



NAACLS Board of Directors Changes

September 2025 Date

Category	Type of Change	Summary of Key Changes	Implementation date/Status
NAACLS STANDARDS FOR ACCREDITED PROGRAMS - 2024			
Standard (ie Number)	Standard Language	Revision and/Summary of Key Changes	Implementation date/Status
Standard VIII.B for all disciplines except DCLS– Diverse Stakeholders	<p>VIII. MLA Prerequisite and Curriculum Requirements</p> <p>A. Prerequisite Requirements Meet medical laboratory assistant program entry requirements.</p> <p>B. Curriculum Requirements</p> <ol style="list-style-type: none"> 1. Cognitive, psychomotor, and affective learning domains that enable the student to meet entry-level competencies of the program discipline. 2. Application of safety and governmental regulations compliance. 3. Principles and practices of professional conduct, working with diverse stakeholders, and the significance of continuing professional development. 	<p>VIII. MLA Prerequisite and Curriculum Requirements</p> <p>A. Prerequisite Requirements Meet medical laboratory assistant program entry requirements.</p> <p>B. Curriculum Requirements</p> <ol style="list-style-type: none"> 1. Cognitive, psychomotor, and affective learning domains that enable the student to meet entry-level competencies of the program discipline. 2. Application of safety and governmental regulations compliance. 3. Principles and practices of professional conduct and the significance of continuing professional development. 	Sept 2025 BOD Meeting
Standard VIII Layout Revision for the 2024 Standards. (PBT is used as the example here.)	<p>VIII. PBT Curriculum Requirements</p> <p>A. Instructional Areas The program curriculum must include instruction and experiences in the following:</p> <ol style="list-style-type: none"> 1. A variety of collection techniques including evacuated tube collection devices, syringe collection, and capillary/dermal puncture methods. 2. The program must deliver instruction utilizing cognitive, psychomotor, and affective learning 	<p>VIII. PBT Prerequisite and Curriculum Requirements</p> <p>A. Prerequisite Requirements Meet phlebotomy program entry requirements.</p> <p>B. Curriculum Requirements</p> <ol style="list-style-type: none"> 1. Cognitive, psychomotor, and affective learning domains that enable the student to meet entry-level competencies of the program discipline. 	Sept 2025 BOD Meeting



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	<p>domains that enable the student to meet entry-level competencies of the program discipline.</p> <ol style="list-style-type: none"> 3. The curriculum must include a minimum of 100 hours of clinical experiences and a minimum of 100 successful unaided collections. 4. The application of safety and governmental regulations and standards as applied to phlebotomy. 5. Principles and practices of professional conduct. 6. Principles of interpersonal and interdisciplinary communication and team building skills. 7. Interprofessional education and collaborative practice. 	<ol style="list-style-type: none"> 2. Application of safety and governmental regulations and standards as applied to phlebotomy. 3. Principles and practices of professional conduct and the significance of continuing professional development. 4. Principles of interpersonal and interdisciplinary communication skills sufficient to serve the needs of patients, the public and members of the health care team and/or professional community. 5. Interprofessional education and collaborative practice. 6. A minimum of 100 hours of clinical experiences. 7. A minimum of 100 successful unaided collections. 8. Pre-analytical components of laboratory services, including principles and practices of a variety of collection techniques including: <ol style="list-style-type: none"> a. evacuated tube collection devices b. syringe collection c. capillary/dermal puncture methods 	
<p>Standard Adoption for Path A, HT, & HTL</p>	<p>VII. HT 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> <ol style="list-style-type: none"> 1. Qualifications <p>The program director must have:</p> <ol style="list-style-type: none"> a. A bachelor's degree or higher. b. An ASCP BOC or ASCPⁱ BOC certification as a histotechnologist or histotechnician. 	<p>VII. HT 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> <ol style="list-style-type: none"> 1. Qualifications <p>The program director must have:</p> <ol style="list-style-type: none"> a. A bachelor's degree or higher. b. An ASCP BOC or ASCPⁱ BOC certification as a histotechnologist or histotechnician. 	<p>Sept 2025 BOD Meeting</p>



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	<ul style="list-style-type: none">i. If the program director does not hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist or histotechnician, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist or histotechnician must hold appointment as education coordinator.c. Three years 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 histotechnologist or histotechnician, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist or histotechnician must hold appointment as an accreditation liaison. <p>VII. HTL 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 <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 certification as a histotechnologist.	<ul style="list-style-type: none">i. If the program director does not hold any of these certifications, an education coordinator is required.c. Three years 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 histotechnologist or histotechnician, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist or histotechnician must hold appointment as an accreditation liaison. <p>VII. HTL 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 <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	
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- i. If the program director does not hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist must hold appointment as education coordinator.
- 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 histotechnologist, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist must hold appointment as an accreditation liaison.

VII. Path A Program Administration

A. Program Director

The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.

1. Qualifications

The program director must:

- 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

certification as a histotechnologist.

- i. **If the program director does not hold any of these certifications, an education coordinator is required.**

- 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 histotechnologist, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC certification as a histotechnologist must hold appointment as an accreditation liaison.

VII. Path A Program Administration

A. Program Director

The program must have a NAACLS approved medical laboratory professional serving as program director who meets the following qualifications and executes all required responsibilities.

