

NAACLS Standards Compliance Guide

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Dear Colleague:

Thank you for your interest in the programmatic accreditation process provided by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). NAACLS accredits cytogenetic technologist (CG), doctorate in clinical laboratory science (DCLS), diagnostic molecular scientist (DMS), histotechnician (HT), histotechnologist (HTL), medical laboratory assistant (MLA), medical laboratory microbiologist (MLM), medical laboratory scientist (MLS), medical laboratory technician (MLT), pathologists' assistant (PathA), phlebotomist (PBT), and public health microbiologist (PHM) educational programs.

NAACLS is recognized by the Council for Higher Education Accreditation (CHEA). Recognition by CHEA affirms that standards and processes of accrediting organizations are consistent with quality improvement and accountability expectations that CHEA has established. NAACLS also confirms the Code of Good Practice of the Association of Specialized and Professional Accreditors (ASPA). It is assumed that NAACLS volunteers also support the Code.

The **Standards Compliance Guide** is one of three documents needed by programs going through the accreditation process, along with the **NAACLS Standards** and the **Guide to Accreditation**. The Standards Compliance Guide (SCG) is designed to highlight documentation needed to demonstrate compliance with the NAACLS Standards. The SCG is intended for the convenience of program officials. A separate Standards Compliance Guide is available for the doctorate in clinical laboratory science (DCLS)

If you have questions, contact us at 773.714.8880 or info@naacls.org.

We look forward to working with you and helping you make accreditation an achievable goal for your program.

Sincerely,

The NAACLS Staff

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NAACLS Mission Statement

The National Accreditation Agency for Clinical Laboratory Sciences (NAACLS) is committed to being the premier accreditation agency for ensuring the advancement of education in clinical laboratory sciences and related health care disciplines provided by domestic and international programs.

Vision Statement

Medical laboratories preferentially seek graduates of NAACLS programs to assure quality, value, innovation, and safety for healthcare consumers.

Values

Quality
Education
Innovation
Collaboration
Peer Review
Global Accreditation

Commitment to Inclusion, Diversity, Equity and Access

NAACLS is committed to advancing Inclusion, Diversity, Equity, and Access (IDEA) within the laboratory science community. Fostering a culture of respect, equity, and belongingness, NAACLS celebrates differences in race, ethnicity, age, sex/gender identity, culture, ability, beliefs, and socioeconomic status. The dedication to equity ensures fair educational practices, promotes inclusivity in NAACLS accredited programs, and encourages access to educational resources for all.

INCLUSION: promoting a culture of respect, equity, and belongingness for all members of the NAACLS community, including students, faculty, professionals, and patients.

DIVERSITY: recognizing and appreciating differences among people and their perspectives, including but not limited to dimensions of race, ethnicity, age, sex/gender identity, culture, ability, religious beliefs, political beliefs, familial status, educational background, occupation, and socioeconomic status.

EQUITY: ensuring fair, equitable, and just educational practices and policies that impact the achievement of successful student outcomes.

ACCESS: promoting access to NAACLS accredited program offerings and educational resources. This is characterized by behaviors and activities where all people feel welcome and able to participate, regardless of background or identity.

Confidentiality Policy on Programmatic Communications

NAACLS maintains confidential information submitted in the accreditation process (1) to NAACLS by accredited programs and accreditation applicant programs, and (2) by NAACLS to those same programs. This includes, without limitation, communication by telephone, email, US mail, private delivery service, and messaging, through website submission, and in person. NAACLS does not share confidential information with the public.

Exceptions to this confidentiality include (1) publication of Program information on the NAACLS public website, including, without limitation, Program awards decided by the NAACLS Board of Directors, and (2) disclosure of information as may be legally required.

Intrinsic to private accreditation is the promotion of candor within its process, which includes constructive criticism that leads to improvement in the educational quality of an educational program. Maintaining confidentiality within the accreditation process promotes candor. Personnel within educational programs are more forthright and candid because they trust (a) that the information they disclose to an accrediting agency during the accreditation process will be used solely within that process and will not be otherwise disclosed, and (b) that the candid evaluation sent by the accrediting agency to the educational program for the purpose of fostering improvement in the program will also not be disclosed outside the process.

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How to use the Standards Compliance Guide

The *Standards Compliance Guide* highlights documentation needed to demonstrate compliance with the 2012 Standards and is intended for the convenience of program officials.

The *Standards Compliance Guide* is organized by Standard, with each Standard or group of Standards containing three parts:

1. Contents for the Narrative of the self-study
2. Accompanying Documentation for self-study
3. Proof of Compliance for Accreditation and Joint Accreditation Site Visits

All documentation identified within the *Standards Compliance Guide* is required and mandatory in order to show proof of compliance with the Standards, except for cases where documentation is suggested or optional. Suggested/optional documentation is recommended to support proof of compliance for a specific Standard. Programs are highly encouraged to submit suggested/optional documentation as has been recommended by NAACLS and its review committee members. ***Please submit all supporting documents in pdf format.***

As a living document, the *Standards Compliance Guide* was created with the knowledge that it is continuously evolving. As such, it will be updated regularly to reflect current expectations and requirements and be made available on the NAACLS Website as modified. For example, quantitative performance benchmarks and PBT/MLA Entry Level Competencies are not detailed in the Standards, however they appear in the *Standards Compliance Guide* and are updated as needed to meet current professional practices. For this reason, NAACLS Standards remain a separate document from the *Standards Compliance Guide*.

In the *Standards Compliance Guide*, requirements for self-study submission and site visits are updated as appropriate and will be effective immediately, unless otherwise noted. Public notification of changes will be made on the NAACLS website (www.naacls.org) and in the NAACLS News Blog.

Standard I.A: Sponsorship – Sponsoring Institution

Contents of Narrative for Self-Study:

Briefly describe the organization of your program including the name of 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.

*Programs need to address **only** one of 1, 2, or 3.*

Accompanying Documentation for Self-Study:

Standard I.A. 1-5*: Provide copies of award letters and/or certificates as proof of sponsor accreditation, along with a completed Sponsoring Institution Fact Sheet (found on NAACLS website). Documents must include the following:

- NAACLS awards
- If sponsoring institution is academic: accrediting body documents and state approvals (if required)
- *If sponsoring institution is a hospital, medical center or laboratory based, certification agencies recognized by NAACLS include:
 - 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 (eg California Department of Health)

*Hospital based programs using multiple clinical facilities **must** provide documentation for each clinical site.*

Proof of Compliance for Accreditation Site Visits:

Standard I.A 1-5: Provide accreditation status of sponsor.

