



NAACLS Board of Directors Changes

April 24, 2026

Category	Type of Change	Summary of Key Changes	Implementation date/Status
Standards			
Standard (i.e. Number)	Standard Language	Revision and/Summary of Key Changes	Implementation date/Status
Standard VI.B	<p>VI. Administrative: Maintaining Accreditation</p> <p>Program/Sponsoring Institution Responsibilities Programs are required to comply with administrative requirements for maintaining accreditation including:</p> <ul style="list-style-type: none"> A. Submitting required documentation to NAACLS by the established deadline. These include but are not limited to self-study reports, applications for continuing accreditation and required Progress Reports, Interim Report and Action Plans. B. Paying accreditation fees, as determined by NAACLS, by the due date. 	<p>VI. Administrative: Maintaining Accreditation</p> <p>Program/Sponsoring Institution Responsibilities Programs are required to comply with administrative requirements for maintaining accreditation including:</p> <ul style="list-style-type: none"> A. Submitting required documentation to NAACLS by the established deadline. These include but are not limited to self-study reports, applications for continuing accreditation and required Progress Reports, Interim Report and Action Plans. B. Paying all fees assessed by NAACLS by the specified due date. Fees include, but are not limited to, accreditation fees, workshop fees, program official approval fees and site visit fees. 	Release for Public Comment in May
PBT Standard VII	<p>VII. PBT Program Administration</p> <p>A. Program Director</p> <p>The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.</p> <ul style="list-style-type: none"> 1. Qualifications The program director must have: 	<p>VII. PBT Program Administration</p> <p>A. Program Director</p> <p>The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.</p> <ul style="list-style-type: none"> 1. Qualifications The program director must have: 	Release for Public Comment in May



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	<ul style="list-style-type: none"> a. A bachelor’s degree or higher. b. An ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or holds certification in phlebotomy from an applicable recognized certification agency. c. One year of teaching experience. d. Knowledge of educational methods and administration as well as current accreditation and certification procedures. e. (for international programs only) If the program director does not hold ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or holds certification in phlebotomy from an applicable recognized certification agency, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or holds certification in phlebotomy from an applicable recognized certification agency, must hold appointment as an accreditation liaison. <p>E. Accreditation Liaison (when required, for international programs only)</p> <ul style="list-style-type: none"> 1. Qualifications The accreditation liaison, when required, must be a medical laboratory professional who: <ul style="list-style-type: none"> a. Has knowledge of NAACLS accreditation. b. Has at least a master’s degree and three 	<ul style="list-style-type: none"> a. A bachelor’s degree or higher. b. An ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or phlebotomy technician. c. One year of teaching experience. d. Knowledge of educational methods and administration as well as current accreditation and certification procedures. e. (for international programs only) If the program director does not hold ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or phlebotomy technician, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or phlebotomy technician must hold appointment as an accreditation liaison. <p>E. Accreditation Liaison (when required, for international programs only)</p> <ul style="list-style-type: none"> 1. Qualifications The accreditation liaison, when required, must be a medical laboratory professional who: <ul style="list-style-type: none"> a. Has knowledge of NAACLS accreditation. b. Has at least a master’s degree and three years of experience in the program discipline. <p>Holds ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or phlebotomy technician.</p>	
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	<p>years of experience in the program discipline.</p> <p>c. Holds ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, medical laboratory technician, or holds certification in phlebotomy from an applicable recognized certification agency.</p>		
<p>Credential Standard Change for 2024 and DCLS</p>	<p>VII. Program Administration</p> <p>A. Program Director</p> <p>The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.</p> <p>1. Qualifications</p> <p>The program director must have:</p> <ul style="list-style-type: none"> a. An earned master’s or doctoral degree. b. An ASCP BOC or ASCPⁱ BOC generalist certification as a medical laboratory scientist. c. Three years of teaching experience. d. Knowledge of education methods and administration as well as current NAACLS accreditation procedures and certification procedures. e. (for international programs only) If the program director does not hold ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist must hold appointment as an accreditation liaison. <p>B. Site Program Administrator (required for</p>	<p>VII. Program Administration</p> <p>A. Program Director</p> <p>The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.</p> <p>1. Qualifications</p> <p>The program director must have:</p> <ul style="list-style-type: none"> a. An earned master’s or doctoral degree. b. An ASCP BOC or ASCPⁱ BOC generalist credential as a medical laboratory scientist. c. Three years of teaching experience. d. Knowledge of education methods and administration as well as current NAACLS accreditation procedures and certification procedures. e. (for international programs only) If the program director does not hold ASCP BOC or ASCPⁱ BOC credential as a medical laboratory scientist, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC credential as a medical laboratory scientist must hold appointment as an accreditation liaison. 	<p>Release for Public Comment in May</p>



