



NAACLS Site Visit Report

Updated: April 2025

Program Information

Program Sponsor: Lorain County Community College

Program Type:

BMS ☐ CG ☐ 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@lorainccc.edu

Name, Medical Director (if applicable): NA

Please indicate: Initial ☐ Continuing ☒

Standard I.A: Sponsorship – Sponsoring Institution		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (if NA, Std. I.B or I.C must be YES)
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____ 		<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____		
Any additional concerns from Self-Study Review as identified by the site visit team: NA		<input type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____		
Additional Site Visit Questions		



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1. Was the accreditation status of the sponsor verified and adequate?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard I.B: Sponsorship – Consortium Sponsor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA (if NA, see notes below) - Std. I.A or I.C must be YES - Continue to I.C.
Concerns from Self-Study Review as identified by the self-study reviewer(s): NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Did at least one member of the consortium meet requirements of a sponsoring institution specified in I.A?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard I.C: Sponsorship – Multilocation Sponsor	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA (if NA, see notes below) - Std. I.A or I.B must be YES



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	- Continue to I.D.
Concerns from Self-Study Review as identified by the self-study reviewer(s): NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Was the accreditation status of the sponsor verified and adequate?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Was there proof of minimum of certificate of completion given upon program completion?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard I.D: Sponsorship – Responsibilities of the Sponsor	
Concerns from Self-Study Review as identified by the self-study reviewer(s): 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.	<input type="checkbox"/> None <input checked="" type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input type="checkbox"/> NA	



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<p>Standard 1.D.5: One current affiliation agreement with The Cleveland Clinic was provided in the Self Study Response. This agreement includes all it's campuses: Cleveland Clinic Avon Hospital, Cleveland Clinic Family Health Center, Cleveland Clinic Lorain Family Health Center. Agreement executed 12/1/24 and expires 11/30/29.</p>	
<p>Any additional concerns from Self-Study Review as identified by the site visit team:</p> <p>_____</p>	<p><input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved</p>
<p>Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team:</p> <p><input type="checkbox"/> NA</p> <p>The affiliation agreements provided in the Self Study Reponse were verified by site visitors to be current.</p>	
<p>Additional Site Visit Questions</p>	
<p>1. Was there adequate documentation of ongoing communications between several clinical/academic sites and sponsor to verify exchange of information and coordination of the program?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Hospital-based programs only, with no affiliates)</p>
<p>2. Was there proof of minimum of certificate of completion given upon program completion?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>
<p>Remaining Concerns: <input checked="" type="checkbox"/> NA</p> <p>_____</p>	
<p>Additional Comments for Standard I:</p> <p>There are no additional comments.</p>	
<p>Standard II.A: Assessment and Continuous Quality Improvement - Systematic Assessment</p>	
<p>Concerns from Self-Study Review as identified by the self-study reviewer(s):</p> <p>_____</p>	<p><input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved</p>
<p>Explain how concerns from the Self-Study Review were resolved or left unresolved:</p> <p><input checked="" type="checkbox"/> NA</p> <p>_____</p>	



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Any additional concerns from Self-Study Review as identified by the site visit team: <hr/>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA <hr/>		
Additional Site Visit Questions		
1. Was there evidence of a mechanism for continually and systematically reviewing the effectiveness of the program?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA <hr/>		
Standard II.B: Assessment and Continuous Quality Improvement - Outcome Measures <i>Note: Outcome measures below benchmarks do not result in citations and should not be noted as concerns, however they do result in a required Action Plan.</i>		
Concerns from Self-Study Review as identified by the self-study reviewer(s): Standard II.B: Attrition rate calculations were inaccurate. Calculations were corrected based on data points provided in the Self Study.		<input type="checkbox"/> None <input checked="" type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input type="checkbox"/> NA Standard II.B: Per the Self Study Response: the calculations were corrected, and no further submission was needed by the college. (Calculations were confirmed to be correct by site visitors).		
Any additional concerns from Self-Study Review as identified by the site visit team: <hr/>		<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input type="checkbox"/> NA		