Standard I.B: Sponsorship – Consortium Sponsor

Contents of Narrative for Self-Study:

If the sponsor is a consortium describe the relationship of each member of the consortia to the sponsor. Include specific roles and responsibilities of the sponsor, each member and how those roles and responsibilities affect the faculty and the education of the students.

Accompanying Documentation for Self-Study:

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).

Provide evidence of a formal memorandum of understanding that has been signed by all members

of the consortia. The following should be included in the memorandum:

- Governance (which policies/procedures are followed for the educational program)
- Lines of authority for the educational program (an example of an organizational chart for the educational program)
- Responsibilities of each member in the delivery of the educational program (example; detail who in the consortia is responsible for the delivery of specific areas of the educational program)

Proof of Compliance for Accreditation Site Visits: Provide accreditation status of sponsor.

Standard I.C: Sponsorship – Multi-location Sponsor

Contents of Narrative for Self-Study:

Describe the relationship between sponsor, program director/s, and program coordinators at each location. Describe the roles and responsibilities of the sponsor, program director/s and program coordinators for educating students at each location.

Accompanying Documentation for Self-Study:

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).

*For Hospitals, Medical Centers or Laboratories, certification agencies recognized by NAACLS as meeting Standard requirements for Hospitals, Medical Centers, or Laboratories are listed below:

- 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 (eg California Department of Health)

Proof of Compliance for Accreditation Site Visits:

Provide accreditation status of sponsor. Provide proof of minimum of certificate of completion given upon program completion

Standard I.D: Sponsorship – Responsibilities of the Sponsor

Contents of Narrative for Self-Study:

Standard I.D.1: Describe how the sponsor has primary responsibility for:

- a. Supporting curriculum planning and course selection by program faculty and staff
- b. Appointing faculty and staff
- c. Maintaining student transcripts permanently
- d. Granting the degree and/or certificate documentation
- e. Ensuring that appropriate personal safety measures are addressed for students and faculty

- f. Ensuring that all provisions of the Standards are met
- g. Ensuring that graduates of the program have obtained or will obtain minimum degree and/or certificate upon completion of the program

Standard I.D.2: Describe how activities assigned to students in the clinical setting are educational. For BMS programs only, describe how practical learning experiences (or activities) assigned to students in the professional setting are educational.

Standard I.D.3: Describe the exchange of information between the sponsor and its affiliates.

Standard I.D.4: Describe how the sponsor provides eligible students the opportunity to participate in applied clinical experiences. For BMS programs only, describe how the sponsor provides eligible students the opportunity to participate in appropriate learning experiences for the field of practice.

Standard I.D.5: For each affiliate/partner, explain the following. Please clearly indicate when multiple agencies are covered under one affiliation/partnership agreement, or policy. To ensure no errors when reviewing documents, please be consistent and complete when using names of affiliates/partners on documents submitted.

- a. The relationship between the sponsor and affiliate/partner
- b. The roles of the sponsor and that entity
- c. The responsibilities of the sponsor and that entity

Accompanying Documentation for Self-Study:

Standard I.D.1: No documentation needed.

Standard I.D.2: When applicable, submit site specific objectives and evaluations, unique rules, & policies as additional evidence that activities assigned to students in the clinical setting are educational.

Standard I.D.3: Attach documentation that supports the narrative explanation. Supporting documentation may include, but is not limited to:

- Emails
- Meeting minutes
- Student placements
- Evaluations and teaching observations of instructors
- Phone logs
- Text messages
- Faculty appointments
- Graduate information

For hospital-based programs utilizing multiple clinical facilities, provide documentation of communications between locations where students are placed and the sponsor.

Standard I.D.4 and 5: For each affiliation/partnership, supply the following:

- Completed Clinical Facility Fact Sheet

For hospital-based programs utilizing multiple clinical facilities, provide a completed clinical facility fact sheet for each hospital within the system where students are placed.

- Signed, current Affiliation Agreement
- When applicable, Site Specific Objectives, Evaluations, Unique Rules, and Policies *For hospital-based programs utilizing multiple clinical facilities, when applicable, provide site specific objectives and evaluations for each hospital within the system where students are placed.*

Documentation submitted and made available for review that contains confidential information (i.e., Student Names, Social Security Numbers, etc.) must have such content redacted to protect privacy.

Proof of Compliance for Accreditation Site Visits:

Standard I.D.1-2: No additional information needed.

Standard I.D.3: Provide documentation of communications between the clinical sites and sponsor.

For hospital-based programs utilizing multiple clinical facilities, provide documentation of communications between clinical sites within the system and the sponsoring hospital.

Standard I.D.4 and 5: Provide completed Clinical Facility Fact Sheets and signed affiliation agreements that cover all provisions in the document.

Standard II.A: Assessment and Continuous Quality Improvement – Systematic Assessment

Contents of Narrative for Self-Study:

Explain how the individuals, processes, and activities that are identified in a documented plan for continuous and systematic assessment determine program effectiveness. Include indicators that demonstrate the degree to which the program is meeting identified program/college/institution mission and stated outcomes/goals.

Accompanying Documentation for Self-Study:

- Program mission statement and outcomes/goals
- Documented plan for the continuous and systematic assessment of program effectiveness that includes responsible individual(s), processes, and a schedule or timeline for identified assessment methods.

Proof of Compliance for Accreditation Site Visits:

Provide evidence of mechanism for continually and systematically reviewing the effectiveness of the program.

Standard II.B: Assessment and Continuous Quality Improvement – Outcome Measures

Contents of Narrative for Self-Study:

Standard II.B. 1-5: Programs must provide outcomes measures that include graduation rates, attrition rates, placement rates and certification pass rates. Describe the process by which the program collects, evaluates, and uses information from the data in assessment and continuous quality improvement. While initial programs may not have data available and are not required to submit such measures, the narrative should include plans for collection, review, and how results will be used in assessment and continuous quality improvement.

In addition to the required outcomes measures, identify additional tools used for the assessment of program effectiveness, including feedback from graduates and employers, and how they are used.

If the program submitted an Annual Survey Action Plan following the last accreditation review due to outcomes measures that fell below NAACLS' approved benchmarks, and the program has not submitted a Year Five Interim Report since submitting the Annual Survey Action Plan, describe and analyze the results of the program's Action Plan. Please also include any feedback that was provided by NAACLS in the original review of the Annual Survey Action Plan.

