NAACLS Board of Directors' Accreditation Award

The Medical Laboratory Technician Program of **Rose State College,** in **Midwest City, OK** is awarded Continuing Accreditation for **two years**.

Next Submissions for Program Review	End Accreditation Date
Progress Report Due to Citations: April 1, 2027	April 30, 2028

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

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

Standard II.B	II. Assessment and Continuous Quality Improvement B. Outcome Measures A review of the results of the following outcomes measures from at least the last three active years must be documented, analyzed, and used in program assessment and continuous quality improvement of the program to include an annual submission to NAACLS. If outcome measure(s) does/do not meet the stated NAACLS approved benchmarks (see Standards Compliance Guide), then an analysis and action plan must be submitted to correct the deficiency (ies). 1. External certification or licensure results 2. Graduation rates 3. Attrition rates 4. Placement rates (i.e., employment positions in the field of study or pursuit of further education) 5. Other (optional): such as results of capstone projects, faculty feedback, exit or final examinations, exit interviews with graduates, student and graduate professional leadership, impact of the program on local and regional healthcare, etc.
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 analyzed, or used in program assessment and continuous quality improvement of the program. Results from 2024 were included but no prior years.
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 are analyzed, and used in program assessment and continuous quality improvement of the program.

Standard III.A.2	III. Resources A. General Resources 2. Resources assessment must be part of a continuous program evaluation.
Rationale	Personnel support (faculty, staff) for the program is insufficient as supported by the results of outcome measures, resource assessment is not a part of a continuous program evaluation, AND evidence is lacking to indicate that resources are sufficient to allow achievement of program goals.
Recommendation	Submit documentation that shows: 2. Resource assessment is a part of a continuous program evaluation.

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

Standard VII.A.2.a	VII. Program Administration A. Program Director 2. Responsibilities The program director must: a. be responsible for the organization, administration, instruction, evaluation, continuous quality improvement, curriculum planning and development, directing other program faculty/staff, and general effectiveness of the program.
Rationale	The Program Director does not fulfill the responsibilities of administration and directing other faculty/staff as stated in the original concern from the SV review.
Recommendation	Documentation is needed that verifies the PD fulfills responsibilities of administration and directing other program faculty/staff.

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

Karen Brown, MS, MASCP, MLS (ASCP)^{CM}
President, NAACLS Board of Directors

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

April 24, 2026