

NAACLS SELF-STUDY REPORT REVIEW

(For Self-Studies Due Spring 2025 – Published October 2024)

Program Sponsor: Lorain County Community College

Sponsor Type: Sponsoring Institution ☒ Consortium ☐ Multi-location ☐

Program Type:

BMS ☐ CG ☐ DCLS ☐ DMS ☐ HT ☐ HTL ☐ MLA ☐

MLM ☐ MLS ☐ MLT ☐ Path A ☐ PHM ☐ PBT ☒

Program Location (City, State): Elyria, Ohio

Program Director Name/Credentials: Brenda Bergman, MS, MLS(ASCP) CM

Program Director Phone: 440-366-4139

Program Director Email: bbergman@loraincc.edu

Name, Medical Director (if applicable): NA

Please indicate: Initial ☐ Continuing ☒

CORE STANDARDS

I. Sponsorship (A, B or C and D must be completed):

A. The Sponsoring Institution is:	<input type="checkbox"/> NA (go to B or C)
1. a post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide post-secondary education, which awards a minimum of a certificate at the completion of the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. a hospital, medical center, or laboratory accredited or licensed by an applicable recognized agency (see NAACLS website), which awards a minimum of a certificate at the completion of the program.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
3. a secondary or post-secondary institution recognized by the state in which it is located. (for Phlebotomy and Medical Laboratory Assistant programs only)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
4. an institution recognized by the national government or a regional/national accrediting agency for higher education of the country in which it is located as a post-secondary academic institution with degree granting authority. (for programs outside of the United States)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5. a Public Health Laboratory or an organization/corporation of member Public Health Laboratories recognized by the state in which it is located and not affiliated with a hospital, medical center or accredited secondary or post-secondary institution.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

B. The Consortium Sponsor is a separate and distinct entity consisting of two or more members that exists for the purpose of operating an educational program. Where a consortium exists, at least one member of the consortium must meet the requirements of a sponsoring institution specified in I.A. The creation of the consortium must be clearly documented as a formal memorandum of understanding and signed by all members.	<input checked="" type="checkbox"/> NA (A or C must be checked YES)
At least one member of the consortium meets the requirements of a sponsoring institution specified in IA.	<input type="checkbox"/> YES <input type="checkbox"/> NO
This document shall contain the following elements:	
1. governance of the consortium	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. lines of authority within the consortium for the educational program	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. responsibilities of each member in the delivery of the educational program	<input type="checkbox"/> YES <input type="checkbox"/> NO

C. The specified location seeking accreditation is a multi-location sponsor.	<input checked="" type="checkbox"/> NA (A or B must be checked YES)
1. The Sponsor is a specified campus location of an entity that controls a system of campuses, which is accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide post-secondary education. The specified campus location delivers the educational program in its entirety and awards a minimum of a certificate at the completion of the program.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The Sponsor is a specified location of an entity that controls a system of hospitals, medical centers, or laboratories accredited or licensed by an applicable recognized agency (see Standards Compliance Guide), which awards a minimum of a certificate at the completion of the program.	<input type="checkbox"/> YES <input type="checkbox"/> NO

D. Responsibilities of the Sponsor	
1. The sponsor has primary responsibility for:	
a. supporting curriculum planning and course selection by program faculty and staff	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. appointing faculty and staff	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
c. maintaining student transcripts permanently	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
d. granting the degree and/or certificate documenting satisfactory completion of the educational program	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
e. ensuring that appropriate personal safety measures are addressed for students and faculty	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
f. ensuring that all provisions of the Standards are met	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
g. ensuring that the students have obtained or will obtain the appropriate degree and/or certification of completion of the program	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. The sponsor ensures that the activities assigned to students in the clinical setting are educational.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. There are documented examples of ongoing communication between the sponsor and its affiliates for exchange of information and coordination of the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (if sponsoring)