Accompanying Documentation for Self-Study:

Programs undergoing initial accreditation are not required to submit documentation for Standard II.B.

Standard II.B.1: NAACLS BENCHMARK FOR CERTIFICATION RATES

Results of the last three active years of graduate certification rates demonstrating an average of at least 75%* certification rates from all examinations, for graduates who take the exam within the first year of graduation. Provide examples of tools used to collect data for outcome measures, including primary source documentation from the certification agency(ies) with student names redacted. *Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage pass rate and dividing by three.*

When data from more than one certification examination is reported, a summary table must be completed to determine the percentage of certified graduates within the first year following graduation. Each student is only counted once regardless of how many times they have sat for any exam within one year.

Data from one of the following Certification Agencies must be provided:

- ASCP-BOC or AMT for MLS and MLT Programs.
- ASCP-BOC for CG, DMS, HT, HTL, PHM, MLM, MLS, MLT, and Path A Programs.
- ASCP-BOC, AMT, NHA, or NCCT for Phlebotomy and MLA Programs.
- ABB/AAB for PHM Programs.

Submit examples of tools used to collect data for outcome measures (include source documentation with student names redacted).

**If Outcomes Measures submitted for II.B. 'Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), additional information must be submitted for Standard VIII.C*

For BMS Programs: If there is a recognized certification for the field of practice, the program will provide the last three active years of Results of graduate certification rates demonstrating an average of at least 75%* certification on those examinations, for those graduates who take the exam within the first year of graduation. Include primary source documentation from the certification agency (ies) with student names redacted. *Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage pass rate and dividing by three.*

**If there is no recognized certification for the field of practice, this benchmark does not apply.*

Standard II. B. 2: NAACLS BENCHMARK FOR GRADUATION RATES

At least the last three active years of results of graduation rates demonstrating an average of at least 70%* of students who have begun the final half of the program go on to successfully graduate from the program as calculated by the most recent three-year period.

Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage graduation rate and dividing by three.

Please describe the structure of the program and how the "final half" of the program was determined when submitting graduation rates.

Submit examples of tools, with source documentation and student names redacted, that are used to collect data for outcome measures.

**If Outcomes Measures submitted for II.B. 'Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), additional information must be submitted for Standard VIII.C*

Standard II.B. 3: NAACLS BENCHMARK FOR GRADUATE PLACEMENT RATES

At least the last three active years of results of graduate placement rates demonstrating that an average of at least 70%* of the respondent graduates either find employment in the field or a closely related field (for those who seek employment) or continue their education within one year of graduation as calculated by the most recent three-year period.

Three-year averages should be calculated using raw student numbers; do not calculate by adding each year's percentage placement rate and dividing by three.

Submit examples of tools used to collect data for outcome measures (include source documentation with student names redacted).

**If Outcomes Measures submitted for II.B. 'Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), additional information must be submitted for Standard*

VIII.C

Standard II.B. 4: Supply last three active years of ATTRITION RATES.

Submit examples of tools used to collect data for outcome measures (include source documentation with student names redacted) that may include:

- Course and/or faculty evaluations
- Exit interviews/Advising and/or Counseling Records
- Quizzes/examinations/laboratory exercises or practicals, capstone projects

Standard II.B.5: (Optional) Supply other outcomes measures data used in program evaluation as defined in Standard II.B.5. If appropriate, include institutional benchmarks.

Proof of Compliance for Accreditation Site Visits:

Standard II.B. 1-5: Results of any other outcome measures used by the program that is not provided in the self-study must be available for site visitors.

If Outcomes Measures submitted for II.B. 'Accompanying Documentation for Self-Study' are below NAACLS approved benchmarks, additional information must be available on-site for Standard VIII.C

Standard II.C: Assessment and Continuous Quality Improvement – Program Assessment and Modification

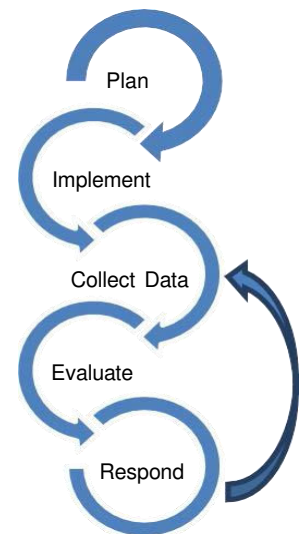
Contents of Narrative for Self-Study:

Standard II. C. 1-2: Describe how the results of outcome measures are, or will be (if initial program), reviewed and evaluated for program assessment and continuous quality improvement. Narrative should include:

- the individuals and/or groups involved in the process,
- how information collected is used in program planning, curriculum development and improvement, and
- information on how, after changes are implemented in response to data collected, the program insures, and documents change effectiveness.

The self-study narrative must provide evidence of how the program engages in a continual quality improvement process, evaluating effectiveness of changes and taking further steps and evaluation as needed based on results of change implementation. The following table has been provided below as one example of assessment planning; however, formats and content will vary by program.

(Example continued on next page.)



	Program Outcome	Student Learning Outcome
Intended Outcomes	80% of program graduates pass the ASCP BOC exam within one year of graduation.	Upon completion of MLS 123 the student will demonstrate knowledge of laboratory principles and procedures for routine hematology.
Assessment Method and Responsible Party (ies)	Program director will collect and analyze ASCP BOC data as it becomes available, will submit results to NAACLS annually, and make available to the public.	Program director will analyze ASCP BOC scores in hematology related to routine hematology. Instructors will analyze results of final examination for cognitive knowledge of
Frequency	Ongoing.	Ongoing analysis of BOC results is available. At the end of each semester in which MLS 123 is taught.
Summary and Analysis of Results	<p>July 1, 2016-June 30, 2017: 5 out of 6 (83%) graduates passed</p> <p>July 1, 2017 – June 30, 2018: 3/10 (30%) graduates passed</p> <p>July 1, 2018-June 30, 2019: 9/10 (90%) graduates passed</p> <p>Of the 10 graduates who took the exam 2017- 2018, 7 waited almost an entire year before sitting for the exam while the 3 who passed took the exam within 2 months.</p>	<p>Over three years, graduates have obtained scores in the area of routine hematology that are greater than national average. However, programmatic scores in the area of platelet function have trended down.</p> <p>Over three years, there has been a total average of 75% passing grades on the hematology final, and 85% passing grades of the practical examination.</p>
Actions	Students are now provided all information BOC applications and letters requesting that transcripts be sent to the BOC prior to graduation. All instructors in the program encourage students to take the exam soon after graduation and the program director makes regular contact following graduation.	The program director and faculty have reviewed the curriculum for platelet function and analyzed three new updated texts to determine if content is aligned with current practice. A new unit has been added that goes into more depth regarding key markers associated with platelets and platelet functions.
Follow-up	Immediate results appear to have had a positive impact. Program director will continue monitoring.	There will be continued monitoring of BOC scores, final exams, and practical examinations for routine hematology to determine if there is a shift in scores related to platelet function.