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programs with sponsors and partners; assigned to each participating site)

1. Qualifications
The site program administrator must:
 - a. Have a bachelor's degree.
 - b. Hold the same level **certification** required of a program director.
 - c. Have at least one year of experience in medical laboratory science education to include knowledge of:
 - i. education methods
 - ii. program assessment and administration
 - iii. certification/licensure procedures

E. Accreditation Liaison (when required, for international programs only)

1. Qualifications
The accreditation liaison, when required, must be a medical laboratory professional who:
 - a. Has knowledge of NAACLS accreditation.
 - b. Has at least a master's degree and three years of experience in the program discipline.
 - c. Holds ASCP BOC or ASCPⁱ BOC **certification** as a medical laboratory scientist.

F. Education Coordinator (when required)

1. Qualifications
The education coordinator, when required, must be a medical laboratory professional who:
Has at least a bachelor's degree and three years of experience in the program discipline.
Holds ASCP BOC or ASCPⁱ BOC **certification** as a histotechnologist.
Has knowledge of NAACLS accreditation and

B. Site Program Administrator (required for programs with sponsors and partners; assigned to each participating site)

1. Qualifications
The site program administrator must:
 - a. Have a bachelor's degree.
 - b. Hold the same level **credential** required of a program director.
 - c. Have at least one year of experience in medical laboratory science education to include knowledge of:
 - i. education methods
 - ii. program assessment and administration
 - iii. certification/licensure procedures

E. Accreditation Liaison (when required, for international programs only)

1. Qualifications
The accreditation liaison, when required, must be a medical laboratory professional who:
 - a. Has knowledge of NAACLS accreditation.
 - b. Has at least a master's degree and three years of experience in the program discipline.
 - c. Holds ASCP BOC or ASCPⁱ BOC **credential** as a medical laboratory scientist.

F. Education Coordinator (when required)

1. Qualifications
The education coordinator, when required, must be a medical laboratory professional who:
 - a. Has at least a bachelor's degree and three years of experience in the program discipline.
 - b. Holds ASCP BOC or ASCPⁱ BOC **credential** as a histotechnologist.



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	current certification procedures.	Has knowledge of NAACLS accreditation and current certification procedures	
Accreditation Liaison Standard VII.E.2.b and 3	<p>E. Accreditation Liaison (when required, for international programs only)</p> <p>1. Qualifications The accreditation liaison, when required, must be a medical laboratory professional who:</p> <ul style="list-style-type: none"> a. Has knowledge of NAACLS accreditation. b. Has at least a master’s degree and three years of experience in the program discipline. c. Holds ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist. <p>2. Responsibilities The accreditation liaison, when required, must:</p> <ul style="list-style-type: none"> a. Provide guidance and assistance in NAACLS accreditation requirements, policies and procedures. b. Provide input into the curriculum and continuous program assessment and improvement. c. Have regular contact with the program director, faculty and program personnel. 	<p>E. Accreditation Liaison (when required, for international programs only)</p> <p>1. Qualifications The accreditation liaison, when required, must be a medical laboratory professional who:</p> <ul style="list-style-type: none"> a. Has knowledge of NAACLS accreditation. b. Has at least a master’s degree and three years of experience in the program discipline. c. Holds ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist. <p>2. Responsibilities The accreditation liaison, when required, must:</p> <ul style="list-style-type: none"> a. Provide guidance and assistance in NAACLS accreditation requirements, policies and procedures. b. Provide input into the curriculum and continuous program assessment, improvement and accreditation review of material and processes. c. Have regular contact with the program director, faculty and program personnel. <p>3. Appointments The accreditation liaison must have a faculty or clinical appointment at the sponsoring institution.</p>	Release for Public Comment in May
DCLS Standard II	<p>II. Assessment and Continuous Quality Improvement</p> <p>A. Systematic Assessment</p> <p>There must be a documented plan for continuous and systematic assessment of the effectiveness of the program.</p>	<p>II. Assessment and Continuous Quality Improvement</p> <p>A. Systematic Assessment</p> <p>There must be a documented plan for continuous and systematic assessment of the effectiveness of the program.</p>	Release for Public Comment in May