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The site visitors reviewed the corrected attrition rates and discussed calculations with the Program Director.	
Additional Site Visit Questions	
1. Was there adequate verification of the outcome measures statistics provided in the Self-Study Review?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Initial programs only)
2. Was the review of results documented, analyzed, and used in program assessment and continuous quality improvement of the program?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Initial programs only)
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard II.C: Assessment and Continuous Quality Improvement – Program Assessment and Modification	
Concerns from Self-Study Review as identified by the self-study reviewer(s): 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.	<input type="checkbox"/> None <input checked="" type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input type="checkbox"/> NA Standard II.C.1: The college provided a narrative in the Self Study Response which included a description of how data collected by the program was used in ongoing curriculum development, resource acquisition/allocations, and program modification. The response included several relevant examples as well as an Action Plan for calendar years 2022-2025. Standard II.C.2: The college provided a narrative in the Self Study Response citing the creation of a new adjunct position which was created as a response to increased student enrollment. Documentation supporting this was provided in the Action Plan for 2022-2025 and in the response to Standard II.C.1. In addition, the job posting for the position and Advisory Board meeting minutes pertaining to new hires were included in the Self Study Response.	



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Any additional concerns from Self-Study Review as identified by the site visit team: 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA 	
Additional Site Visit Questions	
1. Was there adequate verification of any additional supportive documentation demonstrating data collection, review and evaluation that resulted in program improvement, <i>and</i> documentation that linked program improvement to changes made as a result of program review and evaluation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Initial programs only)
Remaining Concerns: <input checked="" type="checkbox"/> NA 	
Additional Comments for Standard II: There are no additional comments.	
Standard III.A: Resources – General Resources	
Concerns from Self-Study Review as identified by the self-study reviewer(s): 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA 	
Any additional concerns from Self-Study Review as identified by the site visit team: 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA	



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<p>_____</p>	
<p>Additional Site Visit Questions</p>	
<p>1. Is there evidence that financial resources for the continued operation of the program are sufficient to achieve program goals?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>
<p>2. Did adequate verification include documentation that personnel resource assessment is a part of continuous program evaluation?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>
<p>3. Did adequate verification include demonstration that program physical resources are sufficient to allow achievement of program goals?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA</p>
<p>Remaining Concerns: <input checked="" type="checkbox"/> NA</p> <p>_____</p>	
<p>Standard III.B: Resources – Personnel Resources</p>	
<p>Concerns from Self-Study Review as identified by the self-study reviewer(s):</p> <p>_____</p>	<p><input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved</p>
<p>Explain how concerns from the Self-Study Review were resolved or left unresolved:</p> <p><input checked="" type="checkbox"/> NA</p> <p>_____</p>	
<p>Any additional concerns from Self-Study Review as identified by the site visit team:</p> <p>_____</p>	<p><input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved</p>
<p>Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team:</p> <p><input checked="" type="checkbox"/> NA</p> <p>_____</p>	



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Additional Site Visit Questions	
1. Are faculty and staff sufficient and appropriately qualified to perform the functions in documented job descriptions and to allow achievement of program outcomes?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard III.C: Resources – Physical Resources	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Were the program's facilities sufficient to achieve program goals?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Were supplies and equipment for laboratory analyses in student laboratory(ies) adequate?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Were supplies and equipment for laboratory analyses in clinical laboratory(ies) adequate?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA



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4. Were adequate information resources current and available for learning?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
5. Were supporting instructional materials related to all content areas of the curriculum current, available, and utilized?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Additional Comments for Standard III: There are no additional comments.	
Standard IV.A: Students - Publications and Disclosures	
Concerns from Self-Study Review as identified by the self-study reviewer(s): Standard IV.A.1.k.4: Unable to locate criteria for probation, suspension, and dismissal.	<input type="checkbox"/> None <input checked="" type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input type="checkbox"/> NA Standard IV.A.1.k.4: The Self Study Response included the location of the probation, suspension, and dismissal policies found in the Phlebotomy Program Handbook. Additionally, an excerpt was provided as documentation.	
Any additional concerns from Self-Study Review as identified by the site visit team: The Self Study Response by the program provided information found in the Phlebotomy Handbook about probation, suspension, and dismissal policies. The Handbook was recently updated and the same documentation was verified by site visitors to be found in this updated version.	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input type="checkbox"/> NA The documents provided in the Self Study Response were verified on site and resolved this concern.	
Additional Site Visit Questions	