Accompanying Documentation for Self-Study:

**Programs undergoing initial accreditation are not required to submit documentation for Standard II.C.*

Standard II.C.1: Documentation reflecting review and evaluation of program outcome measures [advisory board, program faculty (didactic and/or clinical) curriculum team, informal emails, employer communications, etc.] and how feedback from graduates and employers are used in the process.

- Graduate feedback – *feedback collected from the graduate at least three months post-graduation*

- Employer feedback

Standard II.C.2: Documentation of changes implemented as a result of outcome measure review and evaluation, and documentation of ongoing evaluation of the effectiveness of such changes. Evidence should demonstrate that evaluation, recommendations, changes, and further evaluation is ongoing and effective.

Proof of Compliance for Accreditation Site Visits:

Standard II.C.1-2: Any additional supportive documentation demonstrating data collection, review and evaluation that results in program improvement. Documentation that links program improvement to changes made as a result of program review and evaluation.

Standard III.A: Resources – General Resources

Contents of Narrative for Self-Study:

Standard III.A.1: Describe the program's financial resources and adequacy for assuring achievement of program goals and continued program operation.

Standard III.A.2: Describe how personnel and physical resource adequacy is included in continuous program evaluation.

If the program had significant changes in class size, budget, affiliate/partnership placements (may not apply to BMS Programs), or faculty resources during the last accreditation cycle, as indicated on the annual survey, address such specific changes that took place.

Accompanying Documentation for Self-Study:

Standard III.A.1: Submit an institutionally approved budget OR a written statement of continued financial support for the educational program from an executive officer of the sponsor (or one from each participating entity in a consortia or multi-location program).

Standard III.A.2: Provide program evaluation information/data used to evaluate resource adequacy as part of continuous program evaluation.

Proof of Compliance for Accreditation Site Visits:

Standard III.A.1: Demonstrate that the financial resources for the continued operation of the program are sufficient to achieve program goals by an adequate budget and/or documented funding resources.

Suggested examples include:

- emails or memos showing financial support;
- purchase orders for supplies or equipment; or
- annual budget for the program.

For hospital-based programs utilizing multiple clinical facilities, demonstrate that resources are sufficient for each location within the system where students are placed.

Standard III.A.2: Submit documentation that resource assessment is a part of continuous program evaluation.

For hospital-based programs utilizing multiple clinical facilities, provide documentation that resource assessment takes place at each location within the system where students are placed.

Documentation submitted and made available for review containing confidential information (i.e., Student/Faculty Names, Social Security Numbers, etc.) should have such content redacted to protect privacy.

Standard III.B: Resources – Personnel Resources

Contents of Narrative for Self-Study:

Standard III.B.1: Describe how personnel resources (i.e., didactic, and clinical faculty and staff) support the number of students admitted to the program and the program outcomes.

Accompanying Documentation for Self-Study:

Standard III.B.1: Include the following:

- The number of students admitted per year
- Admission date(s)
- Instructor to student ratios for lecture, student laboratory (if applicable) and clinical laboratory (if applicable)
 - Relevant staff position (job) descriptions

Proof of Compliance for Accreditation Site Visits:

Standard III.B.1: Submit documentation that faculty and staff are sufficient and appropriately qualified to perform the functions in documented job descriptions and to allow achievement of program goals.

- Suggested supporting documentation includes examples of completed evaluations forms and teaching evaluation records. (names redacted)

For hospital-based programs utilizing multiple clinical facilities, provide documentation for each location within the system where students are placed

Documentation submitted and made available for review containing confidential information (i.e., Student/Faculty Names, Social Security Numbers, etc.) should have such content redacted to protect privacy.

Standard III.C: Resources – Physical Resources

Contents of Narrative for Self-Study:

Standard III.C.1: Describe the program's academic and clinical physical resources including facilities, equipment and supplies, information resources, and instructional resources.

Accompanying Documentation for Self-Study:

Standard III.C.1: Provide a sample list of equipment and instructional resources available to students and how they are utilized in the curriculum.

Proof of Compliance for Accreditation Site Visits:

Standard III.C.1: Provide documentation that the program's facilities, equipment and supplies, information resources, and instructional resources are sufficient to achieve program goals.

Suggested documentation includes equipment and materials used to meet course/program objectives.

Standard IV.A: Students – Publications and Disclosures

Items for Periodic Review:

Standard IV.A.1.d: 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 current students. If posted on the website, they must be no more than one click away from the program's homepage with the link clearly identified as program outcomes. Programs must present all outcomes data for each of the last three active years, listed year by year, as a percentage.

If outcomes measures are not posted on a website, describe and submit supporting evidence of how the program provides prospective and current students access to the required data.

Contents of Narrative for Self-Study:

Standard IV.A.1: Describe the items included in Standard IV.A.1 and identify the specific publication(s) in which these items are included. Describe how this information is made available to prospective students, applicants, and enrolled students.

Accompanying Documentation for Self-Study:

Standard IV.A.1: Submit current publications that address the items listed in Standard IV.A.1.*

***Standard IV.A.1.d:** *Initial programs are not required to have published Program Outcome Measures.*

***Standard IV.A.1.j:** Provide evidence of a published policy for students performing service work. Service work is when students are approved to work for the clinical site

outside of normally scheduled educational periods.

Proof of Compliance for Accreditation Site Visits:

Standard IV.A.1: Provide documentation that describes how applicants and students receive the information listed in Standard IV.A.1. Suggested examples include:

- Student handbook posted on website or mailed to potential students upon request.
- Brochures available in counseling and admissions areas or mailed to potential students upon request.

Submit documentation that announcements and publications accurately reflect the program offered.