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	<p>B. Outcome Measures</p> <p>Programs must define a set of outcomes as they relate to the sponsor’s mission. Outcome measures must be documented, analyzed and used in program evaluation. Outcome measures must be used for ongoing curriculum development and demonstrate the effectiveness of any changes implemented.</p>	<p>B. Outcome Measures</p> <p>The following measures must be used in program assessment and continuous quality improvement.</p> <ol style="list-style-type: none"> 1. Program completion 2. Scholarly output 3. Outcomes as they relate to the sponsor’s mission <ol style="list-style-type: none"> a. Feedback <p>The following findings must be collected and used in program assessment and continuous quality improvement.</p> <ol style="list-style-type: none"> 1. findings from graduate feedback 2. findings from employer feedback b. Program Assessment and Modification <p>Outcome measures and feedback must be documented, analyzed and used in program evaluation. Outcome measures and feedback must be used for ongoing curriculum development and demonstrate the effectiveness of any changes implemented.</p> 	
<p>DCLS Standard Change - Advanced Clinical Practice immersion (IV.A.1.e, k.ii, l)</p>	<p>IV. Students</p> <p>A. Publications and Disclosures</p> <ol style="list-style-type: none"> 1. The following must be defined, published, and readily available <ol style="list-style-type: none"> e. List of affiliated facilities. k. Policies and procedures for: <ol style="list-style-type: none"> ii. Clinical assignment specifically addressing when placement cannot be immediately guaranteed. l. Rules and regulations governing acceptable personal and academic conduct, including behavior expectations for clinical experience. 	<p>IV. Students</p> <p>A. Publications and Disclosures</p> <ol style="list-style-type: none"> 1. The following must be defined, published, and readily available <ol style="list-style-type: none"> e. List of advanced clinical practice immersion sites. k. Policies and procedures for: <ol style="list-style-type: none"> ii. When an advanced clinical practice immersion assignment cannot be immediately guaranteed. l. Rules and regulations governing acceptable personal and academic conduct, including behavior expectations during advanced clinical 	<p>Release for Public Comment in May</p>



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		practice immersion experience(s).	
DCLS Standard Change - Advanced Clinical Practice immersion (VI.C)	<p>VI. Administrative: Maintaining Accreditation</p> <p>Program/Sponsoring Institution Responsibilities</p> <p>Programs are required to comply with administrative requirements for maintaining accreditation, including:</p> <p>C. Informing NAACLS of relevant administrative and operational changes within 30 days. This includes changes in program official names, physical addresses, program landing page address or telephone numbers; affiliates, status (e.g., inactivity, closure) or location, and institution name.</p>	<p>VI. Administrative: Maintaining Accreditation</p> <p>Program/Sponsoring Institution Responsibilities</p> <p>Programs are required to comply with administrative requirements for maintaining accreditation, including:</p> <p>C. Informing NAACLS of relevant administrative and operational changes within 30 days. This includes changes in program official names, physical addresses, program landing page address or telephone numbers; advanced clinical practice immersion site, status (e.g., inactivity, closure) or location, and institution name.</p>	Release for Public Comment in May
DCLS Standard Change - Advanced Clinical Practice immersion (VII.B.2.a)	<p>VII. Program Administration</p> <p>B. Site Program Administrator Site Program Administrator (required for programs with sponsors and partners; assigned to each participating site)</p> <p>2. Responsibilities The site program administrator, when required, is responsible for:</p> <p>a. Coordinating teaching and clinical education.</p>	<p>VII. Program Administration</p> <p>B. Site Program Administrator Site Program Administrator (required for programs with sponsors and partners; assigned to each participating site)</p> <p>2. Responsibilities The site program administrator, when required, is responsible for:</p> <p>a. Coordinating teaching and advanced clinical practice immersion experience(s).</p>	Release for Public Comment in May
DCLS Standard Change - Advanced Clinical Practice immersion (VII.C.2.a and b)	<p>VII. Program Administration</p> <p>C. Faculty/Instructors</p> <p>2. Clinical Liaison At least one clinical liaison must be designated at each clinical site affiliated with the program to</p>	<p>VII. Program Administration</p> <p>C. Faculty/Instructors</p> <p>2. Advanced Clinical Practice Immersion Liaison At least one advanced clinical practice immersion liaison must be designated at each advanced</p>	Release for Public Comment in May