	institution is also the only affiliate)
4. The sponsor must provide eligible students the opportunity to participate in applied clinical experiences.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (if sponsoring institution is also the only affiliate)
5. The sponsor has a signed current, affiliation agreement with all other entities that are involved in the education of students, which describes:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (only if sponsoring institution is also the only affiliate)
a. the relationship	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
b. the roles	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
c. the responsibilities of the sponsor and that entity	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COMMENTS: Standard 1.D.5 The following clinical affiliates did not have current affiliation agreements provided: Cleveland Clinic Avon Hospital, Cleveland Clinic Family Health Center, Cleveland Clinic Lorain Family Health Center. The agreements submitted expired in November 2024.	

- 1) Under the "Review" tab, select Protect Document > Restrict Formatting and Editing > Stop Protection
- 2) Highlight one line fully, hit Ctrl-C on keyboard, move cursor to directly below table, right-click and select "Paste by Appending Table".
- 3) Re-enforce protection on the document under the "Review" tab, select Protect Document > Restrict Formatting and Editing > Yes, Start Enforcing Protection > OK (do not create a password)

Academic Affiliates	City/State	Std. I.D signed, current affiliation agreement is included	
<input checked="" type="checkbox"/> None		Y	N
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			

Clinical Affiliate(s)	Signed Current Affiliation Agreement		Completed Clinical Facility Fact Sheet is submitted and complete		Site Specific Objectives and Evals, Unique Rules, and/or Policies			Examples of Ongoing Communication between Sponsor & Affiliate	
	Y	N	Y	N	Y	N	NA	Y	N
<input type="checkbox"/> None									
Cleveland Clinic Avon Hospital	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cleveland Clinic Sheffield Family Health Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Cleveland Clinic Lorain Family Health Center	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Univeristy Hospitals Elyria Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Univeristy Hospitals St. John Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mercy Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Metro Health Cleveland	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Firelands Regional Medical Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: Standard 1.D.5 The following clinical affiliates did not have current affiliation agreements provided: Cleveland Clinic Avon Hospital, Cleveland Clinic Family Health Center, Cleveland Clinic Lorain Family Health Center. The agreements submitted expired in November 2024. The following clinical affiliates did not have clinical facility fact sheets submitted: University Hospital St. John Medical Center, MetroHealth Cleveland, Firelands Regional Medical Center.									

Std. I.B Consortium Participating Entity	City/State	Consortium Education Coordinator
<input checked="" type="checkbox"/> None		
COMMENTS:		

Note to Reviewer: The NAACLS Standards do not require a completed Clinical Facility Fact Sheet, however information found on that document is required and should be noted under the appropriate Standard if required information is not provided.

II. Assessment and Continuous Quality Improvement

A. Systematic Assessment

The program has a documented plan for continuous and systematic assessment of the effectiveness of the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan includes a mission statement and program goals.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
The plan includes a timeline/schedule of assessment activities.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

Check all that apply	Feedback includes findings from	Frequency of Feedback
<input checked="" type="checkbox"/>	Graduates (Required)	annual
<input checked="" type="checkbox"/>	Employers of Graduates (Required)	annual
<input type="checkbox"/>	Students	
<input type="checkbox"/>	Exit or Final Exams	
<input type="checkbox"/>	Faculty	
<input checked="" type="checkbox"/>	Advisory Committee	biannual
<input type="checkbox"/>	Other	
COMMENTS:		