Show evidence that current publications contain the information listed in Standard IV.A.1.*

**Standard IV.A.1.d: Initial programs are not required to have published Program Outcome Measures.*

Standard IV.B: Students – Student Records

Contents of Narrative for Self-Study:

Standard IV.B.1-2: Describe how the sponsoring institution maintains records for enrolled students and graduates.

Accompanying Documentation for Self-Study:

Standard IV.B.1: Include policies and procedures regarding the retention of records for enrolled students.

Standard IV.B.2: No documentation needed for Standard IV.B.2.

Proof of Compliance for Accreditation Site Visits:

Standard IV.B.1: Provide evidence that student records are maintained and contain the materials required by Standard IV.B.

Standard IV.B.2: Provide a complete transcript or record, for a sampling of individuals, that includes legal name, grades, and credits (if applicable), and dates of admission, and completion are permanently maintained information.

Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.

Standard IV.C: Students – Health and Safety

Contents of Narrative for Self-Study:

Standard IV.C.1: Describe how the health and safety of students, faculty, and patients is safeguarded during educational activities. Include access to health and emergency

services.

Standard IV.C.2: Describe how biohazard and safety training is accomplished and documented.

Accompanying Documentation for Self-Study:

Standard IV.C.1: Include the policy and procedures used for safeguarding the health and safety of students, faculty, and patients.

Standard IV.C.2: Include any completed forms or other documentation used to provide evidence that students have received biohazard and safety training.

Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.

Proof of Compliance for Accreditation Site Visits:

Standard IV.C.1: Provide documentation that the health and safety of students, faculty, and patients associated with educational activities are adequately safeguarded. Suggested documentation includes a company/institution policy outlining safety.

Standard IV.C.2: Submit evidence that students receive biohazard and safety training and that it is documented. Suggested documentation includes copies of the biohazard and safety training material that the student receives either in the didactic portion or the clinical learning experience, and a copy of a certificate issued at completion of training or associated grades.

Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.

Standard V: Operational Policies – Fair Practices

Contents of Narrative for Self-Study:

Standard V.A: Describe student and faculty recruitment procedures and explain how they are non-discriminatory.

Standard V.B-C: No Narrative needed for Standard V.B and V.C.

Standard V.D: No Narrative needed for Standard V.D.

Standard V.E: Explain under what conditions students can provide service work (work for the clinical site performed outside of normally scheduled educational periods).

Standard V.F: Explain how the college assures that students are not substituted for staff during clinical experiences.

Accompanying Documentation for Self-Study:

Standard V.A: No Accompanying Documentation needed for Standard V.A.

Standard V.B: Required examples include documents that have non-discrimination policy statements along with student admission requirements and faculty appointment criteria.

Standard V.C: Required examples include a policy or handbook statement that indicates that granting of the degree or certificate is not contingent upon passing an external certification or licensure exam. (May not apply to BMS Programs.)

Standard V.D: Required examples include a foundation for developing a plan in the event of program closure. (Complete details are not necessary, but it must be complete enough to be submitted within 30 days of closure notification).

Standard V.E: Statements made in the narrative should be supported by written and/or published documentation. Required examples include a service work (work for the clinical site performed outside of normally scheduled educational periods) policy for students.

Standard V.F: Nothing further is required in this section.

Proof of Compliance for Accreditation Site Visits:

Standard V.A: Have student files for current and past students available for required admission information.*

Standard V.B-D: Nothing further needed for Standard V.B, V.C, and V.D unless concerns exist from the self-study review.

Standard V.E-F: Provide documentation as to how and when students, faculty, staff, and clinical sites receive the information regarding student service work.

**Documentation submitted and made available for review containing confidential information (i.e., Student Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.*

Standard VI: Administrative: Maintaining Accreditation – Program/Sponsoring Institution Responsibilities

This Standard involves the administrative requirements for maintaining accreditation throughout its award period, and therefore is not reviewed in the self-study or site visit process.

Standard VII.A: Program Administration – Program Director

Contents of Narrative for Self-Study:

Standard VII.A.1-3: Explain the roles and relationships of the program administration.

Accompanying Documentation for Self-Study:

Standard VII.A.1: Include one of the following items:

- NAACLS letter indicating approval of the Program Director
- A previous award recognizing them as the Program Director
- A self-study review or site visit report recognizing the individual as Program Director. These documents should not identify concerns on standard VII.A

If the program director is unable to provide documentation of prior NAACLS approval, please submit the following items:

- curriculum vita for the program director that provides documentation of teaching experience
- knowledge of education methods and administration, current NAACLS accreditation procedures and certification procedures. For PathA, provide materials that demonstrate adequate knowledge and proficiency in their content areas and demonstrate the ability to teach effectively at the appropriate level
- Certification and education credentials at the appropriate level

*For MLM, PHM, MLS, MLT, HT, HTL, MLA and Phlebotomy Programs: American Society for Clinical Pathology – Board of Certification (ASCP-BOC) is the sole agency recognized by NAACLS as meeting Standard requirements for Certification Qualifications of a program director.

Standard VII.A.2: Provide a curriculum vita for the program director that provides documentation of teaching experience, knowledge of education methods and administration, current NAACLS accreditation procedures and certification procedures. For PathA, provide materials that demonstrate adequate knowledge and proficiency in their content areas and demonstrate the ability to teach effectively at the appropriate level.

- Include a faculty position description for the program director, indicating responsibilities for the position
- Submit a completed Faculty Fact Sheet for the program director, including required 36 hours (*60 hours for PathA) of professional development

Standard VII.A.3: Provide documentation of faculty (or equivalent) appointments (letters of appointment, Sponsoring institutions web pages, catalog listing, job description, etc.). Inclusion in the affiliation agreement is not proof of appointment

Proof of Compliance for Accreditation Site Visits:

Standard VII.A.1: Nothing further needed unless concerns exist from the self-study review.

Standard VII.A.2(b): Provide documentation that the program director has input into the budget preparation. Supporting documents include:

- Narrative
- Strategic Plan
- Emails
- Requests/approvals for equipment, supplies

Standard VII.A.2(e): Provide evidence of the contact between the program director and students, faculty, and other program personnel. Supporting documents include:

- Emails
- Phone logs
- Minutes or agendas of meetings

Standard VII.A.3: Nothing further needed unless concerns exist from the self-study review.

Standard VII.B: Program Administration – Site Program Coordinator (required for Multi-location only, assigned to each participating site)

Contents of Narrative for Self-Study:

Standard VII.B.1-2: Explain the roles and relationships of the program administration. Describe how the site program coordinator communicates with the program director.