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	<p>coordinate clinical experience for students.</p> <p>a. Qualifications The clinical liaison must:</p> <ul style="list-style-type: none"> i. Demonstrate the ability to effectively oversee clinical experiences of the students. ii. Demonstrate knowledge of advanced level practice. <p>b. Responsibilities The clinical liaison must be responsible for:</p> <ul style="list-style-type: none"> i. Coordinating clinical instruction at the site. ii. Communicating with the program director. 	<p>clinical practice immersion site affiliated with the program to coordinate the advanced clinical practice immersion experience for students.</p> <p>a. Qualifications The advanced clinical practice immersion liaison must:</p> <ul style="list-style-type: none"> i. Demonstrate the ability to effectively oversee advanced clinical practice immersion experiences of the students. ii. Demonstrate knowledge of advanced level practice. <p>b. Responsibilities The advanced clinical practice immersion liaison must be responsible for:</p> <ul style="list-style-type: none"> a. Coordinating advanced clinical practice immersion instruction at the site. b. Communicating with the program director. 	
DCLS Standard Changes - Advocacy	<p>VIII. Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>4. The program curriculum must include principles and practices of:</p> <ul style="list-style-type: none"> i. External funding proposal development. 	<p>VIII. Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>4. The program curriculum must include principles and practices of:</p> <ul style="list-style-type: none"> i. External funding proposal development. j. Advocacy for the DCLS degree and related professions 	Adopted April 2026
BMS Preamble Revision	<p>Description of the Biomedical Scientist Profession</p> <p>Several different professionals are encompassed under the NAACLS-defined umbrella of biomedical scientist. The biomedical scientist is qualified by academic and applied science education to provide service and/or research in existing or emerging professions outside of what are considered traditional clinical laboratory</p>	<p>Description of the Biomedical Scientist Profession</p> <p>Several different professionals are encompassed under the NAACLS-defined umbrella of biomedical scientist. The biomedical scientist is qualified by academic and applied science education to provide service and/or research in existing or emerging professions outside of what are considered traditional clinical laboratory environments.</p>	Adopted April 2026



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	environments. Examples may include clinical embryologist or nanotechnologist. The specific scope of practice and entry-level competencies will vary depending on each unique profession, and these professionals may work in industry or specialty clinics and laboratories.	Examples may include clinical embryologist or nanotechnologist. Additionally, the BMS may provide an alternative for programs that do not currently have an available accreditation pathway. Examples may include undergraduate or graduate level programs in administration or other traditional or non-traditional areas associated with clinical laboratory practice. The specific scope of practice and entry-level competencies will vary depending on each unique profession, and these professionals may work in industry or specialty clinics and laboratories.	
Standard I.B.1.d and IV.A.1.n	<p>I. Sponsorship</p> <p>B. Responsibilities of the Sponsor and/or Program Partner</p> <p>1. The sponsor is responsible for:</p> <p>d. Defining its administrative line of authority.</p> <p>IV. Students</p> <p>A. Publications and Disclosures</p> <p>1. The following must be defined, published, and readily available to prospective and enrolled students:</p> <p>n. A line of authority for administrative personnel including:</p> <p>i. Roles and responsibilities as they apply to enrolled students.</p> <p>ii. Contact information</p>	<p>I. Sponsorship</p> <p>B. Responsibilities of the Sponsor and/or Program Partner</p> <p>1. The sponsor is responsible for:</p> <p>d. Defining its administrative line of authority.</p> <p>IV. Students</p> <p>A. Publications and Disclosures</p> <p>1. The following must be defined, published, and readily available to prospective and enrolled students:</p> <p>n. A line of authority for administrative personnel including:</p> <p>i. Roles and responsibilities as they apply to enrolled students.</p> <p>ii. Contact information</p>	Adopted April 2026
Standard VI.H	VI. Administrative: Maintaining	VI. Administrative: Maintaining	Adopted April 2026