CERTIFICATION RATES Please "check" which successive years were used to determine Three Year Averages:	For students who graduated between:			
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	7/1/24 – 6/30/ 25*	7/1/23 – 6/30/ 24*	7/1/22 – 6/30/ 23*	7/1/21 – 6/30/ 22*
** Programs with self-studies due between February and July of the most recent year may use the previous three-year rolling average for calculations as a full year of data will not be available since the last annual report data was collected. Self-studies submitted June 30-February 1 of this year must include data from most recent full year.				
A) Total # of Graduates	7	7	6	7
<input checked="" type="checkbox"/> NA	*ABB/AAB CERTIFICATION RATES (PHM Programs)			
B) # who sat for the exam within first year of graduation				
C) # who passed the exam within first year of graduation				
Yearly Certification Rate (%): (C ÷ B) X 100				
*Three Year Average Certification Rate (%): (ΣC ÷ ΣB) X 100				
<input type="checkbox"/> NA	*ASCP-BOC CERTIFICATION RATES (MLS,MLT, MLM, CG, DMS, Path A, HT, HTL, PBT, and MLA Programs)			
D) # who sat for the exam within first year of graduation		2		1
E) # who passed the exam within first year of graduation		2		1
Yearly Certification Rate (%): (E ÷ D) X 100		100		100
*Three Year Average Certification Rate (%): (ΣE ÷ ΣD) X 100				
<input checked="" type="checkbox"/> NA	*AMT CERTIFICATION RATES (MLS and MLT Programs Only)			
F) # who sat for exam within first year of graduation				
G) who passed exam within first year of graduation				

Yearly Certification Rate (%): $(G \div F) \times 100$				
*Three Year Average Pass Rate (%): $(\sum G \div \sum F) \times 100$				
<input checked="" type="checkbox"/> NA	<u>*NCCT CERTIFICATION RATES</u> (PBT and MLA Programs)			
H) # who sat for exam within first year of graduation				
I) # who passed exam within first year of graduation				
Yearly Certification Rate (%): $(I \div H) \times 100$				
*Three Year Average Pass Rate (%): $(\sum I \div \sum H) \times 100$				

<input checked="" type="checkbox"/> NA	<u>*NHA CERTIFICATION RATES</u>			
	(PBT and MLA Programs)			
J) # who sat for the exam within first year of graduation				
K) # who passed the exam within first year of graduation				
Yearly Certification Rate (%): (K ÷ J) X 100				
*Three Year Average Certification Rate (%): (ΣK ÷ ΣJ) X 100				
<input checked="" type="checkbox"/> NA	<u>*Other</u> (Please Identify:)			
L) # who sat for exam within first year of graduation				
M) who passed exam within first year of graduation				
Yearly Certification Rate (%): (M ÷ L) X 100				
*Three Year Average Pass Rate (%): (ΣM ÷ ΣL) X 100				
If data for more than one certification examination is collected, please complete the Summary Below.				
<input checked="" type="checkbox"/> NA	<u>*SUMMARY OF CERTIFICATION</u>			
N) # who sat for exam within first year of graduation				
O) # who passed exam within first year of graduation				
Yearly Certification Rate (%): (O ÷ N) X 100				
*Three Year Average Pass Rate (%): (ΣO ÷ ΣN) X 100				

***If Outcomes Measures submitted for Standard II.B are below NAACLS approved benchmarks as found in the *NAACLS Standards Compliance Guide*, or if there is not three years' worth of accumulated data for initial programs, additional information must be submitted for Standard VIII.C.**

<u>GRADUATION/ATTRITION RATES</u>	For Students slated to graduate in the time periods below:		
	7/1/ <u>23</u> – 6/30/ <u>24</u> *	7/1/ <u>22</u> – 6/30/ <u>23</u> *	7/1/ <u>21</u> – 6/30/ <u>22</u> *
A) # who began the “final half” of the program	8	6	8
B) # who began the “final half” of the program but subsequently left (voluntarily or involuntarily)	1	0	0
C) # who began the “final half” of the program but are still currently enrolled	0	0	0
D) # who began the “final half” of the program during the given time period and have since graduated	7	6	8
Attrition Rate (%): (B ÷ A) X 100	12.5	0	0
Yearly Graduation Rate %: D ÷ (A-C) X100	87.5	100	100
*Three Year Average Graduation Rate (%) $\sum D \div (\sum A - \sum C) \times 100$	95.8		

