 2024):*  Class Size  -100 [ ] 100

Budget	-100	[_	_]		_ 100
Clinical Placements	-100	[_	]		_ 100
Faculty Resources (i.e. full-time and part-time faculty, training &	100	г	1		100
experiences for faculty, other resources for faculty that contribu	-100	L			_ 100
to achieving program goals)					
51 G G ,					
48) What innovations have you make the state of the state			othed per	tnorobino ot	o not
NAACLS defines "innovation" as a practiced nor attempted previously	•	ery me	etnou, par	mersnips, et	c. not
	,				
		<u> </u>			
40) 4					
49) Are you interested in attending	g a NAACLS works	hop or	the follov	ving topics?	
			Yes	No	
Education Methodologies			()	()	
Standard II - Continual Assessm	ent and Improveme	ent	()	()	
Measurable Outcomes - How to assess.	formulate, use and		()	()	
New Program Director or New P	rogram		()	()	
50) How can we improve your exp	perience with NAAC	LS?			
51) General Comments:					
		<del></del>			
		<del></del>			

Please review and print your answers before submitting your survey