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1. Was there adequate verification, through review of materials and interviews, that 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 <input type="checkbox"/> NA
b. Program goals and competencies	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
c. Program accreditation/approval status including the name, address and contact information for NAACLS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
d. Program outcomes identified in Standard II.B.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Initial programs only)
e. List of current clinical affiliates.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Hospital-based programs with no clinical sites)
f. Admission criteria, both academic and non-academic, including essential functions, advance placement, etc.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
g. A list of course descriptions (and associated credit hours if available)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
h. Names and academic rank of program director and faculty (and medical director for Pathologist's Assistant programs)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
i. Current tuition and fees with withdrawal and refund policy	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
j. Service work policies for students	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
k. Policies and procedures for:	
i. Advising/guiding students through the program while maintaining confidentiality and impartiality	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
ii. Clinical assignment when placement cannot be immediately guaranteed	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
iii. Student grievance and appeals process	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
iv. Criteria for program completion including probation, suspension, and dismissal	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
l. Academic calendar	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA



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m. Rules and regulations governing acceptable personal and academic conduct, including behavior	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard IV.B: Students – Student Records	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Is there evidence that student records are maintained and contain the materials required by Standard IV.B?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Are transcripts/students records permanently maintained and do they include legal names, grades and credits and dates of admission and completion?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Was there adequate verification of documented sponsor policies regarding student records and retention?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	



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Standard IV.C: Students – Health and Safety	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Was it verified and adequate that the health and safety of students, faculty and patients during educational activities is adequately safeguarded?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Was it verified and adequate that there is documentation that students receive biohazard and safety training?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Additional Comments for Standard IV: There are no additional comments.	
Standard V: Operational Policies – Fair Practices	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site



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		<input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____		
Any additional concerns from Self-Study Review as identified by the site visit team: _____		<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____		
Additional Site Visit Questions		
1. Was it verified and adequate that student recruitment and admission is non-discriminatory and in accordance with existing governmental regulations and those of the sponsor?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Was it verified and adequate that service work by students in clinical settings outside of academic hours is non-compulsory?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Was it verified and adequate that students are not substituted for regular staff during their student experiences?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____		
Additional Comments for Standard V: There are no additional comments.		
Standard VI: Administrative: Maintaining Accreditation – Program Sponsoring Institution Responsibilities <p>This Standard involves the administrative requirements for maintaining accreditation throughout its award period, and therefore is not reviewed in the Self-Study Report or site visit process.</p>		
<u>Standard VII.A: Program Administration – Program Director</u>		



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Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Does the program director have input into the budget preparation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Is there adequate evidence that the program director has regular and consistent contact with students, faculty, and program personnel?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Is there adequate evidence that the program director has a faculty or clinical appointment at the sponsoring institution?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard VII.B: Program Administration - Site Program Administrator (required for Multi-location only, assigned to each participating site) <input checked="" type="checkbox"/> NA	
Concerns from Self-Study Review as identified by the self-study reviewer(s): NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site



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		<input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____		
Any additional concerns from Self-Study Review as identified by the site visit team: NA		<input type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____		
Additional Site Visit Questions		
1. Is the site program coordinator responsible for the required aspects of the program?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____		
Standard VII.C: Program Administration - Faculty/Instructor		
Concerns from Self-Study Review as identified by the self-study reviewer(s): 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.		<input type="checkbox"/> None <input checked="" type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input type="checkbox"/> NA Standard VII.C: The program's response included faculty fact sheets for faculty Laurence and Forren containing three consecutive years of professional development. Standard VII.C.2: Clinical facility fact sheets were submitted in the Self Study Response for: University Hospital St. John Medical Center, MetroHealth Cleveland, Firelands Regional Medical Center.		