***If Outcomes Measures submitted for Standard II.B are below NAACLS approved benchmarks as found in the *NAACLS Standards Compliance Guide*, or if there is not three years’ worth of accumulated data for initial programs, additional information must be submitted for Standard VIII.C.**

<u>PLACEMENT RATES</u>	For the students who graduated between:			
Please check which successive years were used to determine Three Year Averages:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	7/1/____ – 6/30/____*	7/1/ <u>23</u> – 6/30/ <u>24</u> *	7/1/ <u>22</u> – 6/30/ <u>23</u> *	7/1/ <u>21</u> – 6/30/ <u>22</u> *
	Programs with self-studies due between February and July of the most recent year may use the previous three-year rolling average for calculations as a full year of data will not be available since the last annual report data was collected. Self-studies submitted June 30-February 1 of this year must include data from most recent full year.			
A) Total # of Graduates		7	6	7
B) # that found employment (in the field or in a closely related field) and/or continued their education within one year of graduation		7	6	5
C) # that did neither listed above?		0	0	2
D) # that do you NOT have any information for?		0	0	2
Yearly Average Placement Rate: $B \div (B+C) \times 100$		100	100	71
*Three Year Average Placement Rate: $\sum B \div (\sum B + \sum C) \times 100$	90			

***If Outcomes Measures submitted for Standard II.B are below NAACLS approved benchmarks as found in the *NAACLS Standards Compliance Guide*, or if there is not three years' worth of accumulated data for initial programs, additional information must be submitted for Standard VIII.C.**

B. Outcomes Measures			
Outcome measures from the last three active years are documented and considered in program evaluation.			
<input type="checkbox"/> NA Initial Program (move to C)	Documented	Analyzed	Used in Program assessment and continuous quality improvement
Certification Rates	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Graduation and Attrition Rates	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Placement Rates	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Outcome Measures data are complete and accurate.			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (initial programs only)
COMMENTS: Attrition rate calculations were inaccurate. Calculations were corrected based on data points provided in Self Study.			
Other Outcomes Measures Data Used in Program Evaluation			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (initial programs only)
If yes, please describe:			
COMMENTS:			

NOTE TO REVIEWER: Falling below NAACLS benchmarks does not result in citations but will automatically trigger an Action Plan.

C. Program Assessment and Modification	
The results of the review of program outcomes measures and assessment include findings from graduate and employer feedback.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (initial programs only)
1. The results of program outcomes include findings from graduates and employers and are reflected in ongoing curriculum development, resource acquisition/allocations, and program modification.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (initial programs only)
2. Results are analyzed to demonstrate the effectiveness of any changes implemented.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (initial programs only)
COMMENTS: Standard II.C.1: Several documents were provided validating that data is being collected and reviewed by various parties. However, they did not reflect how they were used in ongoing curriculum development, resource acquisition/allocations, and program modification. Standard II.C.2: Unable to locate documentation that showed clear evidence of actions taken, and further evaluation of the impact of those actions.	

III. Resources

A. General Resources	
Financial resources are adequate for the education of the students in the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

Personnel and physical resource adequacy are included in continuous program evaluation.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Resources appear to be sufficient based on benchmarks, results of assessment activities and feedback from stakeholders, to allow achievement of program goals.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. An institutionally approved budget is submitted OR, a written statement of continued financial support for the educational program from an executive office of the sponsor is submitted.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Program evaluation information/data used to evaluate resource adequacy as part of continuous program evaluation is provided.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

B. Personnel Resources		
Personnel resources are adequate for the education of the students in the program.		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	Reported in Self-Study	
Number of students admitted per year	18	
Admission date(s)	August (Fall semester)	
Instructor/Student ratio (lecture)	1:18	
Instructor/Student ratio (student laboratory)	1:4.5	
Instructor/Student ratio (clinical laboratory)	1:1	
COMMENTS:		