Accompanying Documentation for Self-Study:

Standard VII.B.1: Provide a curriculum vita for the site program coordinator, providing documentation of discipline-appropriate education experience.

Standard VII.B.2: Submit a completed Faculty Fact Sheet for the site program coordinator. Include a faculty position description for the site program coordinator, indicating responsibilities for the position.

Standard VII.B.3: Provide documentation that site program coordinator is responsible for the required aspects of the program. Supporting documentation may include, but is not limited to:

- Emails
- Meeting Minutes
- Evaluations and teaching observations of instructors
- Phone logs
- Text message
- Faculty appointments
- Handbooks and other publications

Proof of Compliance for Accreditation Site Visits:

Standard VII.B.1: Nothing further needed unless concerns exist from the self-study review.

Standard VII.B.2: Any additional supportive documentation demonstrating that the site program coordinator is responsible for the required aspects of the program.

Standard VII.C: Program Administration – Faculty and Clinical Liaison

Contents of Narrative for Self-Study:

Standard VII.C.1-2: Explain the roles and relationships of the program's didactic

faculty/instructors and clinical liaisons, and how each meets the necessary qualifications and responsibilities required by NAACLS' Standards.

Accompanying Documentation for Self-Study:

Standard VII.C.1-2: Complete a Didactic Faculty Fact Sheet for each major* didactic faculty member that includes:

- Appropriate professional development activity documentation
- Faculty position descriptions (indicating responsibilities for the position)

Explain how the program assures that faculty are qualified and teach effectively at the appropriate level.

Explain how the program assures that clinical liaisons meet qualification requirements.

Include a representative sample of communication between the clinical liaison and the program director or designee.

Supporting documentation should include sample faculty and student evaluation forms.*

**Major faculty are those who teach didactic sections of any program specific courses.*

**Documentation submitted and made available for review containing confidential information (i.e., Student/Faculty Names, Social Security Numbers, etc.) must have such content redacted to protect privacy.*

Clinical Liaison information is to be submitted on the appropriate Clinical Facility Fact Sheets. Separate Faculty Fact Sheets are not required for Clinical Liaisons.

Proof of Compliance for Accreditation Site Visits:

Standard VII.C.1: Provide evidence of adequate knowledge and proficiency of the faculty in their content areas. Supporting documentation **may** include:

- Professional development activities relevant to content area
- Current CV
- Certification and degree

Document that the faculty teach effectively at the appropriate level. Suggested documentation includes:

- Completed Student/Faculty evaluations*

**Documentation submitted and made available for review containing confidential information (i.e., Student/Faculty Names, Social Security Numbers, etc.) may have such content redacted to protect privacy.*

Provide sample faculty evaluation forms for review.

Assure and document professional development for didactic faculty. Supporting documentation includes:

- Evidence of appropriate professional development activities

- Administrative financial support for professional development activities
- Travel requests/approvals
- Budgetary requests/approvals

Standard VII.C.2: Ensure placement of clinical liaisons, if applicable, at each site.

For hospital-based programs utilizing multiple clinical facilities, ensure clinical liaisons are in place at each location.

Clinical Liaison information is to be submitted on the appropriate Clinical Facility Fact Sheets. Separate Faculty Fact Sheets are not required for Clinical Liaisons.

Standard VII.D: Program Administration – Advisory Committee

Contents of Narrative for Self-Study:

Standard VII.D.1: Explain the roles and relationships of the advisory committee.

Accompanying Documentation for Self-Study:

Standard VII.D.1: Submit the name(s) comprising the advisory committee, along with each member's role or relationship to the program.

Submit examples of agendas, minutes, emails, and/or notes from phone conversations and informal meetings that demonstrate the Advisory Committee provides meaningful, relevant, and current input to the program.

Proof of Compliance for Accreditation Site Visits:

Standard VII.D.1: Provide evidence of the responsibilities of the Advisory Committee and its role in maintaining the effectiveness of the program. Supporting documentation includes:

- Advisory committee discussion
- Emails
- Programmatic changes based upon Advisory Committee discussions and/or recommendations

Standard VII.E: Program Administration – Education Coordinator (when required)

Contents of Narrative for Self-Study:

Standard VII.E.1-2: Explain the roles and relationships of the program administration.

Accompanying Documentation for Self-Study:

Standard VII.E.1:

Submit a completed Faculty Fact Sheet for the education coordinator. Include one of the following items:

- NAACLS letter indicating approval of the Educational Coordinator

- A self-study review or site visit report recognizing the individual as Educational Coordinator. These documents should not identify concerns on standard VII.A

Any one of these items will meet requirements for all of VII.E.1.

If the educational coordinator is unable to provide documentation of prior NAACLS approval, please submit the following items:

- a curriculum vita for the education coordinator
- documentation of knowledge of current NAACLS accreditation procedures and certification procedures

Standard VII.E.2: No accompanying documentation is needed for this section.

Proof of Compliance for Accreditation Site Visits:

Standard VII.E.1: Nothing further is needed for this section unless concerns exist from the self-study report.

Standard VII.E.2: Indicate the responsibilities in relation to supervision and coordination of faculty in the academic and clinical phases of the education program.

Supporting documents include:

- Narrative
- Emails

Standard VII.F: Program Administration – Medical Director (for PathA Programs only)

Contents of Narrative for Self-Study:

Standard VII.F.1-2: Explain the roles and relationships of the program administration.

Accompanying Documentation for Self-Study:

Standard VII.F.1:

Submit a completed Faculty Fact Sheet for the Medical Director, including required 60 hours of professional development related to pathology.

Include one of the following items:

- NAACLS letter indicating approval of the Medical Director
- A self-study review or site visit report recognizing the individual as Medical Director. These documents should not identify concerns on standard VII.F

Any one of these items will meet requirements for all of VII.F.1.

If the Medical Director is unable to provide documentation of prior NAACLS approval, please submit the following items:

- a curriculum vita for the Medical Director
- documentation of knowledge of current NAACLS accreditation procedures and certification procedures

Standard VII.F.2: Include a signed facility position description for the medical director, indicating responsibilities for the position.

Proof of Compliance for Accreditation Site Visits:

Standard VII.F.1: Nothing further is needed for this section unless concerns exist from the report.

Standard VII.F.2: Provide evidence that the medical director is responsible for the required aspects of the program.

- Include a signed facility position description for the medical director, indicating responsibilities for the position.

