NAACLS Volunteer Manual

Revised: 01/2014, 01/2016, 11/2018, 08/2019, 08/2023, 01/2024, 05/2024, 02/2025, 05/2025

NAACLS

naacls.org

Contents

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

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.

Dear Colleague,

Thank you for your willingness to serve higher education by participating in the accreditation process.

NAACLS is dedicated to peer review as the foundation of accreditation. Volunteers are highly valued, and the agency strives to prepare and assist you to provide exemplary program analysis. Such analysis must be based on principles of honesty, fairness, objectivity, and integrity.

Although you need the authority to recommend or predict accreditation actions, the quality and thoroughness of your input will be essential to the NAACLS review committees and the Board of Directors as they formulate accreditation decisions.

The Council for Higher Education Accreditation (CHEA) recognizes NAACLS and affirms that the NAACLS Standards and processes of accreditation are consistent with quality improvement, and accountability expectations that CHEA has established. NAACLS also holds membership in the Association of Specialized Professional Accreditors (ASPA) and endorses the ASPA Code of Good Practice.

This manual has been designed to assist and guide you in fulfilling your responsibilities as a designated NAACLS volunteer. It is important for you to take the necessary time to become familiar with it.

Should you have any questions, please don't hesitate to contact us. We thank you for your continuing support of specialized accreditation.

Sincerely,

NAACLS Staff

Self-Study Report Review

Purpose

The self-study process is required by NAACLS for all accredited programs. Responses to NAACLS Standards with accompanying supporting documentation are sent to NAACLS from officials as part of the program's Self-Study Report. Two qualified volunteers are necessary to complete the Self-Study Report Review for Programs in the Review Committee for Accredited Programs (RCAP) and Program Accreditation Review Committee (PARC). is by. For disciplines in the Doctoral Review Committee (DRC), the Self-Study Report Review is completed by one qualified volunteer.

Volunteers provide a summary of information that is included in the Self-Study Report identifying areas of missing information and/or concerns for areas where submitted documentation does not appear to meet the Standards or does not provide the required supporting documentation. The reviewers must indicate if certain narrative descriptions and documentation are present and/or appropriate.

Self-Study Report Reviewer Appointment for RCAP and PARC

NAACLS Program Services Staff have identified qualified individuals within the field who provide volunteer services to review self-study documents. NAACLS Staff contacts volunteers to determine availability and then contacts individuals directly to request their assistance with a Self-Study Report Review. Once a volunteer agrees to complete a review, the Self-Study Report will be sent. NAACLS staff will indicate when the review must be completed and returned.

Self-Study Report Reviewer Appointment for DRC

DCLS self-studies will have one reviewer who must be a DRC member initially, for the first three to five years. If DRC members are unable to review all the self-studies, reviewers with graduate level and/or advanced practice experience will be used. These outside reviewers' qualifications will be evaluated by NAACLS Staff and the DRC chair.

Policies and Procedures

Completion of the Self-Study Report Review

All the information in the Self-Study Report is confidential. Information must not be disseminated nor used for personal gain. Self-Studies and Self-Studies Reviews should be destroyed after completion of the review.

The completed Self-Study Report Review is a critical step in the accreditation process and must represent a concise, comprehensive, objective and professional summary of the program being reviewed. All elements of the report form must be completed.

If, when completing the report, there is uncertainty about how to respond to an item, individuals should contact a NAACLS staff member, the appropriate discipline lead person, or committee chair. The following is designed to clarify some common areas of confusion.

All areas marked with a NO must have a comment that includes:
- Specific Standard number (including subcategory numbers such as I.B.1.f).
- Clear, and detailed explanation of what is missing.

