

NAACLS Board of Directors' Accreditation Award

The Medical Laboratory Technician Program of **J. Sargeant Reynolds Community College in Richmond, VA** is awarded Continuing Accreditation for **two years**.

Next Submissions for Program Review	End Accreditation Date
Progress Report Due to Citations: October 1, 2026	October 31, 2027

A Progress Report documenting compliance with the following **2012 Standards** must be submitted electronically to NAACLS. Please refer to the "Next Submissions for Program Review" chart for the due date.

The program is in non-compliance with the following Standard(s):

Standard II.B.1, 2, 3, and 4	II. Assessment and Continuous Quality Improvement B. Outcome Measures 1. external certification results 2. graduation rates 3. placement rates 4. attrition rates
Rationale	A review of the results of the outcomes measures listed in Standard II.B. from at least the last three active years were not documented, analyzed, or used in program assessment and continuous quality improvement of the program.
Recommendation	Submit documentation that shows a review of the results of the outcomes measures listed in Standard II.B. from at least the last three active years analyzed and used in program assessment and continuous quality improvement of the program.
Standard II.C	II. Assessment and Continuous Quality Improvement C. Program Assessment and Modification The results of program outcomes measures and assessment must include findings from graduate and employer feedback and be: 1. Reflected in ongoing curriculum development, resource acquisition/allocation, and program modification. 2. Analyzed to demonstrate the effectiveness of any changes implemented.
Rationale	Over the past three years, no evidence of program outcome measures and assessments including feedback from graduates and employers has been collected. As a result, there were no submissions related to curriculum development, resource acquisition/allocation and program modification and analysis.

Recommendation	Submit evidence that program outcome measures and assessments from graduates and employer feedback are reflected in curriculum development, resource acquisition/allocation, and program modification and that such changes are analyzed to demonstrate the effectiveness of changes implemented.
----------------	---

The program is in partial compliance with the following Standard(s):

Standard II.A	II. Assessment and Continuous Quality Improvement A. Systematic Assessment There must be a documented plan for continuous and systematic assessment of the effectiveness of the program.
---------------	--

Rationale	A formal plan for continually and systematically evaluating program effectiveness was submitted but will not be implemented until Fall 2025.
-----------	--

Recommendation	Submit a formal plan to evaluate whether the program is achieving its stated mission, outcomes, and goals.
----------------	--

Standard III.A.2 and III.C.	III. Resources A. General Resources 2. Resource assessment of personnel and physical resources must be a part of continuous program evaluation. C. Physical resources The sponsor must provide physical resources such as facilities, equipment and supplies, information resources, and instructional resources sufficient to achieve program outcomes.
-----------------------------	--

Rationale	Resource assessments are not a part of continuous program evaluation. Evidence is lacking to indicate that resources are sufficient to allow achievement of program goals.
-----------	--

Recommendation	Submit documentation that shows resource assessments are a part of continuous program evaluation and resources are sufficient to allow achievement of program goals.
----------------	--

Standard VII.A.2.c	VII. MLT Program Administration A. Program Director 2. Responsibilities
--------------------	---

Rationale	The program director must: c. engage in a minimum of 36 hours of documented continuing professional development every 3 years; Program Director submitted unverified P.A.C.E. credits for CLEC 2023 topics.
-----------	---

Recommendation	Submit documentation for CLEC 2023 with P.A.C.E. stamp for verification.
Standard VII.D	VII. MLT Program Administration D. Advisory Committee There must be an advisory committee composed of individuals from the community of interest (e.g., practicing professionals, academic professionals, scientific consultants, administrators, pathologists and other physicians, public member) who have knowledge of clinical laboratory science education. 1. Responsibilities a. The advisory committee of the program shall have input into the program/curriculum to maintain current relevance and effectiveness.
Rationale	The MLT Advisory Committee had not convened for several years until its meeting in March 2025, during which the minutes documented member input. However, due to the absence of meetings over the past three years, there is no evidence of consistent advisory input to support curriculum relevance or program effectiveness during that period.
Recommendation	Submit documentation that verifies the advisory committee has effective input into the program/curriculum with regard to its current relevancy and effectiveness
Standard VIII.C	VIII. MLT Curriculum Requirements C. Evaluations 1. Evaluation systems must relate to course content and support program competencies. If there is evidence that competencies are not adequately achieved (through feedback mechanisms as described in Standard II.B) then course objectives will be examined in detail to assure that the objectives are behavioral, include all domains and relate directly to the evaluations used. 2. These evaluation systems must be employed frequently enough to provide students and faculty with timely indications of the students' academic standing and progress.
Rationale	Evaluations are not employed frequently enough to provide students with timely indications of their academic standing and progress.
Recommendation	Provide evidence that the "Test/Exam Policy" is implemented to ensure students receive timely feedback on their academic performance and progress.

Failure to submit the required report(s) by the due date may result in Administrative Probation.



Robert Cottrell, MHS, PA(ASCP)^{CM}
President, NAACLS Board of Directors



Marisa K. James, CAE, MA, MLS(ASCP)^{CM}
Chief Executive Officer, NAACLS

September 26, 2025