Standard VIII.A for Accredited Programs: Curriculum Requirements – Instructional Areas

Contents of Narrative for Self-Study:

Standard VIII.A.1-8 (BMS, DMS, HTL, MLS, PHM and MLM), 1-7 (HT), 1-6 (CG, PBT), 1-5 (MLT), 1-4 (MLA)1-3 (PathA):

Explain how students progress through the program, including the sequence of both didactic and applied (clinical) education learning activities.

Describe all prerequisite coursework required for admission into the program.

FOR MLS, MLT, DMS, BMS, PHM and MLM:

Describe how the curriculum addresses the following components of education across all major areas of instruction:

- Pre-analytical (all aspects of specimen integrity from the time the physician 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)

FOR HTL & HT:

Describe how the curriculum addresses the following components of education across all major areas of instruction: applications, including principles and methodologies, performance of tests, problem solving, troubleshooting, techniques, interpretation of procedures and results of laboratory services for all major areas practiced in the contemporary histopathology laboratory. Discuss how items in the Standard VIII.A are included within courses or approached as topics in separate courses such as management, research, and education.

FOR PBT: Describe how the curriculum addresses the following components of education across all major areas of instruction:

1. Variety of collection techniques.
- 2.
3. A minimum of 100 hours of applied experiences and a minimum of 100 successful unaided collections.
4. Guarantees the same level of learning experience for each student.
5. Application of safety and governmental regulations and standards as applied to phlebotomy.
6. Principles of interpersonal and interdisciplinary communication and team building.

FOR MLA: Describe how the curriculum addresses the following components of education across all major areas of instruction:

1. A minimum of 100 hours of applied experiences.
2. Core module competencies.
3. Instruction in a variety of skills, including: blood collection, preparation/reconstitution of reagents, standards and controls, perform tests at the Clinical Assistant level, and follow established quality control protocols.
4. Instruction in module(s) beyond the core module meets minimum required standards as stated for the core modules, including but not limited to: chemistry, donor room, hematology, immunology, microbiology and/or urinalysis.
5. Guarantees the same level of learning experience for each student.

Accompanying Documentation for Self-Study:

Standard VIII.A. 1-8 (MLS, HTL, DMS, BMS, PHM and MLM), 1-7 (HT), 1-6 (CG, PBT), 1-5 (MLT), 1-4 (MLA), 1-3 (PathA):

Provide a completed Standard VIII Matrix that identifies where items listed in Standard VIII.A are addressed in the curriculum.

Submit a list of required prerequisite coursework.

Provide a program schedule which includes the sequence of courses and student clinical assignments.

FOR MLS, MLT, PHM and MLM: Provide examples of how each course addresses pre-analytical, analytical and post analytical components for each of the following areas:

- collecting, processing, and analyzing biological specimens and other substances (**MLS & MLT**)
- performing phlebotomy (**MLT only**)
- principles and methodologies;
- performance of assays;
- problem-solving;
- troubleshooting techniques;
- interpretation and evaluation of clinical procedures and results (**MLS, PHM and MLM**);
- statistical approaches to data evaluation (**MLS, PHM and MLM**);
- significance of clinical procedures and results (**MLT only**);
- principles and practices of quality assessment (**MLT ,MLS, PHM and MLM**), quality assurance/quality improvement (**MLS, PHM and MLM**);
- continuous assessment of laboratory services for all major areas practiced in the contemporary clinical laboratory (**MLS, PHM and MLM**);

Standard VIII.A.2 (MLS and MLT): Provide examples of how each course addresses pre-analytical, analytical and post analytical components or all major areas practiced in the contemporary clinical laboratory, including:

- a. Clinical Chemistry
- b. Hematology/Hemostasis
- c. Immunology
- d. Immunohematology/Transfusion medicine
- e. Microbiology
- f. Urine and Body Fluid Analysis
- g. Laboratory Operations (MLS,MLT, PHM and MLM)
- h. Laboratory Management (MLS, PHM and MLM)

Standard VIII.A.2 (PHM): Provide examples of how each course addresses pre-analytical, analytical, and post analytical components or all major areas practiced in the contemporary public health microbiology laboratory, including:

- a. Anaerobic Bacteriology
- b. Food and Water Bacteriology
- c. Gram Positive & Negative Bacteriology
- d. Molecular Microbiology
- e. Mycology
- f. Parasitology
- g. Mycobacteriology
- h. Serology
- i. Sexually Transmitted Infections
- j. Virology
- k. Public Health Microbiology
- l. Laboratory Operations and Management

Standard VIII.A.2 (MLM): Provide examples of how each course addresses pre-analytical, analytical, and post analytical components or all major areas practiced in the contemporary clinical laboratory, including:

- a. Immunology/Serology
- b. Clinical Bacteriology
- c. Antimicrobial Susceptibility and Resistance
- d. Molecular Microbiology
- e. Mycology
- f. Parasitology
- g. Mycobacteriology and Nocardia
- h. Virology
- i. Laboratory Operations and Management

For PHM: Provide examples of how each course addresses pre-analytical, analytical, and post-analytical components for each of the following areas:

- collecting, processing, and analyzing biological specimens and other substances
- principles and methodologies;
- performance of assays;
- problem-solving;
- troubleshooting techniques;
- interpretation and evaluation of clinical procedures and results
- statistical approaches to data evaluation
- significance of clinical procedures and results
- principles and practices of quality assessment, quality assurance/quality improvement
- continuous assessment of laboratory services for all major areas practiced in the contemporary clinical/applied laboratory

FOR MLM: Provide examples of how each course addresses pre-analytical, analytical, and post-analytical components for each of the following areas:

- collecting, processing, and analyzing biological specimens and other substances
- principles and methodologies;
- performance of assays;
- problem-solving;
- troubleshooting techniques;
- interpretation and evaluation of clinical procedures and results
- statistical approaches to data evaluation
- significance of clinical procedures and results
- principles and practices of quality assessment, quality assurance/quality improvement
- continuous assessment of laboratory services for all major areas practiced in the contemporary clinical/applied laboratory

FOR HTL & HT: Provide examples of how each course addresses the following:

- Histopathology applications

FOR PBT: Submit the following:

- Program goals
- Curriculum outline, including course sequencing and a sample schedule

- demonstrating how a student may progress through the program
- Course descriptions for each unit of instruction or course in the program, including documentation of how each course addresses a variety of collection techniques, contact with various patients in a variety of settings, and a minimum of 100 hours of applied experiences and 100 unaided collections