C. Physical Resources	
Physical resources are adequate for the education of the students in the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. Physical resources such as facilities, equipment and supplies, information resources, and instructional resources are sufficient to achieve the program goals.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

IV. Students

A. Publications and Disclosures	
1. The following are clearly defined, published and readily available to prospective and enrolled students:	
a. program mission statement;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. program goals and competencies;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
c. programmatic accreditation status including the name, address, and contact information for NAACLS;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
d. results of program outcomes identified in Standard II.B listed year by year for the last three active years;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (initial programs only)

e. list of clinical affiliates;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (hospital-based programs only)
f. admission criteria, including essential functions, advance placement, transfer of credits and credits for experiential learning;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
g. list of course descriptions including the number of academic credit hours per course (if appropriate);	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
h. names and academic rank or title of program director and faculty; (and medical director for Pathologists' Assistant programs)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
i. current tuition and fees with withdrawals and refund policies;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
j. policies and processes by which students may perform service must be published	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
k. policies and procedures for:	
1. advising and guiding students through the program while maintaining confidentiality and impartiality;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. clinical assignment specifically addressing when placement cannot be immediately guaranteed;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. student grievance and appeals;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. criteria for program completion, including probation, suspension, and dismissal	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
l. academic calendar	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
m. rules and regulations governing acceptable personal and academic conduct, including behavior expectations for clinical experience	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS: Standard IV.A.1.k.4 Unable to locate criteria for probation,suspension, and dismissal.

B. Student Records

1. Student records (admission, evaluation, counseling, advising, grades, credits, etc.) are maintained according to governmental or sponsor regulations.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Student transcripts with legal name, grades and credits, and dates of attendance are permanently maintained by the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

C. Health and Safety

1. Health	
a. The program provides evidence that the health and safety of students, faculty and patients during educational activities are adequately safeguarded.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Safety	

a. There is documentation that each student enrolled has received basic biohazard and safety training.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

V. Operational Policies

A. Student recruitment and admission is non-discriminatory in accordance with governmental regulations and those of the sponsor.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
B. Faculty recruitment and employment practices are non-discriminatory in accordance with the governmental regulations and those of the sponsor.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
C. Granting of the degree/certificate is NOT contingent upon the students passing any type of external certification or licensure examination.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
D. A policy is in place to provide for a plan in the event of program closure.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
E. Service work in clinical settings outside of academic hours is noncompulsory.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
F. Students are not substituted for regular staff during student experience.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

VI. Administration (no information needed)

UNIQUE STANDARDS

VII. Program Administration

A. Program Director	
Faculty Fact Sheet is complete	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. Qualifications: The Program Director has submitted a Program Official approval letter, a previous NAACLS award recognizing them as Program Director, or a self study review or site visit report recognizing the individual as Program Director. These documents should not identify concerns on standard VII.A. (Proof of prior program director approval satisfies this standard. For these situations, documentation addressing the below items is unnecessary.)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
a. Appropriate degree for the program discipline	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. Nationally recognized appropriate certification (if no, as in HT, HTL, Path A programs, a qualified Education Coordinator is in place)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
c. Appropriate teaching experience	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (acting PD only)
d. Knowledge of education methods and administration	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
e. Knowledge of current NAACLS accreditation processes and certification procedures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
f. Path A only: Demonstrates adequate knowledge and proficiency in their content areas	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA

g. Path A only: Demonstrate the ability to teach effectively at the appropriate level	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
COMMENTS:	

2. Responsibilities: The Program Director	
a. Is responsible for program	
Organization	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Administration	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Instruction	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Evaluation	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Continuous quality improvement	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Curriculum planning and development	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Directing other program faculty/staff	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
General effectiveness of the program	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. Has input into budget preparation process	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
c. Participates in a minimum of 36 hours of documented continuing professional development every three years (60 hours for PATH A)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
d. Is responsible for maintaining NAACLS accreditation/approval of the program	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
e. Has regular and consistent contact with students, faculty and program personnel	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	
3. Appointments	
The program director must have a faculty or clinical appointment at the sponsoring institution.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (not applicable for PBT or MLA)
COMMENTS:	