1. Qualifications

The program director must:

- a. Be a graduate of a NAACLS accredited (AAPA approved prior to 1995) pathologists' assistant educational



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	<p>Pathologists' Assistant, or a board-certified pathologist.</p> <ul style="list-style-type: none">i. If the program director is a pathologist, there must be an ASCP certified, NAACLS Accredited program educated pathologists' assistant employed as the educational coordinator/clinical coordinator.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.c. Have practical knowledge of educational methods and administration as well as current NAACLS accreditation and professional certification procedures, demonstrates adequate knowledge and proficiency in their content areas, demonstrates the ability to teach effectively at the appropriate level.d. (for international programs only) If the program director does not hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist, a qualified professional who does hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist must hold appointment as an accreditation liaison.	<p>program with an advanced degree (master's or doctoral), currently hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist.</p> <ul 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.c. Have practical knowledge of educational methods and administration as well as current NAACLS accreditation and professional certification procedures, demonstrates adequate knowledge and proficiency in their content areas, demonstrates the ability to teach effectively at the appropriate level.d. (for international programs only) If the program director does not hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist, a qualified professional who does hold ASCP BOC certification as a Pathologists' Assistant, or a board-certified pathologist must hold appointment as an accreditation	
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<p>Standard VI. H – for all program types.</p>	<p>VI. Administrative: Maintaining 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 style="text-align: center;">liaison.</p> <p>VI. Administrative: Maintaining 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>	<p>Released for Public Comment.</p>
<p>PBT Standard VIII.A.3 & VIII.B Change</p>	<p>VIII. PBT Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>The program curriculum must include instruction and experiences in the following:</p> <ol style="list-style-type: none"> 1. A variety of collection techniques including evacuated tube collection devices, syringe collection, and capillary/dermal puncture methods. 2. The program must deliver instruction utilizing cognitive, psychomotor, and affective learning domains that enable the student to meet entry-level competencies of the program discipline. 3. The curriculum must include a minimum of 100 hours of clinical experiences and a minimum of 100 successful unaided collections. <p>B. Learning Experiences</p> <ol 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 	<p>VIII. PBT Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>The program curriculum must include instruction and experiences in the following:</p> <ol style="list-style-type: none"> 1. A variety of collection techniques including evacuated tube collection devices, syringe collection, and capillary/dermal puncture methods. 2. The program must deliver instruction utilizing cognitive, psychomotor, and affective learning domains that enable the student to meet entry-level competencies of the program discipline. 3. The curriculum must include clinical experiences. and a minimum of 100 successful unaided collections. <p>B. Learning Experiences</p> <ol 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 	<p>Released for Public Comment.</p>



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	<p>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>in Standard VIII Instructional Areas.</p> <p>2. Learning experiences must include a minimum of 50 successful unaided collections.</p> <p>3. After demonstrating competency, students, under qualified supervision, may be permitted to perform procedures as defined in Standard V.E.</p>	
<p>Standard Removal of IV.A.1. n & l. B.1.d - for all program types.</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>	<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>Released for Public Comment.</p>
<p>MLM Standard VII. A, E and F</p>	<p>VII. MLM 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>VII. MLM 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>Tabled until April 2026 BOD Meeting.</p>



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	<p>1. Qualifications 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 or categorical ASCP BOC certification in Microbiology.<ul style="list-style-type: none">i. If the program director does not hold ASCP BOC or ASCPⁱ BOC certification as a generalist certification as a medical laboratory scientist or categorical ASCP BOC certification in Microbiology, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC generalist certification as a medical laboratory scientist must hold appointment as education coordinator.c. Three years of teaching experience in medical microbiology or related aread. 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 generalist certification as a medical laboratory scientist or categorical ASCP BOC certification in Microbiology, a qualified professional who does hold ASCP BOC or ASCPⁱ BOC generalist certification as a medical laboratory scientist or categorical ASCP BOC certification in	<p>1. Qualifications 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 certification as a medical laboratory scientist, specialist in Microbiology (SM) or technologist in Microbiology.<ul style="list-style-type: none">i. If the program director does not hold any of these certifications, an education coordinator is required.c. Three years of teaching experience in medical microbiology or related aread. 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 an ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, specialist in Microbiology (SM) or technologist in Microbiology, a qualified professional who does hold an ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, specialist in Microbiology (SM) or technologist in Microbiology must hold appointment as an accreditation liaison.	
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	<p>Microbiology must hold appointment as an accreditation liaison.</p> <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 generalist certification as a medical laboratory scientist or categorical ASCP BOC certification in Microbiology. <p>F. Education Coordinator (when required)</p> <p>1. Qualifications The education coordinator, when required, must be a medical laboratory professional who:</p> <ul style="list-style-type: none">a. Has at least a bachelor's degree and three years of experience in the program discipline.b. Holds ASCP BOC or ASCPⁱ BOC generalist certification as a medical laboratory scientist.c. Has knowledge of NAACLS accreditation and current certification procedures.	<p>Microbiology must hold appointment as an accreditation liaison.</p> <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 an ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, specialist in Microbiology (SM) or technologist in Microbiology. <p>F. Education Coordinator (when required)</p> <p>1. Qualifications The education coordinator, when required, must be a medical laboratory professional who:</p> <ul style="list-style-type: none">a. Has at least a bachelor's degree and three years of experience in the program discipline.b. Holds an ASCP BOC or ASCPⁱ BOC certification as a medical laboratory scientist, specialist in Microbiology (SM) or technologist in Microbiology.c. Has knowledge of NAACLS accreditation and current certification procedures.	
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<p>DCLS Standard I.A.2 Adoption</p>	<p>1. Sponsorship</p> <p>A. Primary Sponsoring Institution The sponsor of an educational program must be one of the following:</p> <ol style="list-style-type: none"> 1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide doctoral education, with access to a teaching hospital with diagnostic diversity and health care expertise. 2. An institution recognized by the national government or a regional/national accrediting agency for higher education of the country in which it is located as a post-secondary academic institution with doctoral degree granting authority. The institution must have access to a teaching hospital with diagnostic diversity and health care expertise (for programs outside of the United States). 	<p>1. Sponsorship</p> <p>A. Primary Sponsoring Institution The sponsor of an educational program must be one of the following:</p> <ol style="list-style-type: none"> 1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide doctoral education, with access to a teaching hospital with diagnostic diversity and health care expertise. 2. For institutions that are outside of the United States, recognized by the national government or a regional/national accrediting agency for higher education of the country in which it is located as a post-secondary academic institution with doctoral degree-granting authority. The institution must have access to a teaching hospital with diagnostic diversity and health care expertise (for programs outside of the United States). 	<p>Sept 2025 BOD Meeting</p>
<p>DCLS Standard IV.A.d and VIII.A.4.a. Adoption</p>	<p>IV. Students</p> <p>A. Publications and Disclosures 1. The following must be defined, published, and readily available to prospective and enrolled students:</p> <ol style="list-style-type: none"> a. program mission statement b. program goals and graduate competencies c. program accreditation status including the name, address and contact information for NAACLS d. results of the program outcome measures as identified in Standard II.B e. list of affiliated facilities 	<p>IV. Students</p> <p>A. Publications and Disclosures 1. The following must be defined, published, and readily available to prospective and enrolled students:</p> <ol style="list-style-type: none"> a. program mission statement b. program goals and graduate competencies c. program accreditation status including the name, address and contact information for NAACLS d. designation of degree at the advanced practice level e. results of the program outcome measures as identified in Standard II.B 	<p>Sept 2025 BOD Meeting</p>



