



# NAACLS Accreditation Application Packet

(Published June 2026)

Dear Program Director,

Welcome to the NAACLS Accreditation Application Packet. This document is designed to gather important administrative information and determine a program's likelihood of complying with the NAACLS Standards. If you are a program director of the biological medical sciences (BMS), doctorate in clinical laboratory sciences (DCLS), or a non-USA program, please reach out to NAACLS Staff before starting the application packet.

For comprehensive information on the types of materials to include in required narratives and documentation, we strongly recommend utilizing the Preliminary Report section of the NAACLS Standards Compliance Guide. All items must be complete before the application packet is submitted. NAACLS depends on volunteer content experts to review all documents. As a result, materials such as the application packet may take up to two months to review.

Please read the following instructions carefully before proceeding:

## Adobe Acrobat Required:

Most computers' default setting is to open PDFs in a web browser. PDFs opened in a web browser will not have the functionality to save the Self-Study Template. You will likely not be able to type, attach or save the document when opened in a web browser. This template must be downloaded and saved to your device in order for changes within the document to be saved.

To ensure you're using Adobe Acrobat:

- Download the document.
- Right-click on the file.
- Select "Open with" from the menu.
- Choose "Adobe Acrobat" from the list of programs.

[If Adobe Acrobat is not installed, download Adobe Acrobat Reader DC for free.](#)

## Required Materials:

Please download the Standard Compliance Guide (SCG) for important information to include in your narrative and documentation. The bulk of the SCG is dedicated to the Self-Study Report and site visit. The information in this section be helpful, but review of this section is not necessary at this time. Please visit the "Preliminary Reports Requirements" in the "Compliance Requirements for Additional Reports" section of the compliance guide.

## Attaching Required Documentation:

Please note, the areas to attach/pin documentation are gray. The narrative boxes remain blue.

Be mindful of how you label documents. Additional detail can go a long way in assisting our volunteer reviewer. For example, instead of "Affiliate1.docx," consider "StandardIBG\_MercyHospitalNorthWestAgreement.docx." These extra details save our volunteers a lot of time as they double-check and cross-reference documentation.

Pin all required documents in the gray boxes provided. For standards with multiple documents, do not “stack” attachments on top of each other. This can hide documentation and lead to concerns within a review.

To add attachments to Adobe Acrobat Reader, please see the following steps:

- Open the Accreditation Application Packet in Adobe Acrobat Reader.
- Locate the floating vertical toolbar to the left of the program.
  - You will see the following icon buttons on the toolbar: arrow, comment bubble, highlighter, lasso, and fountain pen.
- Locate the comment bubble button and click the arrow in the bottom right corner of the button.
- You will see multiple options to replace the comment bubble in the toolbar.
- Select the comment bubble with a paper clip. With a paid version of Adobe Acrobat, you may find the paper clip missing. Instead, click on “Attach file”.
- Press the paper clip button to use your cursor to place attachments.
- Make sure attachments are not stacked on top of each other.
- You may move attachments by selecting the arrow button.

### **On Demand Demonstration:**

Every month, NAACLS has interactive virtual sessions called Dr. NAACLS that are available for free. NAACLS hosted a Dr. NAACLS session that featured a demonstration on downloading, saving, and opening the Accreditation Application Packet. Additionally, there was a demonstration of how to attach files to a PDF. The instructions in that video will be beneficial to you for working with this template. [If you need additional guidance, we recommend watching the video.](#)

### **Spell Check:**

To perform a spell check in PDF, follow the instructions below:

- Press the F7 Function Key at the top of your keyboard.
- In the Check Spelling dialog box, select Start to begin the spell check.
- Review the flagged misspellings and choose to change them individually or select Change All to correct all occurrences at once.

### **Glossary of Terms:**

Refer to the glossary in the NAACLS Standards Compliance Guide for commonly used NAACLS terminology.

### **Support Available:**

- For standard compliance questions, contact a discipline lead person (DLP). A list of DLP’s can be found on our website’s [Program Directors](#) tab.
- For other questions, contact NAACLS Staff.

Your dedication to maintaining high standards in laboratory science education is appreciated. Let’s begin with the Accreditation Application Packet.

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# Application

Please enter the contact information for you and your organization (program director name, organization name, address, phone number, and email). By entering this information, you and your organization consent to its use by NAACLS in its internal and external operations, including but not limited to, publication on the NAACLS website and contacting you and your organization about NAACLS related items.