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	<p>Accreditation</p> <p>H. Submitting all materials and conducting all NAACLS-accreditation related communication in English.</p> <p>1. All material translations to be completed by an individual with experience in or knowledge of medical laboratory terminology</p>	<p>Accreditation</p> <p>H. All materials and communication related to NAACLS-Accreditation must be available in English.</p> <p>1. All material translations to be completed by an individual with experience in or knowledge of medical laboratory terminology.</p>	
PBT Standard VIII	<p>VIII. PBT Curriculum Requirements</p> <p>A. Instructional Areas The program curriculum must include instruction and experiences in the following:</p> <p>3. The curriculum must include a minimum of 100 hours of clinical experiences and a minimum of 100 successful unaided collections.</p> <p>B. Learning Experiences</p> <p>1. Learning experiences must be properly sequenced and include content and activities that enable students to achieve entry-level competencies in each major discipline as listed in Standard VIII Instructional Areas.</p> <p>2. After demonstrating competency, students, under qualified supervision, may be permitted to perform procedures as defined in Standard V.E.</p>	<p>VIII. PBT Curriculum Requirements</p> <p>A. Instructional Areas The program curriculum must include instruction and experiences in the following:</p> <p>3. The curriculum must include clinical experiences. and a minimum of 100 successful unaided collections.</p> <p>B. Learning Experiences</p> <p>1. Learning experiences must be properly sequenced and include content and activities that enable students to achieve entry-level competencies in each major discipline as listed in Standard VIII Instructional Areas.</p> <p>2. After demonstrating competency, students, under qualified supervision, may be permitted to perform procedures as defined in Standard V.E.</p> <p>3. Learning experiences must include a minimum of 50 successful unaided collections.</p>	Adopted April 2026
Path A Standard VII. A.1.a. and b.	VII. Path A Program Administration	VII. Path A Program Administration	Adopted April 2026



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<p>and F.1.a</p>	<p>A. Program Director</p> <p>The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.</p> <ol style="list-style-type: none"> 1. Qualifications The program director must: <ol style="list-style-type: none"> a. Be a graduate of a NAACLS accredited (AAPA approved prior to 1995) pathologists' assistant educational program with an advanced degree (master's or doctoral), currently hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist. <ol style="list-style-type: none"> i. If the program director is a pathologist, there must be an educational coordinator who meets the above requirements for a pathologists' assistant program director. b. Have a faculty appointment in the sponsoring institution and meet all requirements specified by the institution responsible for providing the didactic portion of the educational program and maintaining the overall operation of the program. 3. Appointments The program director must have a faculty or clinical appointment at the sponsoring institution. <p>F. Education Coordinator (when required)</p> <ol style="list-style-type: none"> 1. Qualifications The education coordinator, when required, must 	<p>A. Program Director</p> <p>The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.</p> <ol style="list-style-type: none"> 1. Qualifications The program director must: <ol style="list-style-type: none"> a. Be a graduate of a NAACLS accredited (or AAPA approved prior to 1995) pathologists' assistant educational program with an advanced degree (master's or doctoral), currently hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist. <ol style="list-style-type: none"> i. If the program director is a pathologist, there must be an educational coordinator who meets the above requirements for a pathologists' assistant program director. b. Have a faculty appointment in the sponsoring institution and meet all requirements specified by the institution responsible for providing the didactic portion of the educational program and maintaining the overall operation of the program. 3. Appointments The program director must have a faculty or clinical appointment at the sponsoring institution. <p>F. Education Coordinator (when required)</p> <ol style="list-style-type: none"> 1. Qualifications The education coordinator, when required, must 	
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	<p>be a medical laboratory professional who:</p> <ul style="list-style-type: none"> a. Holds ASCP BOC U.S. Certification as a Pathologists' Assistant. b. Has knowledge of NAACLS accreditation and current certification procedures. 	<p>be a medical laboratory professional who:</p> <ul style="list-style-type: none"> a. Holds ASCP BOC U.S. Certification as a Pathologists' Assistant is a graduate of a NAACLS accredited (or AAPA approved prior to 1995) pathologists' assistant educational program with an advanced degree (master's or doctoral), currently holds ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist. b. Has knowledge of NAACLS accreditation and current certification procedures. 	
2024 Standard Change VIII.C (All disciplines)	<p>C. Learning Experiences</p> <ul style="list-style-type: none"> 1. Learning experiences must be properly sequenced and include content and activities that enable students to achieve entry-level competencies in each major discipline as listed in Standard VIII B. Curriculum Requirements. 2. After demonstrating competency, students, under qualified supervision, may be permitted to perform procedures as defined in Standard V.E. 	<p>C. Learning Experiences</p> <ul style="list-style-type: none"> 1. Learning experiences must be properly sequenced and include content and activities as listed in Standard VIII B. Curriculum Requirements that enable students to achieve entry-level competencies in each major discipline as listed in Standard VIII B. Curriculum Requirements. 2. After demonstrating competency, students, under qualified supervision, may be permitted to perform procedures as defined in Standard V.E. 	Adopted April 2026
Standard Compliance Guide			
Standard (i.e. Number)	Revision or New	Revision and/Summary of Key Changes	Implementation