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	<p>VIII. Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>4. The program curriculum must include principles and practices of:</p> <p>a. patient-centered care to provide and coordinate care as related to laboratory services including disease prevention, wellness promotion, and public health initiatives</p>	<p>f. list of affiliated facilities</p> <p>VIII. Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>4. The program curriculum must include principles and practices of:</p> <p>a. patient-centered care focusing on consulting and coordinating to provide and coordinate care as related to laboratory services including disease prevention, wellness promotion, and public health initiatives</p>	
DCLS Standard Change – VIII.A.4.j	<p>VIII. Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>4. The program curriculum must include principles and practices of:</p> <p>i. External funding proposal development.</p>	<p>VIII. Curriculum Requirements</p> <p>A. Instructional Areas</p> <p>4. The program curriculum must include principles and practices of:</p> <p>i. External funding proposal development. j. Advocacy for the DCLS profession.</p>	Released for Public Comment.
DCLS Standard Change – I.B.2-4, IV.A.1.e,k.ii, and I, VI.C, VII.B.2.a, and VII.C.2.a and b.	<p>I. Sponsorship</p> <p>B. Responsibilities of the Sponsor</p> <p>2. The sponsor must ensure that the activities assigned to students in the clinical setting support doctoral level studies.</p> <p>3. There must be documented ongoing communication between the sponsor and its affiliates for exchange of information and coordination of the program.</p> <p>4. The sponsor must provide eligible students the opportunity to complete applied clinical experiences.</p> <p>IV. Students</p> <p>A. Publications and Disclosures</p>	<p>I. Sponsorship</p> <p>B. Responsibilities of the Sponsor</p> <p>2. The sponsor must ensure that the activities assigned to students in the residency setting support doctoral level studies.</p> <p>3. There must be documented ongoing communication between the sponsor and its residency site(s) for exchange of information and coordination of the program.</p> <p>4. The sponsor must provide eligible students the opportunity to complete residency experiences.</p> <p>IV. Students</p> <p>A. Publications and Disclosures</p>	Released for Public Comment.



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<p>1. The following must be defined, published, and readily available</p> <ul style="list-style-type: none"> e. List of affiliated facilities. k. Policies and procedures for: <ul 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>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>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</p> <p>The site program administrator, when required, is responsible for:</p> <ul style="list-style-type: none"> a. Coordinating teaching and clinical education. 	<p>1. The following must be defined, published, and readily available</p> <ul style="list-style-type: none"> e. List of residency sites. k. Policies and procedures for: <ul style="list-style-type: none"> ii. When residency assignment cannot be immediately guaranteed. l. Rules and regulations governing acceptable personal and academic conduct, including behavior expectations during residency experience(s). <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; residency site, status (e.g., inactivity, closure) or location, and institution name.</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</p> <p>The site program administrator, when required, is responsible for:</p> <ul style="list-style-type: none"> a. Coordinating teaching and residency experience(s). 	
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	<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 coordinate clinical experience for students.</p> <p>a. Qualifications The clinical liaison must:</p> <p>i. Demonstrate the ability to effectively oversee clinical experiences of the students.</p> <p>ii. Demonstrate knowledge of advanced level practice.</p> <p>b. Responsibilities The clinical liaison must be responsible for:</p> <p>i. Coordinating clinical instruction at the site.</p> <p>ii. Communicating with the program director.</p>	<p>VII. Program Administration</p> <p>C. Faculty/Instructors</p> <p>2. Residency Liaison At least one clinical liaison must be designated at each residency site affiliated with the program to coordinate residency experience for students.</p> <p>a. Qualifications The residency liaison must:</p> <p>i. Demonstrate the ability to effectively oversee residency experiences of the students.</p> <p>ii. Demonstrate knowledge of advanced level practice.</p> <p>b. Responsibilities The residency liaison must be responsible for:</p> <p>i. Coordinating residency instruction at the site.</p> <p>ii. Communicating with the program director.</p>	
NAACLS STANDARDS COMPLIANCE GUIDE			
Standard (ie Number)	Revision or New	Revision and/Summary of Key Changes	Implementation date/Status
<p>SCG Revision:</p> <p>Standard I.A.1-5 & I.B.5</p>	<p>Revisions to the following Standards and Definitions:</p> <p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard I.A.1-5*</p> <p>Provide copies of award letters and/or certificates as proof of sponsor accreditation, along with a completed Sponsoring Institution Fact Sheet (found on the NAACLS website). Documents must include the following:</p> <ul style="list-style-type: none"> • Most recent NAACLS awards. • If sponsoring institution is an academic institution: accrediting body documents and state approvals (if required). • If sponsoring institution is a hospital, medical 	<p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard I.A.1-5*</p> <p>Provide appropriate documentation demonstrating compliance with the standard, along with a completed Sponsoring Institution Fact Sheet (found on the NAACLS website). Documents must include the following:</p> <ul style="list-style-type: none"> • Most recent NAACLS awards. • If sponsoring institution is an academic institution: appropriate and current documentation demonstrating standard compliance. 	<p>Sept 2025 BOD Meeting</p>