Standard I

- Every program must have a sponsorship that meets one category represented in the report.
- Documentation must be submitted by confirming institutional sponsorship, not just NAACLS Accreditation. Examples include State approval letters, national or regional institutional letters or certificates.
- There may be duplication in the comment area immediately following the Standard I check boxes and affiliate tables. In this case, the reviewer can copy and paste, or simply refer the reader to the location where comments are made.
- Fill in tables for affiliates with complete names of sites, city and state. Do not use abbreviations for affiliate names. When possible, clarify any information that is inconsistent or incomplete within the Self-Study Report. For example, some clinical/applied learning experiences affiliates fall within a larger umbrella with one affiliation agreement. It is important to document this information clearly within the Self-Study Report. If what is submitted in the Self-Study Report is not clear, this should be identified for site visitors to clarify and noted as NO.
- If a program has more affiliates that the table allows, the instructions for adding lines are found just above each table.
- If a site is described as inactive, additional documentation such as affiliation agreements and fact sheets are not required.

Standard II

- Reviewers should check the math for each table of outcomes measures.
- Ensure final numbers are reported in percent, not decimal forms.
- If the program indicates they use outcomes measures beyond certification rates, graduation rates and placement rates, these outcomes measures must be described in the comments.
- Source documentation must be provided to verify data. For example, copies of the online BOC results should be submitted with names redacted. A spread sheet created by the institution for certification results does not constitute source documentation. Note that not redacting names, while highly recommended, is not required by the NAACLS Standards. NAACLS volunteers are bound by confidentiality.

Standard III

A program must provide **either** an institutionally approved budget **or** a written statement of continued financial support. Therefore, one item should be marked as NA.

Standard IV

Extensive amounts of documentation must be verified for this Standard and frequently several resources are submitted as the information is found in multiple sources. This can be

time consuming and sometimes frustrating for the reviewer. However, reviewers should make every effort to locate documents if the narrative states they are present. If a document is present, but not located where the self-study indicates, this does not result in a citation. This is human error and should not be cited, mentioned, or highlighted in the Self-Study Review.

Standard V

This Standard reflects the policies of an institution. Standards V.E, V.F and V.G are similar but slightly different. Standard V.E. requires students to have an assigned preceptor, appropriate for the discipline, who directly oversees their clinical/applied learning experiences. Standard V.F. requires that a policy exists stating a student cannot be substituted for regular staff during clinical experience. V.G. requires that the institution ensures that any work students perform outside of clinical hours is not required. In other words, if the program identified clinical hours as 8 AM through 5 PM, the student cannot be required to be scheduled on the overnight shift. This policy is also found in Standard IV, where it must be readily available to current and prospective students.

Standard VI

This Standard reflects the program adhering to NAACLS policies. There is no documentation to review for this Standard.

Standard VII

The most common information missing from the Self-Study Report for this Standard includes the following:
- Proof of program director approval from NAACLS.
- Faculty/Instructor Didactic Fact Sheet for program director and major didactic faculty with continuing education documentation.
- Identification of clinical liaison and credentials on Clinical/Applied Learning Experiences Affiliate Facility Fact Sheet for each clinical affiliate. *Note: separate facility fact sheets are not required for clinical/applied learning experiences liaisons.*
- List of members of the advisory committee with titles/roles. Often minutes are submitted with a list of attendees, but a complete list of current members is missing.
- There may not be three years of meeting minutes available. While this was part of the recommendations found in the Standards Compliance Guide, it is not required by the Standard.
- An education coordinator is required only for HLT, HT, MLM and Path A. Some institutions may use this title internally to identify a member of the staff or faculty who assists in clinical placement. But in this case, it is not a NAACLS requirement and should not be evaluated against this Standard.

Standard VIII

Only programs that have outcomes measures that do not meet NAALCS requirements must provide a sample course and associated materials. For programs that meet benchmarks, the last area of the template should be marked NA.

The Self-Study Report Review forms are currently available electronically and emailed to

volunteers from the NAACLS office. They can also be found on the NAACLS website.

Completed Self-Study Report Reviews are forwarded by NAACLS staff to the site visitors and the program director of the programs.