FOR MLA: Submit the following:

- Program goals
- Curriculum outline, including course sequencing and a sample schedule demonstrating how a student may progress through the program, including sequenced course of study from basic content to higher level of learning in the modules offered. Note where and how the core competencies are obtained and the 100 hours of applied experiences are provided.
- Course descriptions for each unit of instruction or course in the program

FOR BMS: Submit the following:

Provide examples of how each course addresses pre-analytical, analytical, and post-analytical components for each of the following areas:

- collecting, processing, and analyzing biological specimens and other substances
- principles and methodologies;
- performance of test methods;
- problem-solving;
- troubleshooting techniques;
- interpretation and evaluation of procedures and results
- statistical approaches to data evaluation
- significance of clinical procedures and results
- principles and practices of quality assessment, quality assurance/quality improvement
- continuous assessment of services for all major areas in the field of practice

Standard VIII.A.2 (BMS): Provide examples of how each course addresses pre-analytical, analytical, and post analytical components or all major areas in the field of practice, including:

- a. scientific content for all subject areas required to practice the specific discipline.
- b. laboratory operations and management.

Proof of Compliance for Accreditation Site Visits:

Standard VIII.A. 1-8 (MLS, HTL, BMS, DMS, PHM and MLM), 1-7 (HT), 1-6 (CG, PBT), 1-5 (MLT), 1-4 (MLA), 1-3 (PathA):

Provide the following:

- Course syllabi
- Course and clinical rotation schedules. Supporting documents may include:
 - College catalog
 - Student handbook

- Published schedules
- Evidence that pre-analytic, analytic and post-analytic concepts are addressed in the curriculum. Suggested documentation may include:
 - Course syllabi
 - Course examinations
 - Case studies
- Evidence of where the items in Standard VIII.A are included in the curriculum. Suggested documentation may include:
 - Course syllabi
 - Course examinations
 - Program schedules

Standard VIII.B for Accredited Programs: Curriculum Requirements – Learning Experiences

Contents of Narrative for Self-Study:

Standard VIII.B.1: Discuss learning experiences provided to achieve entry level competencies. Suggested sources include:

- Lectures
- Student Laboratories
- Class discussions
- Case studies
- Other learning activities utilized

Standard VIII.B.2: No additional narrative is needed for this section.

Accompanying Documentation for Self-Study:

Standard VIII.B.1: No additional documentation is needed for this section.

Standard VIII.B.2: Include policy (ies) regarding students performing procedures under qualified supervision. Suggested supporting documents include:

- Student Handbook
- Affiliation Agreements

Proof of Compliance for Accreditation Site Visits:

Standard VIII.B.1: Documentation that didactic and clinical curricula provide sequenced learning experiences necessary to achieve entry competencies. Suggested documentation may include:

- Course syllabi
- Course examinations
- Program schedules

Standard VIII.B.2: Nothing further is needed for this section unless concerns exist from the self-study report.

FOR PHLEB and MLA: Provide the following:

- A list or brief description of instructional materials, classroom presentations, discussions, demonstrations, laboratory sessions, supervised practices and experiences that develop course objectives
- List of patient types experienced by students **(for PBT)**
- A list of specimen types students have the opportunity to collect **(for PBT)**
- Schedules documenting where and when students are provided the opportunity to complete a minimum of 100 hours of applied experiences and 100 unaided collections **(for PBT)**

Standard VIII.C for Accredited Programs: Curriculum Requirements – Evaluations

Contents of Narrative for Self-Study:

Standard VIII.C.1-2: Describe the evaluation system(s) utilized by the program to assess the effectiveness of instruction, frequency of use of the various evaluation tools, and how the results of evaluation are utilized in program evaluation and revision.

Accompanying Documentation for Self-Study:

Standard VIII.C.1-2: Submit proof that evaluation systems relate to course content and support program competencies.

Submit proof that evaluation systems are employed frequently enough to provide students and faculty with timely indications of the students' academic standing and progress.

Submit proof that evaluation systems serve as a reliable indicator of the effectiveness of instruction and course design.

If outcomes measures listed in "II.B. 'Accompanying Documentation for Self-Study'" are below NAACLS approved benchmarks (or if there is not three years' worth of accumulated data, in the case of initial programs), provide for one course in your curriculum the following items:

- Syllabus
- Course goals
- Measurable objectives in the cognitive, psychomotor, and affective domains
- Evaluation systems that correlate with objectives

Proof of Compliance for Accreditation Site Visits:

Standard VIII.C.1-2: Policies and procedures for faculty and student evaluation.

Suggested documentation may include:

- Copies of evaluation forms
- Student interviews
- Faculty interviews
- Administrative policies for review of faculty

Submit documentation of the utilization of feedback from evaluation in determining program

effectiveness. Suggested documentation may include:

- Faculty meeting minutes
- Advisory board minutes

Submit documentation of programmatic curriculum improvements and changes made as a result of systematic program review.

If outcomes measures listed in “II.B. ‘Accompanying Documentation for Self-Study’” are below NAACLS approved benchmarks (or if there is not three years’ worth of accumulated data, in the case of initial programs), Site visitors will be instructed to:

- Review course syllabi and objectives for each subject area
- Verify that the program has appropriate objectives in the cognitive, psychomotor, and affective domains
- Verify that the course objectives show progression to the level consistent with entry into the profession
- Review the evaluation systems for each subject area
- Review the evaluation systems in the affective domain
- Verify that the evaluation systems are employed frequently enough to provide faculty and students with timely indications of a student’s academic standing and progress, and to serve as a reliable indicator of the effectiveness of instruction and course design.

Additional Tips

When submitting documents for a Preliminary Report, Self-Study, Action Plan or Progress Report, for clarity, consistency and to ensure reader or readers understanding, please label all supporting documents according to related Standard and content.

Please ensure that attachments to the self-study are provided in every location within the template where they are required. While appearing redundant, this assures that readers will be able to access the correct document for review.

Please verify that all documents are current at submission.

Please submit all supporting documents in *pdf* format.

Please ensure that all links and attachments work prior to submitting a Preliminary Report, Self-Study, Action Plan or Progress Report.

For assistance, NAACLS has identified experienced individuals as Discipline Leads who are available to program directors and administrators. A list of these Discipline Leads can be found on the NAACLS webpage: <https://www.naacls.org/Program-Directors.aspx>.