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	<p>center or laboratory-based entity, accreditation and licensing agencies recognized by NAACLS include:</p> <ul style="list-style-type: none">○ The Joint Commission○ CAP○ COLA○ Det Norske Veritas Healthcare, Inc. (DNV)○ The Healthcare Facilities Accreditation Program (HFAP)○ Organizations holding CLIA Certificate of Compliance (COC)○ Organizations holding CLIA Certificate of Accreditation (COA)○ State-Level Licensing Agencies (e.g. California Department of Health) <p>Provide proof of degree or at minimum a certificate of completion, given upon program completion.</p> <p><u>Contents of Narrative for Self-Study:</u> Standard I.B.5</p>	<ul style="list-style-type: none">• Documentation may include but is not limited to:<ul style="list-style-type: none">○ An award letter from a USDE recognized institutional accreditor.○ A letter of recognition from a state authority.○ A certificate of recognition from a state authority.○ A letter of acknowledgement from a department of ministry.• If sponsoring institution is a hospital, medical center or laboratory-based entity, accreditation and licensing agencies recognized by NAACLS include:<ul style="list-style-type: none">○ The Joint Commission○ CAP○ COLA○ Det Norske Veritas Healthcare, Inc. (DNV)○ The Healthcare Facilities Accreditation Program (HFAP)○ Organizations holding CLIA Certificate of Compliance (COC)○ Organizations holding CLIA Certificate of Accreditation (COA)○ State-Level Licensing Agencies (e.g. California Department of Health) <p>Provide proof of degree or at minimum a certificate of completion, given upon program completion.</p> <p><u>Contents of Narrative for Self-Study:</u> Standard I.B.5</p>	
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	<p>For each affiliate, 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 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>For each affiliate, 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>SCG Revision: Standard III A.1 & Standard III. A. 2</p>	<p><u>Proof of Compliance for Accreditation Site Visits:</u></p> <p>Standard III.A.1</p> <p>Provide evidence that the financial resources for the continued operation of the program are sufficient to achieve program goals by including an adequate budget and/or documented funding resources and the results of program assessment and continuous quality improvement.</p> <p>Suggested examples include, but are not limited to:</p> <ul style="list-style-type: none"> • emails or memos showing financial support • purchase orders for supplies or equipment • annual budget for the program • program benchmarks 	<p><u>Proof of Compliance for Accreditation Site Visits:</u></p> <p>Standard III.A.1</p> <p>Provide evidence that the financial resources for the continued operation of the program are sufficient to achieve program goals by including an adequate budget and/or documented funding resources and the results of program assessment and continuous quality improvement.</p> <p>Suggested examples include, but are not limited to:</p> <ul style="list-style-type: none"> • emails or memos showing financial support • purchase orders for supplies or equipment • annual budget for the program • program benchmarks 	<p>Sept 2025 BOD Meeting</p>



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	<ul style="list-style-type: none"> • student feedback • employer feedback • meeting minutes <p>Hospital-based programs utilizing multiple clinical facilities demonstrate that resources are sufficient for each location within the system where students are placed.</p> <p>Standard III.A.2</p> <p>Submit evidence that resource assessment is a part of continuous program evaluation.</p> <p>Hospital-based programs utilizing multiple clinical facilities provide documentation that resource assessment takes place at each location within the system where students are placed.</p> <p>Documentation submitted and made available for review containing confidential information (e.g., student/faculty names, Social Security numbers, etc.) must have such content redacted to protect privacy.</p>	<ul style="list-style-type: none"> • student feedback • employer feedback • meeting minutes <p>Hospital-based programs utilizing multiple clinical facilities demonstrate that resources are sufficient for each location within the system where students are placed.</p> <p>Standard III.A.2</p> <p>Submit Provide evidence that resource assessment is a part of continuous program evaluation.</p> <p>Hospital-based programs utilizing multiple clinical facilities provide documentation that resource assessment takes place at each location within the system where students are placed.</p> <p>Documentation submitted and made available for review containing confidential information (e.g., student/faculty names, Social Security numbers, etc.) must have such content redacted to protect privacy.</p>	
<p>SCG Revision: Standard IV.A.1.d – for Periodic Review</p>	<p>Standard IV.A.1.d – for Periodic Review</p> <p>Results of external certification outcomes, graduation rates outcomes, and placement rates outcomes of each of the last three active years must be readily available to prospective and enrolled students. If posted on a website, they must be no more than one click away from the program's homepage with the link clearly identified as program outcomes.</p> <p>Programs must accurately present all outcomes data for each of the last three active years, listed year by year,</p>	<p>Standard IV.A.1.d – for Periodic Review</p> <p>Results of external certification outcomes, graduation rates outcomes, and placement rates outcomes of each of the last three active years must be readily available to prospective and enrolled students. If posted on a website, they must be no more than one click away from the program's homepage with the link clearly identified as program outcomes.</p> <p>Programs must accurately present all outcomes data for each of the last three active years, listed year by</p>	<p>Sept 2025 BOD Meeting</p>