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Any additional concerns from Self-Study Review as identified by the site visit team: 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA 	
Additional Site Visit Questions	
1. Was adequate evidence of adequate knowledge and proficiency of the faculty in their content areas verified?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Was adequate evidence of didactic instructor appointments within the educational program verified?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Was adequate evidence that faculty teach effectively at the appropriate level verified?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
4. Was at least one liaison identified and appointed per clinical/applied learning experiences liaison site?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Hospital-based programs with no clinical sites)
5. When applicable, was there adequate verification that the clinical liaison(s) meet qualifications required for the discipline and level or program as described in Standard VII.C.2.a.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Hospital-based programs with no clinical sites)
6. Was adequate verification made, through review of documentation and interviews, that the clinical/applied learning experiences liaison is responsible for all aspects as described in Standard VII.C.2.b.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA (Hospital-based programs with no clinical sites)
Remaining Concerns: <input checked="" type="checkbox"/> NA 	
Additional Comments: There are no additional comments.	



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Standard VII.D: Program Administration – Advisory Committee	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____ 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Was there adequate verification, through the review of minutes, documentation, and interviews that an advisory committee is in place and active in providing input to the program relevancy and effectiveness?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard VII.E: Education Coordinator (when required) <input checked="" type="checkbox"/> NA	
Concerns from Self-Study Review as identified by the self-study reviewer(s): NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	



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Any additional concerns from Self-Study Review as identified by the site visit team: NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Was there adequate verification, through the review of documentation and interviews, that the education coordinator meets the qualification as described in Standard VII.E (when applicable)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
2. Was there adequate verification, through the review of documentation and interviews, that the education coordinator meets the responsibilities as described in Standard VII.E (when applicable)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard VII.F: Program Administration – Medical Director (for Path A Programs only) <input checked="" type="checkbox"/> N/A	
Concerns from Self-Study Review as identified by the self-study reviewer(s): NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: NA	<input type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved



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Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Was there adequate verification, through the review of documentation and interviews, that the medical director is responsible for all aspects of program administration and management as described in Standard VII.F.2. (when applicable)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Additional Comments for Standard VII: NA	
Standard VIII.A. Curriculum Requirements – Instructional Areas	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	



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1. Was there adequate verification, through review of documentation, transcripts, and interviews, that the program meets the curricular requirements as described in the program specific Unique Standards VIII.A?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Were prerequisites identified appropriate and met by current and past students as applicable?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
3. Were elements identified in Standard VIII.A.2. and (VIII.A.3. for Pathologists' Assistant) for each unique program included in the curriculum, current and relevant?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____	
Standard VIII.B: Curriculum Requirements - Learning Experiences	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____	
Any additional concerns from Self-Study Review as identified by the site visit team: _____	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____	
Additional Site Visit Questions	
1. Was adequate verification made that learning experiences are appropriate, current, and relevant for students to achieve entry-level competencies as described for each program level/discipline in Standard VIII?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA	



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Standard VIII.C: Curriculum Requirements - Evaluations	
Concerns from Self-Study Review as identified by the self-study reviewer(s): _____ 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved in response to Self-Study Review; verified on site <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved: <input checked="" type="checkbox"/> NA _____ 	
Any additional concerns from Self-Study Review as identified by the site visit team: _____ 	<input checked="" type="checkbox"/> None <input type="checkbox"/> Resolved on site <input type="checkbox"/> Unresolved
Explain how concerns from the Self-Study Review were resolved or left unresolved as identified by the site visit team: <input checked="" type="checkbox"/> NA _____ 	
Additional Site Visit Questions	
1. Was adequate verification made, through the review of documents, as well as interviews with students, graduates, and employers that evaluations of student learning used are appropriate and provide timely feedback for successful student academic standing and progression?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
2. Was adequate verification made that evaluation systems are reliable indicators of program effectiveness?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
Remaining Concerns: <input checked="" type="checkbox"/> NA _____ 	
Additional Comments: There are no additional comments.	
Standard VIII Curriculum Review:	
<input checked="" type="checkbox"/> N/A - met NAACLS benchmarks.	