The results of the Self-Study Report Review will be used by program directors to prepare a response and by site visitors by directing them toward the recovery of missing documents and evidence that resolves any identified concerns. The completed Self-Study Report Review and Site Visit Report are forwarded to the appropriate review committees for review and recommendations for accreditation actions.

Summary Page

To ensure consistency and comprehensive summary, it is easiest to copy and paste comments from the review section into the Summary. Please use the following format:
- For each citation, place the Standard number in the left column and the description/comment in the right column.
- Use a separate line/box for each concern. Do not combine issues. For instance, if a clinical fact sheet (Std. VII) is missing from a site that also has an affiliation agreement (Std. I) missing, separate them into two separate concerns.

Additional Comments

- All comments in the Self-Study Review should be factual and reflect a concern that the program does not meet a Standard. Opinions and suggestions are not appropriate in the Self-Study Review other than to note if the Self-Study Report is exceptional, well organized or written.
- Compliments should be reserved for the Summary Page.
- Use complete sentences with acceptable English grammar and spelling.
- Capital letters should not be used as emphasis in the comments.
- Comments should be complete. For instance, if a program has not submitted clinical fact sheets, the comment should list the specific sites and locations for which the documents are missing. It is not sufficient to write "Several clinical fact sheets are missing." Instead write *"I.D. Clinical Fact Sheets are missing for the following affiliates: General Hospital, City, State and St. Mary's Medical Center, City, State."* If there are sites with similar names, the city and state should be included for clarity. Similarly, if several affiliation agreements lack a termination clause, they should be listed specifically.
- Statements should be written to reflect a **lack of evidence.** For instance, stating "rates are documented but not used in assessment" does not provide enough information. A suggestion would be to write: "*II.C. Program did not submit evidence to demonstrate certification rates are used in program assessment."*
- Comments recommending site-visitors to verify information are appropriate when the item is marked NO. If all Standards are marked YES, there should be no need to direct site visitors for further investigation.
- Programs under Initial Accreditation will require review of more extensive documentation to verify compliance with some Standards.

Affirmation Page

The last page of the Self-Study Report Review is the Affirmation Page. The first reader is the individual responsible for finalizing the report and submitting it to NAACLS. They should take the initiative to contact the second reader in a timely manner to share findings. If there is disagreement between the findings of the two self-study reviewers a separate Dissenting Report must be submitted. The Affirmation Page must be completed before further action can be taken.

Instructions for Completing a Dissenting Report

Each Standard has a place to note concerns from the Self-Study Review. Copy and paste concerns from the Self-Study Review directly to this section. If it is too lengthy, summarize clearly and comprehensively. If no concern was noted, this is marked None. All concerns from the Self-Study Review must be addressed by the site visitors. If a concern was made, one of the following must be done:

- Concern was resolved in response to Self-Study Review or concern was resolved on site.
  - A comment must be made that explains **how** the concern was addressed. It is not enough to say, "concern was resolved." A statement should be comprehensive so the committee members can be confident the program has met the Standard. For example, *"Affiliation agreements for General Hospital were available, current and contained the termination clause as required."*.
- Unresolved means evidence was not provided to verify the program meets the Standard.
  - Comments should clearly indicate the unmet area and what is required to resolve the issue. As with the Self-Study Review, it is not acceptable to state that several clinical facility fact sheets are lacking information. The names of specific affiliates and lacking information must be included in the comment.

Self-Study Report Review Evaluation

Volunteers who complete Self-Study Report Reviews for programs seeking accreditation and/or continuing accreditation will be evaluated by the program site visitors in terms of the usefulness of the review. The following criteria are used in this evaluation process:

Format
- Was the review of the Self-Study Report concise, clear and well organized?
- Did the reviewer(s) adequately address all Standards?
- Were concerns identified and missing information or documentation noted with their respective Standards in the body of the report?
- Were all sections completed?