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	<p>as a percentage. In addition, programs must identify the specific date range for reported outcomes. For example, for a calendar year, report January 1, 2023 - December 31, 2023, or for an academic year it may be August 2023 - May 2023, depending on the institution.</p> <p>If outcome measures are not posted on a website, describe how access is provided to prospective and enrolled students.</p> <p>NAACLS will be checking for this information at least once a year.</p> <p>Programs seeking initial accreditation are not required to make outcome information available to prospective and enrolled students. However, after year two of the initial accreditation, all items required by Standard IV.A.1.d must be available to prospective and enrolled students.</p>	<p>year, as a percentage. In addition, programs must identify the specific date range for reported outcomes. For example, for a calendar year, report January 1, 2023 - December 31, 2023, or for an academic year it may be August 2023 - May 2024, depending on the institution.</p> <p>If outcome measures are not posted on a website, describe how access is provided to prospective and enrolled students.</p> <p>NAACLS will be checking for this information at least once a year.</p> <p>Note for Initial Programs:</p> <p><i>Programs undergoing initial accreditation are not required to make outcome information available to prospective and enrolled students. However, after year two of the initial accreditation, all items required by Standard IV.A.1.d must be available to prospective and enrolled students.</i></p>	
<p>SCG Revision: Standard VII.B.2 - SPA Edits</p>	<p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.B.1</p> <p>Provide the NAACLS letter indicating approval of the Site Program Administrator.</p> <p>If the Site Program Administrator has not previously completed the program official approval process, the individual must contact NAACLS Staff to complete the process.</p>	<p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.B.1</p> <p>Provide the NAACLS letter indicating approval of the site program administrator.</p> <p>If the site program administrator has not previously completed the program official approval process, the individual must contact NAACLS Staff to complete the process.</p> <p>Standard VII.B.2</p>	<p>Sept 2025 BOD Meeting</p>



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		Provide an official position description for the site program administrator, indicating responsibilities for the position.	
SCG Revision: Standard VII. D.1 – Advisory Committee	<p><u>Contents of Narrative for Self-Study:</u></p> <p>Standard VII.D.1</p> <p>For each advisory committee member, submit the name, credentials, relationship of the individual to the program (such as administrator, laboratory professional, educator, graduate, public member, etc.) and describe how they have knowledge of medical laboratory science education.</p> <p>Standard VII.D.2</p> <p>Describe how the advisory committee has input into the program (including curriculum) ensuring it maintains relevancy and effectiveness.</p> <p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.D.1</p> <p>No further documentation is required unless concerns remain from the self-study review process.</p> <p>Standard VII.D.2</p> <p>Provide examples of input from the advisory committee into the program to ensure it maintains relevancy and effectiveness.</p> <p>Documentation may include, but is not limited to:</p> <ul style="list-style-type: none"> • Minutes of meetings (agendas are not adequate) that provide examples of meaningful input on the 	<p><u>Contents of Narrative for Self-Study:</u></p> <p>Standard VII.D.1</p> <p style="color: red;">No narrative needed for Standard VII.D.1.</p> <p>Standard VII.D.2</p> <p>Describe how the advisory committee has input into the program (including curriculum) ensuring it maintains relevancy and effectiveness.</p> <p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.D.1</p> <p style="color: red;">For each advisory committee member, provide the name, credentials, and relationship of the individual to the program (may include, but is not limited to, administrator, laboratory professional, educator, graduate, public member, etc.).</p> <p>Standard VII.D.2</p> <p>Provide examples of input from the advisory committee into the program to ensure it maintains relevancy and effectiveness.</p> <p>Documentation may include, but is not limited to:</p> <ul style="list-style-type: none"> • Minutes of meetings (agendas are not 	Sept 2025 BOD Meeting



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	<p>relevancy and effectiveness of the program.</p> <ul style="list-style-type: none"> • Informal communication such as emails, texts, or notes from telephone conversations. • Documentation of informal meetings. 	<p>adequate) that provide examples of meaningful input on the relevancy and effectiveness of the program.</p> <ul style="list-style-type: none"> • Informal communication such as emails, texts, or notes from telephone conversations. • Documentation of informal meetings. 	
<p>SCG Revision: Standard VII. G. 1 - Medical Director</p>	<p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.G.1</p> <p>Submit a completed Faculty Fact Sheet for the medical director that includes a currently licensed or board-certified anatomic pathologist.</p> <p>Include one of the following items:</p> <ul style="list-style-type: none"> • NAACLS letter indicating approval of the medical director. • A Self-Study Review or Site Visit Report recognizing the individual as medical director. If submitted, self-study reviews or site visit reports must not identify any concerns for Standard VII.F. <p>If the medical director is unable to provide documentation of prior NAACLS approval, please submit all the following items:</p> <ul style="list-style-type: none"> • Curriculum vitae for the medical director. • Evidence of license or board certification as an anatomic pathologist. 	<p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.G.1</p> <p>Provide evidence of faculty or clinical appointment at the sponsoring institution.</p> <p>Suggested examples may include, but are not limited to:</p> <ul style="list-style-type: none"> • letters of appointment • link to sponsoring institution web pages • catalog listing • official job descriptions <p>Submit a completed Didactic Faculty/Instructor Fact Sheet for the medical director that includes a currently licensed or board-certified anatomic pathologist.</p> <p>Include one of the following items:</p> <ul style="list-style-type: none"> • NAACLS letter indicating approval of the medical director. • A Self-Study Review or Site Visit Report recognizing the individual as medical director. If submitted, self-study reviews or site visit reports must not identify any concerns for Standard VII.F. <p>If the medical director is unable to provide documentation of prior NAACLS approval, please</p>	<p>Sept 2025 BOD Meeting</p>