B. Site Program Coordinator (required for multi-location only; assigned to each participating site)	
	<input checked="" type="checkbox"/> NA (move to C)
Faculty Fact Sheet is complete	<input type="checkbox"/> YES <input type="checkbox"/> NO
1. Qualifications: The Site Program Coordinator has:	
a. Appropriate degree for the program discipline	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Nationally recognized appropriate certification	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Appropriate teaching experience	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Responsibilities: The Site Program Coordinator is responsible for:	
a. Coordinating teaching and clinical education	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Evaluating program effectiveness	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Maintaining appropriate communication with the program director	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

C. Faculty and Clinical Liaison
1. Didactic Instructor Appointments

Faculty Fact Sheets for primary faculty/instructors are complete	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Complete Job Descriptions for primary faculty/instructors are provided	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Primary faculty/instructors for each laboratory discipline are listed and meet qualifications required for the discipline and level of program as described in Standard VII.C.1.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Faculty/instructors hold appointments within the program	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Ongoing professional development is evident to fulfill the instructional responsibilities of the program faculty	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
a. Qualifications	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
i. Faculty demonstrate adequate knowledge and proficiency in their content area	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ii. Faculty demonstrate the ability to teach at the appropriate level	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. Faculty responsibilities MUST include participation in:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
i. Teaching courses	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ii. Evaluating student achievement	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
iii. Developing curriculum, policies, and procedures	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
iv. Assessment of program outcomes	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS: Faculty fact sheets for faculty Laurence and Forren did not include three consecutive years of professional development; therefore, unable to determine whether faculty can fulfill instructional responsibilities.	
2. Clinical Liaisons: At least one clinical liaison, employed by the clinical affiliate, is designated at each site affiliated with the program to coordinate clinical experiences for the students	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA (move to D)
Clinical liaisons as designated on clinical affiliate fact sheets meet qualifications required for the discipline and level of program as described in Standard VII.C. 2.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
a. The clinical liaison qualifications are:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
i. Medical laboratory professionals who demonstrates the ability to effectively coordinate clinical experiences of the students;	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ii. Demonstrate knowledge of the program discipline	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
iii. Has at least one-year experience as a medical laboratory professional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
b. The clinical liaison responsibilities include:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
i. Coordinating clinical instruction at the site	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
ii. Maintaining effective communication with the program director or designee as evidenced by the representative sample	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS: The following clinical affiliates did not have clinical facility fact sheets submitted: University Hospital St. John Medical Center, MetroHealth Cleveland, Firelands Regional Medical Center.	

D. Advisory Committee

The name(s) comprising the advisory committee are provided	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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The relationship of the advisory committee member(s) to the program is stated	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
1. Responsibilities: The advisory committee has regular, meaningful, and relevant input into the program/curriculum	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

E. Education Coordinator/Clinical Coordinator (HLT, HT, PathA when required)	<input checked="" type="checkbox"/> NA (move to F)
Faculty Fact Sheet is complete	<input type="checkbox"/> YES <input type="checkbox"/> NO
1. Qualifications: The Educational/Clinical Coordinator has submitted a Program Official approval letter, or a self-study review or site visit report recognizing the individual as Educational/Clinical Coordinator. These documents should not identify concerns on standard VII.E (Proof of prior approval satisfies this standard. For these situations, documentation addressing the below items is unnecessary.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Appropriate degree and experience for the program discipline as described in Standard VII.E.1.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
b. Nationally recognized appropriate certification	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
c. Knowledge of NAACLS accreditation and current certification procedures	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
d. 45 credit hours of CME related to pathology within a three-year period (Path A only)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. The Education Coordinator is responsible for:	
a. Providing supervision and coordination of the instructional faculty in both the academic and clinical phases of the program	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