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			date/Status
DCLS MOU	Revision	<p>Narrative</p> <p>For each affiliate and MOU, explain the following:</p> <ul style="list-style-type: none">a) The relationship between the sponsor and/or the program partner and affiliate.b) The roles of the sponsor and that entity.c) The responsibilities of the sponsor and that entity. <p>Please clearly indicate when multiple agencies/locations are covered under one affiliation/partnership agreement, or policy.</p> <p>To ensure no errors when reviewing documents, please be consistent and complete when using names of affiliates/partners on documents submitted.</p> <p>Affiliate agreements or MOUs may, but are not required to, use umbrella terms such as 'Allied Health' or 'Health Sciences'</p> <p>Documentation</p> <p>For each affiliation, supply a signed, current affiliation agreement or memorandum of understanding.</p>	April 2026
DCLS Preliminary Report Section	New	See the DCLS Standard Compliance Guide for the new section.	April 2026
2024 Standard Compliance Guide	Revision	<ul style="list-style-type: none">• MLBBS was missing from the Dear Colleague letter.• MLBBS certification agencies were missing from Standard II.B.2.• Due to the revision of Standard VIII, an edit was needed in Standard II.B.2 to reference Standard VIII.	April 2026



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		<ul style="list-style-type: none">• In the Preliminary Report section of the SCG, Standard I was updated to include academic affiliates.• In the Preliminary Report section of the SCG, Standard VII was reorganized to align with the Standard numbering and to include missing program official sections.• In the Preliminary Report section of the SCG, Standard VIII was revised to reflect the updated titles and numbering.	
2024 Standard Compliance Guide Standards II.C.1 and II.C.2	Revision	<p>Standard II.C: Assessment and Continuous Quality Improvement - Feedback</p> <p>Standard II.C.1</p> <p>Describe the process by which the program collects and uses feedback from program graduates in assessment and continuous quality improvement.</p> <p>Standard II.C.2</p> <p>Describe the process by which the program collects and uses feedback from employers of program graduates in assessment and continuous quality improvement.</p>	April 2026
2024 Standard Compliance Guide Standards II.D.1-4	Revision	<p>Standard II.D: Assessment and Continuous Quality Improvement - Program Assessment and Modification</p> <p>Standard II.D.1-4</p> <p>Describe how the results of outcome measures and graduate feedback and employer feedback are reviewed and evaluated for program assessment and continuous quality improvement.</p>	April 2026