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		<p>submit all the following items:</p> <ul style="list-style-type: none"> • Curriculum vitae for the medical director. • Evidence of license or board certification as an anatomic pathologist. 	
<p>SCG Revision: Standard VIII.C.1</p>	<p><u>Proof of Compliance for Accreditation Site Visits:</u></p> <p>Standard VIII.C.1</p> <p>Provide documentation regarding policies and procedures for faculty and student evaluation.</p> <p>Suggested documentation may include, but is not limited to:</p> <ul style="list-style-type: none"> • copies of evaluation forms • student interviews • faculty interviews • administrative policies for faculty review 	<p><u>Proof of Compliance for Accreditation Site Visits:</u></p> <p>Standard VIII.C.1</p> <p>Provide documentation regarding policies and procedures for faculty and student evaluation.</p> <p>Suggested documentation may include, but is not limited to:</p> <ul style="list-style-type: none"> • copies of evaluation forms • student interviews • faculty interviews • administrative policies for faculty review 	<p>Sept 2025 BOD Meeting</p>
<p>SCG Glossary Addition: Site Program Administrator Definition</p>	<p>New</p>	<p>Site Program Administrator (SPA) - is an individual who is responsible for overseeing the implementation and management of a program assigned at a specific each participating program partner site. This individual is required when a for programs with partnerships sponsor has partners and must be approved by NAACLS.</p>	<p>Sept 2025 BOD Meeting</p>
<p>SCG Glossary Revision: Program Partner Definition</p>	<p>Program Partner - a location enlisted by the sponsor to administer professional phase content of a program, including teaching student labs. A sponsor's partner must employ a NAACLS-Approved site program administrator, as found in Standard VII. In addition to the sponsor, a partner may grant a certificate or degree.</p>	<p>Program Partner - a location enlisted by the sponsor to administer professional phase content of a program; including teaching student laboratories. A sponsor's partner must employ a NAACLS-Approved site program administrator, as found in Standard VII. In addition to the sponsor, a partner may grant a certificate or degree. NOTE: A program partner is not the same as a clinical affiliate.</p>	<p>Sept 2025 BOD Meeting</p>



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IPE Language	New – Standard VIII.B	<p><u>Contents of Narrative for Self-Study:</u></p> <p>Standard VIII.B</p> <p>Describe how the program meets all instructional areas listed for the specific program discipline including:</p> <ul style="list-style-type: none">• Any prerequisite coursework required for admission into the program or for progressing into advanced courses.• How instruction includes cognitive, psychomotor, and affective learning domains that allow students to meet entry-level competencies of the program discipline.• How students progress through the program, including the sequence of both didactic and clinical/applied learning activities, and how the program meets the curriculum requirements outlined in the specific program discipline. <p>Standard VIII.B – Interprofessional Education and Collaborative Practice</p> <p>Describe how the program provides students with interprofessional education (IPE) experiences that promote effective collaboration, communication, and respect among healthcare professionals for the improvement of patient outcomes and safety. Describe how the program incorporates interprofessional education into the curriculum. Include:</p> <ul style="list-style-type: none">• The goals of the IPE experience(s).• A description of the activities, identifying the healthcare professionals or students involved, and document how all students actively participate.	Sept 2025 BOD Meeting.
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		<ul style="list-style-type: none">• Evidence of student active engagement and reflection. <p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VIII.B</p> <p>Submit a completed Standard VIII Matrix (found on the NAACLS website), or similar table that identifies where items listed in Standard VIII.A for the discipline specific program are addressed in the curriculum.</p> <p>Submit documentation that verifies:</p> <ul style="list-style-type: none">• The identification of required prerequisite coursework, if any.• That instruction incorporates cognitive, psychomotor, and affective learning domains for each content area that allows students to meet entry-level competencies as outlined in the specific program discipline, including:<ul style="list-style-type: none">○ Pre-analytical (all aspects of specimen integrity from the time the provider places the order to the time the specimen is received in the laboratory).○ Analytical (all processes associated with specimen testing once received in the clinical laboratory).○ Post analytical (all processes involved in result reporting and delivery).○ The progression of students through the program, including clinical/applied learning assignment(s).• Interprofessional education and collaborative practice <p>Suggested documentation may include, but is not</p>	
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		<p>limited to, the program's:</p> <ul style="list-style-type: none"> • Current student handbook. • Admissions website. • Course map with cognitive, psychomotor, and affective learning domains indicated. • Course syllabus for one course in the program. • Schedule or document that lists all courses in the sequence they are taken. • IPE Course syllabi or event agendas. • Student reflection assignments, debriefing, or evaluations from IPE experience(s). • Minutes from advisory board or collaboration planning meetings discussing IPE. • Documentation of IPE assessment results, participant feedback, or faculty observation forms. • IPE Examples of simulation, case study assignments, or schedules with non-lab partners. <p>Three examples of IPE activities, collaborators, and proof of compliance have been provided below; however, documentation format and content will vary by program. Completion of this chart is not required.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Activity</th> <th style="text-align: left;">Collaborators</th> <th style="text-align: left;">Evidence / Proof of Compliance</th> </tr> </thead> <tbody> <tr> <td>Simulation-based IPE (e.g., code team, trauma case)</td> <td>Simulation staff and allied health students, faculty, and/or professionals</td> <td>Simulation scenarios, debriefing notes, faculty observation forms</td> </tr> <tr> <td>IPE event agenda</td> <td>Students, faculty and/or professionals from Nursing, Respiratory Therapy, Radiology, Pharmacy</td> <td>Student reflection assignments, debriefing, or evaluations.</td> </tr> <tr> <td>Non-laboratory clinical rotation</td> <td>Interdisciplinary healthcare professionals, faculty, and/or students</td> <td>Schedules, objectives, student summary or reflection assignment</td> </tr> </tbody> </table> <p><u>Proof of Compliance for Accreditation Site Visits:</u></p>	Activity	Collaborators	Evidence / Proof of Compliance	Simulation-based IPE (e.g., code team, trauma case)	Simulation staff and allied health students, faculty, and/or professionals	Simulation scenarios, debriefing notes, faculty observation forms	IPE event agenda	Students, faculty and/or professionals from Nursing, Respiratory Therapy, Radiology, Pharmacy	Student reflection assignments, debriefing, or evaluations.	Non-laboratory clinical rotation	Interdisciplinary healthcare professionals, faculty, and/or students	Schedules, objectives, student summary or reflection assignment
Activity	Collaborators	Evidence / Proof of Compliance												
Simulation-based IPE (e.g., code team, trauma case)	Simulation staff and allied health students, faculty, and/or professionals	Simulation scenarios, debriefing notes, faculty observation forms												
IPE event agenda	Students, faculty and/or professionals from Nursing, Respiratory Therapy, Radiology, Pharmacy	Student reflection assignments, debriefing, or evaluations.												
Non-laboratory clinical rotation	Interdisciplinary healthcare professionals, faculty, and/or students	Schedules, objectives, student summary or reflection assignment												