## Program Information

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

Program Type:

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

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

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

## Invoice Information:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address:  same as above, or provide below:

\_\_\_\_\_

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

## Institution Type:

- Hospital or Medical Center
- Academic Health Center/Medical School
- Two-Year College or University
- Four-Year College or University
- Independent Laboratory or Non-Hospital Healthcare Facility
- Blood Center
- Military Facility
- Non-Degree Granting Proprietary Program

## Institutional Control:

- State, County or Local Government
- Non-Profit (private or religious)
- For Profit
- Federal Government

## Faculty and Administration Information

### Program Director Information:

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

### President/CEO Information:

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

### Dean Information:

*\*For institution types (hospital-based, military, etc.), please identify a comparable administrator.*

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

### Medical Director Information (MedD):

*\*Medical director is required for Path A programs only. See the NAACLS Standards for details.*

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

**Education Coordinator Information (EdC):**

*\*Education coordinator may be required for HT, HTL, MLM, Path A programs only. See the NAACLS Standards for details.*

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

**Site Program Administrator Information (SPA):**

*\*Site program administrator is required for programs in a partnership only. See the NAACLS Standards for details.*

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

**Accreditation Liaison (AcL):**

*\*Accreditation liaison, when required, for international programs only. See the NAACLS Standards for details.*

Name/Credentials: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

City, State, and Zip Code: \_\_\_\_\_

**Program Details**

Length of Program: \_\_\_\_\_

Month(s) Program Begins: \_\_\_\_\_

Award(s) Program Grants: \_\_\_\_\_

Average Tuition: \_\_\_\_\_

Maximum Enrollment: \_\_\_\_\_

Month and Year of First Graduating Class: \_\_\_\_\_

Month and Year of First Accepting Students: \_\_\_\_\_

Program Homepage URL: \_\_\_\_\_

**Letter of Intent**

*Please include Letter of Intent in this gray box provided.*

# Preliminary Report

## Introduction

Please introduce us to your program! The Preliminary Report will get into more specifics so please feel free to review what will be provided later. However, an overview in your own words is very helpful for NAACLS Volunteers as they begin their review. Please include a brief history of the program, as well as any information you believe may aid reviewers.

## Standard I: Sponsorship

Narrative for Preliminary Report:

**Clinical/Applied Learning Affiliates and Student Capacity:** Describe how your clinical/applied learning affiliate sites will accommodate projected student numbers.

Accompanying Documentation for Preliminary Report:

**Institutional Accreditation/Certification:** Provide copies of award letters and/or certificates as proof of current sponsoring institution accreditation/certification by a regional or national agency (see NAACLS Standard Compliance Guide for recognized accreditors/certifiers).

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Sponsorship Affiliations:** Provide letters of intent, signed affiliation agreements or memorandums of understanding (MOUs) from proposed clinical/applied learning or academic sites, which will accommodate projected numbers of students accepted into the program. For additional pages, click [here](#).

<b>Affiliate (Name, City and State)</b> <i>Check if Clinical/Applied Learning (C) or Academic (A)</i>		<b>Letter of Intent, Signed Affiliation Agreement or MOU</b>
<input type="checkbox"/> C		<i>Pin document here.</i>
<input type="checkbox"/> A		
<input type="checkbox"/> C		<i>Pin document here.</i>
<input type="checkbox"/> A		
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## Standard II: Assessment and Continuous Quality Improvement

Narrative for Preliminary Report:

**Assessment Plan:** Summarize a documented plan for continuous and systematic assessment of program effectiveness and continuous improvement.

### Responsible Individuals

### Identified Processes

### Assessment Schedule/Timeline (containing identified assessment methods)

**Modification and Improvement:** Describe the process of program modification and how changes are assessed for effectiveness of implemented changes.

Accompanying Documentation for Preliminary Report:

*No documentation necessary for this standard.*

### **Standard III: Resources**

Narrative for Preliminary Report:

**Physical Resources:** Describe facilities, equipment, and supplies sufficient to achieve program goals.

Accompanying Documentation for Preliminary Report:

**Financial Resources:** Program budget or letter of financial support.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

## Standard IV: Students

Narrative for Preliminary Report:

**Publications and Disclosures:** Describe how you will disclose admission criteria, essential functions, and student outcome measures to prospective and current students.

Accompanying Documentation for Preliminary Report:

**Program Goals:** Provide program goals that will align, correlate, and support NAACLS entry-level competencies including both core and unique standards for the profession.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

## Standard V: Operational Policies

### Narrative for Preliminary Report:

**Students:** Describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program.

### Accompanying Documentation for Preliminary Report:

*No documentation necessary for this standard.*

## Standard VII: Program Administration

### Narrative for Preliminary Report:

For the following Program Director Approval Section, NAACLS Staff encourages applicants to review the “Program Official Approval Requirements” in the Standard Compliance Guide.