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Continuing programs - if outcome measures listed in II.B. Accompanying Documentation for Self-Study are below NAACLS approved benchmarks.

Initial programs - if there is not three years' worth of accumulated data.

Additional Site Visit Questions

1. Were course syllabi and objectives for each subject area reviewed? ☐ YES ☐ NO ☒ NA

2. Did the program have appropriate objectives in the cognitive, psychomotor, and affective domains? ☐ YES ☐ NO ☒ NA

3. Did course objectives show progression to the level consistent with entry into the profession? ☐ YES ☐ NO ☒ NA

4. Were evaluation systems reviewed for each subject area and in alignment with course objectives? ☐ YES ☐ NO ☒ NA

5. Were evaluation systems in the cognitive, psychomotor, and affective domain reviewed? ☐ YES ☐ NO ☒ NA

6. Were evaluation systems employed frequently enough to provide faculty and students with timely indications of a student's academic standing and progress, and to serve as a reliable indicator of the effectiveness of instruction and course design? ☐ YES ☐ NO ☒ NA

Remaining Concerns: ☒ NA

Additional Comments for Standard VIII:

There are no additional comments.



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Summary Page

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 exclusive right to determine whether or not accreditation is to be granted or continued.

This document is compiled based on information supplied to the site visit team 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 team rests solely with the program director and other officials.**

Program Sponsor: Lorain County Community College

City, State: Elyria, Ohio

Dates of Visit: October 16-17, 2025

Type of Program Visited:

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

Areas of Strength:

The Phlebotomy Program benefits from strong community support through affiliations and an abundance of donations from the local clinical sites. The faculty, the Program Director, and Advisory Board are actively engaged with the Program and provide a great deal of expertise which helps to provide quality instruction and mentorship. The Program has adequate staffing and strong administrative support and the Program Director is organized, thorough, conscientious, and available to students. The Program has a well structured curriculum along with an orderly and clean student laboratory, which provide students with an effective and professional hands-on learning experience. The detailed formative and summative assessments completed during their clinical experience provide opportunities



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to evaluate student strengths and weaknesses in a timely and effective manner. Overall, the Program is robust and students report a high level of satisfaction with their educational experience.

Remaining Concerns Identified by the Site Visit Team:

Directions: If there are outstanding concerns after the site visit, please ensure that the text used in the review above matches the text used on the Summary Page. NAACLS Staff strongly recommends to copy and paste concerns directly from the previous section into the rows below.

<u>Standard #</u>	<u>Concern</u>

Message to Program Director: Please review the report carefully and respond in writing to all 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.



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Affirmation Page

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@lorainccc.edu

Medical Director Name: (if applicable) NA

Please indicate: Initial ☐ Continuing ☒

Team Coordinator

Name and Title: Kristy Matulevich, M.Ed, MLS (ASCP) CM, Associate Professor/Clinical Coordinator

Institution: Harcum College

Address: 31 Pennswood Road, Suite 42

City/State: Bryn Mawr, PA Telephone/Email: 610-526-1864/kmatulevich@harcum.edu

I affirm and agree with the Site Visit Report findings. ☒ YES ☐ NO* Date: 10/18/2025

Team Member

Name and Title: Maria Torres-Pilot, Former Program Director, MA, MLS (ASCP)CM

Institution: Retired Northern Virginia Community College MLT Program Director

Address: 12236 Ladymeade Court, Apt. 103

City/State: Woodbridge, VA Telephone/Email: 787-525-8255/mltpilot@gmail.com

I affirm and agree with the Site Visit Report findings. ☒ YES ☐ NO* Date: 10/18/2025

Educator Generalist

Name and Title: NA

Institution: _____

Address: _____

City/State: _____ Telephone/Email: _____

I affirm and agree with the Site Visit Report findings. ☐ YES ☐ NO* Date: _____



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****If a team member does not concur with the report, a Dissenting Report describing disagreements must be submitted to NAACLS. Instructions for completing this form can be found in the NAACLS Policy and Procedure Manual.***