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		<p>Standard VIII.B</p> <p>The following items must be available to site visitors:</p> <ul style="list-style-type: none"> • current course syllabi for all courses in the program • course schedules • clinical/applied learning schedules <p>Supporting documents may include, but are not limited to:</p> <ul style="list-style-type: none"> • course catalog • student handbook • published schedules • case studies • course examinations <p>Standard VIII.B – Interprofessional Education and Collaborative Practice No further documentation required unless concerns remain from the self-study review process.</p>	
NAACLS DOCTORAL STANDARDS COMPLIANCE GUIDE			
<p>DCLS SCG Changes 1.A.</p>	<p>I. Sponsorship</p> <p>A. Primary Sponsoring Institution The sponsor of an educational program must be one of the following:</p> <ol style="list-style-type: none"> 1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and given the authority to provide doctoral education, with access to a teaching hospital with diagnostic diversity and health care expertise 2. An institution recognized by the national 	<p><u>Contents of Narrative for Self-Study:</u></p> <p>Standard I.A.1-5</p> <p>Briefly describe the organization of your program including the name of the sponsor, a brief history of the program, the certificate or degree awarded, and any specific information that will aid reviewers in understanding the program and/or institution.</p> <p>If the sponsor is in a partnership with other providers of professional phase content, describe</p>	<p>Sept 2025 BOD Meeting</p>



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	<p>government or a regional/national accrediting agency for higher education of the country in which it is located as a post-secondary academic institution with doctoral degree granting authority. The institution must have access to a teaching hospital with diagnostic diversity and health care expertise (for programs outside of the United States)</p> <p>B. Consortium Sponsor</p> <p>A consortium is a separate and distinct entity consisting of two or more members that exists for the purpose of operating an educational program. Where a consortium exists, at least one member of the consortium must meet the requirements of a sponsoring institution specified in I.A. The creation of the consortium must be clearly documented as a formal memorandum of understanding and signed by all members. This document shall contain the following elements:</p> <ol style="list-style-type: none"> 1. governance of the consortium 2. lines of authority within the consortium for the educational program 3. responsibilities of each member in the delivery of the educational program <p>C. Multi-location Sponsor</p>	<p>the relationship of each member of the partnership. Include specific roles and responsibilities of the partners, how those roles and responsibilities affect the faculty and the education of the students.</p> <p><i>For more information on how NAACLS defines program, sponsor, partner, clinical/applied learning affiliate and academic affiliate please see the glossary located at the end of the Standards Compliance Guide. For more details on NAACLS Sponsorship please see the Guide to Accreditation.</i></p> <p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard I.A.1-5*</p> <p>Provide copies of award letters and/or certificates as proof of sponsor accreditation, along with a completed Sponsoring Institution Fact Sheet (found on the NAACLS website). Documents must include the following:</p> <ul style="list-style-type: none"> • Most recent NAACLS awards (if applicable). • Institutional accreditation documents or federal recognition <p><u>Proof of Compliance for Accreditation Site Visits:</u></p> <p>Standard I.A.1-5</p> <p>No additional information required unless concerns remain from the Self-Study Review process.</p>	
<p>DCLS SCG Changes Standard VII.B</p>	<p>VII. Program Administration</p> <p>B. Site Program Administrator (required for programs with partnerships; assigned to</p>	<p><u>Contents of Narrative for Self-Study:</u></p> <p>Standard VII.B.1</p> <p>Provide the name(s) and credentials of the site</p>	<p>Sept 2025 BOD Meeting</p>