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		<p>Note for Initial Programs:</p> <p><i>Programs undergoing initial accreditation may not have the required data available to collect. Therefore, the narrative should include plans for collection, review, and how results will be used in assessment and continuous quality improvement.</i></p> <p>This diagram illustrates the ongoing process of program assessment and modification in which data is collected, evaluated, acted upon, and re-evaluated after changes are implemented so that change effectiveness can be determined, “closing the loop”.</p> <p>The Self-Study Report narrative must indicate how the program engages in a continual quality improvement process, evaluating effectiveness of changes and taking further steps and evaluation based on results of change(s) implemented, including:</p> <ul style="list-style-type: none">• The individuals and/or groups involved in the process.• Details of data collection, analysis, and discussion with appropriate parties.• How information collected is used in ongoing quality improvement, curriculum development, resource acquisition/allocation, and program modification and improvement.• Information on how changes are implemented in response to data analysis and improvement.• Details of how the results of changes were analyzed to determine effectiveness, including their impact on NAACLS Outcome Measures, program-specific outcomes or objectives, feedback from graduates, employers or other stakeholders, and other metrics used by the program.	
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		<p>Note: Programs must collect data, implement data-informed changes, and evaluate the impact of those changes on the program, regardless of whether it meets or exceeds NAACLS Outcome Measures benchmarks. Additionally, adjustments that produce unanticipated or less than desirable results still provide valuable evidence to inform ongoing program enhancement and support continuous quality improvement.</p> <p>Standard II.D.4</p> <p>Submit documentation that demonstrates the evaluation of effectiveness of changes made in response to program's data analysis and continuous quality improvement processes. The evaluation should indicate the extent to which NAACLS outcome measures, required feedback, or other metrics improved or did not improve. When possible, effectiveness should be evaluated using objective data, such as exam scores, feedback from students or graduates, or other assessment metrics used by the program.</p> <p>Documentation may include, but is not limited to:</p> <ul style="list-style-type: none">• Spreadsheets or tables reflecting assessment process.• Meeting minutes (advisory committee, program faculty, affiliates, curriculum team, etc.).• Informal emails.• Records of employer communications.• Survey results (with names redacted).• Certification results (with names redacted).• Program Learning Outcomes and/or Student Learning Outcome assessments• Annual Program Evaluation and Effectiveness Reports (or other related indicators used to support accreditation by other agencies).	
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<p>2024 Standard Compliance Guide Standard I.B. 1.d and IV.A.1.n</p>	<p>Removal</p>	<p>Standard I.B: Sponsorship – Responsibilities of the Sponsor and/or Program Partner</p> <p>Standard I.B.1.a-c</p> <p>Describe how the sponsor ensures compliance with all requirements of these standards.</p> <p>Standard I.B.1.d Describe the line of authority of the program, including the administrative/organizational structure. For programs in partnerships, highlight specific individuals with responsibilities to the students and what those responsibilities entail. This may include, but not limited to:</p> <ul style="list-style-type: none">• program director• faculty• clinical/applied learning liaison <p>Standard I.B.1</p> <p>For programs with partnerships, please provide the sponsorship matrix.</p> <p>Standard I.B.1.d Provide an organizational chart for the sponsor. For programs in a partnership, provide one chart identifying members of the line of authority between all participants of the partnership.</p> <p>Standard IV.A: Students – Publications and Disclosures</p> <p>Standard IV.A.1.a-am</p>	<p>April 2026</p>
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		<p>Identify the specific publication(s) and/or locations in which these requirements are defined, published, and readily available to prospective and enrolled students.</p> <p>Briefly describe how information is made available to prospective students, applicants, and enrolled students.</p> <p>Note: For all sub-standards under Standard IV.A.1, besides A.1.d, NAACLS does not prescribe where any document or information is published. Additionally, NAACLS does not require publication in more than one location. However, the program must ensure information is available and current.</p> <p>Standard IV.A.1.a-am</p> <p>Submit, or provide a link to, current publications that address each of the items listed in Standard IV.A.1.a-am.</p>	
2024 Standard Compliance Guide PBT Standard VIII	New	<p>Standard VIII.C: Learning Experiences</p> <p>Standard VIII.C: Learning Experiences</p> <p>Contents of Narrative for Self-Study:</p> <p>Standard VIII.C.1</p> <p>Discuss how learning experiences provided achieve entry-level competencies for the program discipline.</p> <p>Standard VIII.C.2</p> <p>Describe how competency is determined to permit students to perform procedures under qualified supervision.</p> <p>Note: this applies to clinical/applied learning. It does not apply to performing direct patient and/or</p>	April 2026