F. Medical Director (required for PathA programs only, separate from the Program Director)	<input checked="" type="checkbox"/> NA (move to VIII)
Faculty Fact Sheet is complete	<input type="checkbox"/> YES <input type="checkbox"/> NO
The Medical Director has a faculty appointment at the sponsoring institution or at each affiliated academic institution	<input type="checkbox"/> YES <input type="checkbox"/> NO
1. Qualifications: The Medical Director has submitted a Program Official approval letter, or a self study review or site visit report recognizing the individual as Medical Director. These documents should not identify concerns on standard VII.F (Proof of prior approval satisfies this standard. For these situations, documentation addressing the below items is unnecessary.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Faculty appointment at the sponsoring institution	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
b. Licensed, board certified anatomic pathologist	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. The Medical Director is responsible for:	
a. Continuous medical direction for clinical instruction	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Actively eliciting support of practicing physicians	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Participating in the clinical instruction of pathology within the program	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

VIII. Curriculum Requirements

A. Instructional areas	
1. Prerequisite content in biological sciences, chemistry and mathematics are required as foundation for coursework in the program (may not be applicable to PBT or MLA)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
2. The curriculum includes components of laboratory/clinical services in the program as applicable for the level of learning as describe in Unique Standard VIII.A.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. The curriculum includes the scientific content or practices applicable to the program level as listed in the standards	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Additionally, the program contains	
1. Application of safety and governmental regulations and standards as applicable to the level of the program.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Principles and practices of professional conduct and the significance of continuing professional development.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
3. Communications sufficient to serve the needs of patients, the public, and members of the health care team.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
4. Principles and practices of administration as applicable to program level (not applicable to MLT, HT, PBT, MLA)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
5. Education methodologies and terminology sufficient to train and educate users and providers of laboratory services (not applicable to MLT, HT, PBT, MLA)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
6. Principles and practices of clinical study design, implementation, and dissemination of results (not applicable to MLT, HTL, HT, PathA, PBT, MLA)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
COMMENTS:	
B. Learning Experiences	
1. Instruction provides properly sequenced learning experiences	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Experiences include necessary content and activities so that entry level competencies can be achieved	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	
C. Evaluations	
1. Evaluation systems relate to course content and support program competencies	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
2. Evaluation systems are utilized frequently enough to provide students and faculty with timely indications of students' academic standing and progress	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Frequency of student evaluations in	
Lectures 20 quizzes, midterm, final exam	
Student laboratories frequent competencies	
Clinical Laboratories formal evaluation at midterm and at end of rotation	
COMMENTS:	

The evaluation systems serve as a reliable indicator of the effectiveness of instruction and are utilized in monitoring course content and design	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

OUTCOMES MEASURES: If outcomes measures listed in 'II.B. Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks (or if there isn't three years' worth of accumulated data, in the case of initial programs), programs are to submit additional materials to analyze from one course.	<input checked="" type="checkbox"/> NA
In such cases the following are included:	
Syllabus	<input type="checkbox"/> YES <input type="checkbox"/> NO
Course goals	<input type="checkbox"/> YES <input type="checkbox"/> NO
Measurable objectives in the cognitive, psychomotor, and affective domains	<input type="checkbox"/> YES <input type="checkbox"/> NO
Evaluation systems that correlate with objectives	<input type="checkbox"/> YES <input type="checkbox"/> NO
COMMENTS:	

NAACLS SELF-STUDY REVIEW REPORT

Summary Page

Important Notice:

The self-study reviewer 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 exclusive right to determine if accreditation is to be granted or continued.