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	<p>each participating site)</p> <p>1. Qualifications The site program administrator must:</p> <ol style="list-style-type: none"> a. Have a master's degree or higher; 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: <ol style="list-style-type: none"> i. education methods ii. program assessment and administration iii. certification/licensure procedures d. appropriate graduate level teaching experience <p>2. Responsibilities The site program administrator, when required, is responsible for:</p> <ol style="list-style-type: none"> a. coordinating teaching and clinical/applied learning experiential education; b. evaluating program effectiveness; c. maintaining appropriate communications with the program director. 	<p>program administrator and describe the position qualifications.</p> <p>Standard VII.B.2</p> <p>Explain how the site program administrator is involved with the coordination of teaching and clinical/applied learning education.</p> <p>Describe the site program administrator's role in evaluating program effectiveness.</p> <p>Describe communication practices between the site program administrator and the program director.</p> <p><u>Accompanying Documentation for Self-Study:</u></p> <p>Standard VII.B.1</p> <p>Provide the NAACLS letter indicating approval of the site program administrator.</p> <p>If the site program administrator has not previously completed the program official approval process, the individual must contact NAACLS Staff to complete the process.</p> <p><u>Proof of Compliance for Accreditation Site Visits:</u></p> <p>Standard VII.B.1</p> <p>No further documentation is required unless concerns remain from the self-study review process.</p> <p>Standard VII.B.2</p>	
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		No further documentation is required unless concerns remain from the self-study review process.	
POLICY			
Policy	Revision or New	Summary of Key Changes	Implementation date
Policy and Procedure Orientation Workshop	New	The NAACLS Board of Directors has approved an addition to the requirements for program directors applying for NAACLS Approval. In addition to demonstrating “knowledge of NAACLS Accreditation”, applicants who have never been approved or have not been employed by a NAACLS-accredited program for five years will be required to attend an orientation focused on organization composition, policy, and procedure. NAACLS will host this orientation virtually multiple times a year. Additionally, it will be available on demand. Further details will be announced in 2026.	Approved at the Sept 2025 BOD Meeting but policy and implementation date is TBD.
Multiple Sponsors with the same Program Director	New	NAACLS will be implementing a policy to limit the number of programs a program director can oversee. This policy will be for the number of sponsors one program director can be employed by. This will not affect programs with multiple disciplines at the same sponsor. The Board has set the limit to 3 programs.	Approved at the Sept 2025 BOD Meeting but policy and implementation date is TBD.
Disclosure Policy for all Review Committees	Revision	<p><u>Abstention from Voting</u></p> <p>Board members and review committee members should follow the protocol listed below when abstaining from a vote:</p> <ul style="list-style-type: none"> Board and committee members will be asked to absent themselves from any review, discussion and vote involving an institution with which they have a current or potential relationship or conflict, including participating as a self-study reviewer or site visitor. 	Sept 2025 BOD Meeting



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		<ul style="list-style-type: none">○ If a committee is unable to establish a quorum due to conflict-of-interest abstentions, the committee chair may proceed in one of two ways – either table the vote until a quorum can be met or move forward with complete disclosures from those with conflicts documented in the meeting minutes. The board of directors will consider all disclosures before making its final decision.• Minutes of the meeting must clearly reflect the individual abstained from the vote.• Board members and committee members must disclose and not participate in any review, discussion and voting if he/she is a former employee (last five years), board member within last five years, consultant within last five years, graduate within the past five years, or is affiliated with another institution in the same system or same section of the state or has sought within the last five years or is currently seeking employment at the institution under review.• Members of the review committees and board of directors cannot jointly serve on the board of directors of a NAACLS sponsoring, participating or affiliating organization or agency that certifies clinical laboratory science professionals or other agencies/organizations that accredit clinical laboratory science education programs.• Current members of the board of directors, review committees and staff may not serve as private consultants* to any program subject to NAACLS accreditation	
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Non- USA Site Visits	New - Team Leads	The Board of Directors has approved the only requirement for a site visit team that the team lead holds a doctoral degree when visiting a Non-USA Program.	Sept 2025 BOD Meeting
Action Plans	Revision	Action Plan Reports that are found unsatisfactory will have a chance to respond to the report within 30 days. These reports will remain for feedback only. A formal policy has yet to be developed.	Approved at the Sept 2025 BOD Meeting but policy and implementation date is TBD.
FORMS			
Form	Revision or New	Summary of Key Changes	Implementation date
Site Visit Form	New	New Form developed to align with the 2024 Standards.	Sept 2025 BOD Meeting
Site Visit Logistic Form – Non – USA Programs	Revision	Revised formatting to be consistent with other form changes.	Sept 2025 BOD Meeting
Non – USA Request for Accreditation Form	Revision	Revised formatting to be consistent with other form changes. Added section on unexpected fees, for example securing letter from attorney for safe travel.	Sept 2025 BOD Meeting
Accreditation Application Packet	Revision	To align with the new formatting, branding and the 2024 Standards.	Sept 2025 BOD Meeting
DRC Preliminary Report	Revision	Revised to new formatting and branding.	Sept 2025 BOD Meeting
DRC Accreditation Application Review Form	New	New form developed to align with the current DRC Standards and new brand.	Sept 2025 BOD Meeting



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