### **Program Director Previously NAACLS Approved:**

If you have been previously approved as a program director of a NAACLS Accredited program, please continue to **Faculty/Personnel Plan** narrative sections further within the form. For those not previously approved, complete the next section.

**Program Director Not Previously NAACLS Approved:**

For program directors not previously NAACLS approved, fill out all following sections.

**Program Director:** Describe the program director's qualifications.

**Program Director:** Describe how the applicant has gained teaching experience and knowledge.

**Program Director:** Describe how the applicant has gained experience in educational methodology.

**Program Director:** Describe how the applicant has gained knowledge in the NAACLS accreditation process.

**Faculty/Personnel Plan:** Describe how the faculty/personnel plan (additional faculty positions if appropriate) is adequate to support the number of students proposed in the program and to achieve the program goals.

**Faculty/Personnel Plan:** Describe a plan for faculty and personnel positions, including names and the courses faculty will teach, when available.

**Advisory Committee:** Describe the membership of the advisory committee which provides input into the program/curriculum to maintain relevancy and effectiveness.

Accompanying Documentation for Preliminary Report:

**Previously NAACLS Approved Program Director:**

If you have been previously approved as a program director of a NAACLS Accredited program, attach approval letter below and then skip to the **Site Program Administrator** documentation section. Otherwise, please continue with the **Program Director** sections below.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Director Not Previously NAACLS Approved:**

**Program Director:** Provide a curriculum vitae.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Director:** Provide proof of required teaching experience.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Director:** Provide proof of required educational methodology and administration knowledge.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Director:** Provide proof of knowledge of NAACLS Accreditation procedures.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Director:** Provide proof of the applicant has completed the required amount of professional development.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Director:** Certification transcripts.

*Proof of ASCP BOC/ASCP<sup>i</sup> BOC certification or relevant certification, licensure or recognition must be sent directly from the primary source to Jessy Jasso.*

*If emailed, please send to [POForms@naacsls.org](mailto:POForms@naacsls.org).*

*If electronic documents are not available, please have the primary source send the documents to NAACLS, Attn: Jessy Jasso, 5600 N River Road, Suite 720, Rosemont, IL 60018.*

**Program Director:** Education transcripts.

*Education transcripts must be sent from the primary source to Jessy Jasso.*

*If emailed, please send to [POForms@naacsls.org](mailto:POForms@naacsls.org).*

*If electronic documents are not available, please have the primary source send the documents to NAACLS, Attn: Jessy Jasso, 5600 N River Road, Suite 720, Rosemont, IL 60018.*

**Program Director:** Recommendation letters.

*Recommendation letters must be sent from the primary source to Jessy Jasso.*

*If emailed, please send to [POForms@naacls.org](mailto:POForms@naacls.org).*

*If electronic documents are not available, please have the primary source send the documents to NAACLS, Attn: Jessy Jasso, 5600 N River Road, Suite 720, Rosemont, IL 60018.*

**Staff Use:**

**Site Program Administrator:** If a site program administrator is necessary for your program, please provide a completed [Program Official Approval Form](#). For questions about whether a site program administrator is necessary please see the NAACLS Standards.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Accreditation Liaison:** If an accreditation liaison is necessary for your program, please provide a completed [Program Official Approval Form](#). For questions about whether an accreditation liaison is necessary please see the NAACLS Standards.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Education Coordinator:** If an education coordinator is necessary for your program, please provide a completed [Program Official Approval Form](#). For questions about whether an education coordinator is necessary please see the NAACLS Standards.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Medical Director:** If a medical director is necessary for your program, please provide a completed [Program Official Approval Form](#). For questions about whether a medical director is necessary please see the NAACLS Standards.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

## Standard VIII: Curriculum Requirements

Narrative for Preliminary Report:

**Program and Course Description:** Describe the proposed length of program, program tracks and rationale for course sequencing.

Accompanying Documentation for Preliminary Report:

**Program and Course Description:** Provide a plan of study that contains all courses required, including prerequisites, in recommended sequence for completion of the degree or certificate.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Program Specific Courses:** Provide course syllabi including course descriptions, measurable student learning outcomes.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Curriculum Requirements:** Provide evidence of learning in the cognitive, affective and psychomotor domains.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Curriculum Requirements:** Provide evidence that all the curriculum requirements delineated in Standard VIII.B, specific for the level of program, are included in the curriculum.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

**Evaluation:** For one content area, provide examples of learning materials/activities and evaluation tools that align with identified program outcomes. Include learning objectives for cognitive, psychomotor and affective domains.

*Please include all documentation in this gray box provided. Please ensure that attachment pin placements are easily identifiable by the reviewers.*

Please submit the completed form to [POForms@naacsl.org](mailto:POForms@naacsl.org).