NOTE: This page is compiled on the basis of information supplied to the self-study reviewer by the program director and other officials. **NAACLS makes no representation as to its accuracy. The responsibility for accuracy of the information provided to the self-study reviewer rests solely with the program director and other officials.**

Name of Sponsoring Institution: Lorain County Community College

City, State: Elyria, Ohio

Type of Program(s) Reviewed:

- ☐ Cytogenetic Technologist
- ☐ Diagnostic Molecular Scientist
- ☐ Histotechnician
- ☐ Histotechnologist
- ☐ Medical Laboratory Assistant
- ☐ Medical Laboratory Scientist
- ☐ Medical Laboratory Microbiology
- ☐ Medical Laboratory Technician
- ☐ Pathologists' Assistant
- ☒ Phlebotomy
- ☐ Public Health Microbiology

Concerns

1. In the table below list all concerns, be specific and include any missing documentation.
2. If there are multiple concerns within a Standard, list each concern on a separate line.
3. All concerns noted in the body of this document must be listed here.
4. *For additional lines, go to Review click Restrict Editing, then Stop Protection. Add the lines you need, then once finished, go back and click Yes, Start Enforcing Protection.*

Standard #	Missing Documents/Concerns
Standard 1.D.5	The following clinical affiliates did not have current affiliation agreements provided: Cleveland Clinic Avon Hospital, Cleveland Clinic Family Health Center, Cleveland Clinic Lorain Family Health Center The agreements submitted expired in November 2024.
Standard II.B	Attrition rate calculations were inaccurate. Calculations were corrected based on data points provided in the Self Study.
Standard II.C.1	Several documents were provided validating that data is being collected and reviewed by various parties. However, they did not reflect how they were used in ongoing curriculum development, resource acquisition/allocations, and program modification.

Standard II.C.2	Unable to locate documentation that showed clear evidence of actions taken, and further evaluation of the impact of those actions.
Standard IV.A.1.k.4	Unable to locate criteria for probation, suspension, and dismissal.
Standard VII.C	Faculty fact sheets for faculty Laurence and Forren did not include three consecutive years of professional development; therefore, unable to determine whether faculty can fulfill instructional responsibilities.
Standard VII.C.2	The following clinical affiliates did not have clinical facility fact sheets submitted: University Hospital St. John Medical Center, MetroHealth Cleveland, Firelands Regional Medical Center.

Message to Program Director: Please review the report carefully and respond in writing to any concerns found in the body of the report and on the summary page. A written acknowledgment of receipt of this report must be received by NAACLS within 30 days, even if there are no concerns included in this report.

Additional comments:

NAACLS SELF-STUDY REVIEW REPORT
Agreement Statement Page
*****Please complete as the last page of the Self-Study Review*****

Program Sponsor: Lorain County Community College

Sponsor Type: Sponsoring Institution ☒ Consortium ☐ Multi-location ☐

Program Type:
BMS ☐ CG ☐ DCLS ☐ DMS ☐ HT ☐ HTL ☐ MLA ☐
MLM ☐ MLS ☐ MLT ☐ Path A ☐ PHM ☐ PBT ☒

Program Location (City, State): Elyria, Ohio

Program Director Name/Credentials: Brenda Bergman MS, MLS (ASCP)CM

Name, Medical Director (if applicable): NA

First Reviewer

Name and Title: Keri Brophy-Martinez/ Program Director
Institution: Austin Community College
Address: 3401 Webberville Road
City/State/Zip: Austin/ TX/ 78702
Telephone/Email: 512-223-5877/kbrophym@austincc.edu

The first reviewer affirms and agrees with the self-study review's findings ☒ YES ☐ NO

Date: 5/31/2025

Second Reviewer ☐ NA

Name and Title: Becky Woodford, MBA, MLS(ASCP) CM, QSRCCP/ Regional Director of Laboratory
Institution: United Surgical Partners International
Address: 9301 N Central Expy, Ste 100
City/State/Zip: Dallas/TX./75231
Telephone/Email: 469-971-6317/rwoodford@uspi.com

The second reviewer affirms and agrees with the self-study review's findings ☒ YES ☐ NO

Date: 6/5/2025