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		<p>reportable work (previously called service work) as defined in Standard V.E-F.</p> <p>Standard VIII.C.3 (for PBT programs only)</p> <p>Describe how the program documents and ensures each student completes at least 50 successful unaided blood collections during learning experiences.</p> <p>Accompanying Documentation for Self-Study:</p> <p>Standard VIII.C.1</p> <p>Submit examples of how learning experiences support students in meeting entry-level competencies for the program discipline.</p> <p>Suggested documentation may include samples of, but is not limited to:</p> <ul style="list-style-type: none">• lectures• student laboratories• class discussions• case studies <p>Standard VIII.C.2</p> <p>Include policy(ies) regarding students performing procedures under qualified supervision.</p> <p>Suggested supporting documents include, but are not limited to:</p> <ul style="list-style-type: none">• student handbook• affiliation agreements or memorandum of	
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		<p>understanding</p> <ul style="list-style-type: none">• competency assessments <p>Standard VIII.C.3 (for PBT programs only)</p> <p>Documentation of the successful completion of a minimum of fifty (50) unaided blood collections.</p> <p>Suggested supporting documents include, but are not limited to:</p> <ul style="list-style-type: none">• Redacted blood collection logs• Redacted clinical venipuncture logs• Clinical log sheets <p>Proof of Compliance for Accreditation Site Visits:</p> <p>Standard VIII.C.1</p> <p>Make available materials that demonstrate didactic and clinical/applied learning curricula provide sequenced learning experiences necessary to achieve entry-level competencies for the program discipline.</p> <p>Suggested supporting documents include, but are not limited to:</p> <ul style="list-style-type: none">• course syllabi• course examinations• program schedules <p>Standard VIII.C.2</p> <p>Nothing further is required for this section unless concerns remain from the Self-Study Report.</p>	
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		<p>Standard VIII.C.3 (for PBT programs only)</p> <p>Nothing further is required for this section unless concerns remain from the Self-Study Report.</p>	
Other Documents			
Document	Revision or New	Summary of Key Changes	Implementation date
Guide to Accreditation	Revisions	<ul style="list-style-type: none"> The Guide to Accreditation was comprehensively updated to align with current NAACLS practices, including revisions to the application packet, self-study review process, site visit procedures, and clarification of extension policies. Several accreditation policies were clarified to improve consistency and transparency, particularly regarding Progress Reports, remaining citations, probationary accreditation timelines, and Action Plan review procedures. New language was added to strengthen procedural expectations, including requiring a Program Director throughout the accreditation process and allowing citations to be addressed within a concurrent Self-Study Report when applicable. Policies related to personnel and governance were expanded, including Program Director Approval without Sponsoring Organizations, clarification of approvals for previously approved Program Directors and “other official” roles, and the addition of a Volunteer Complaint Policy. 	April 2026



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		<ul style="list-style-type: none"> International and operational processes were refined, including updated Non-USA Site Visit procedures, separation of the Joint Review Process from the Cycle Alignment Policy, removal of outdated citation charts, and ongoing review of the Guide to Accreditation by the task force to improve usability for program directors. 	
P & P Manual	Revision	<ul style="list-style-type: none"> Bylaws verbiage stating that a two-thirds vote of the board is required to remove a board officer (in the Removing Nonperformers section). Initial International Acting Program Director Qualifications. Reconsideration process for Initial International Acting Programs Temporary Program Director Positions. NAACLS Policy on Volunteer Complaints. 	April 2026
Guidelines to Rats & Recs	New	Updated the language and format to align with the 2024 Standards.	April 2026
Volunteer Manual	Revision	Updated the Volunteer Manual to our current practices and revision the site visit questions to tie to the 2024 Standards.	February 2026
Forms/Letters			
Form	Revision or New	Summary of Key Changes	Implementation date
Accreditation	Revision	The Application Packet and Review form were updated to	April 2026



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Application Packet Report and Review Form		current 2024 Standards and Compliance Guide language.	
DCLS Preliminary Report	Revision	Revisions were made to align with the recent standard changes.	April 2026
Action Plan Review	Revision	The Action Plan Review will now give the opportunity for programs to respond to the feedback before receiving their final review.	April 2026
Acknowledgement of Volunteer Service Letters	New	NAACLS will, upon request, provide letters of acknowledgment to our volunteers for their services as self-study reviewers, site visitors, committee members, or board members.	August 2026

Policy

Policy	Revision or New	Summary of Key Changes	Implementation date
Volunteer Complaint Policy	New	The full policy can be found in the NAACLS P & P Manual.	April 2026
Reconsideration and Appeals Policy	Revision	Reduced the reconsideration and appeals from 21 days to 14 days.	July 2026
P & P PD Orientation	New	Any individual who submits a POAF or Accreditation Application Packet after September 1, 2026, must have attended the Policy and Procedure Orientation.	September 1, 2026