Content
- Was the required missing information and/or documentation clearly summarized in the "Missing Documentation/Concerns" section of the Summary Page?
- Were all concerns listed by Standard and summarized in the "Missing Documentation/ Concerns" section of the Summary Page?

- Were all statements or comments specific, objective and without opinions or recommendations?
- Was the reviewer objective in applying the Standards?

Program's Response to the Self-Study Review

Programs respond to the Self-Study Review in the following manner:
- NAACLS Program Accreditation Coordinator will provide the Self-Study Review to the program director.
- The program director should respond to the concerns addressed on the Summary Page of the Self-Study Review to the best of their abilities. The program director should also be prepared to provide additional evidence at the site visit.
- If a response is not received within four weeks, NAACLS staff will attempt to communicate with the appropriate program official(s) by telephone and/or email.
- If a program director fails to submit a thorough Self-Study Response, a site visit will not be scheduled. The program is at risk of being placed on Administrative Probation.

Innovation within the Program

If reviewers see interesting or innovative methods during the review process, NAACLS asks that they complete a short survey titled "NAACLS Program Innovation-Reviewer". The survey link will be included with the initial instructions sent to the reviewers.

The Site Visit

Purpose

All programs being reviewed for Continuing or Initial Accreditation will undergo a two-day site visit as part of the process. It is important to note a site visit will only take place if one of the following conditions is met:
- Students are in the professional phase of the program.
- At least one class has successfully graduated for initial programs.
- Students are currently in session for continuing programs.

Be sure to communicate with the program director that classes must be in session during the site visit to ensure the following groups and/or individuals are available for interviews:
- faculty
- current students
- graduates
- clinical affiliate(s)
- administrators

The outcome of the site visit will be provided via a completed Site Visit Report that summarizes the findings from the site visitors who have read the program's Self-Study Report, the Self-Study Report Review, and the evidence provided during the visit. Like the Self-Study Review Report, the Site Visit Report will document the degree to which the program has met the NAACLS Standards, identifying areas of missing information and/or concerns that remain.

Types of Site Visit and Team Composition

Initial Accreditation Review

Initial program site visit teams will consist of three members:
- A team leader that has been on at least three previous NAACLS site visit teams.
- A team member that provides extra support in reviewing documentation and practices.
- An educator generalist that has been on a previous site visit as a team leader or team member and has had experience in an administrative role, such as being a department chair, dean, etc.

Continuing Accreditation Review

The team for programs that have been previously accredited is composed of a team leader and team member. Additional site visitors can be added as deemed necessary by the NAACLS CEO.

Interim Review of Program

In the event a concern is brought to the NAACLS Board of Directors or a review committee that an accredited program is not meeting Standards; the board of directors may determine an off-cycle site visit is needed. The board of directors will form the site visit team at its discretion.

Joint Review of NAACLS Accredited and/or Initial Programs

Institutions that have more than one NAACLS accredited program or have received permission to submit self-studies for these programs on the basis of satisfactory preliminary reports, may request to have both programs reviewed simultaneously.

Site Visitor Appointment

Initial, Continuing, and Joint Accreditation Site Visits

Site visitors are appointed by NAACLS Program Services Staff. Once site visitors are selected, their names and information will be forwarded to the program director for final approval. Dates for the visit will be coordinated between the program director and NAACLS Program Services Staff. NAACLS Program Services Staff will confirm the site visitors' availability and finalize arrangements with the team members after approval by the program director. The site visit team members(s) will be sent an email that will include pertinent program information and documents needed for the site visit.

Interim Review Site Visitors

Interim review site visitors are appointed at the discretion of NAACLS' Board of Directors. Upon identification of the site visit team, NAACLS staff will work with the program officials and the team to identify dates for the visit. The visit must occur within the timeline established by NAACLS.

Travel Arrangements

Travel arrangements must be made with the intent of cost containment to minimize unnecessary expenses to the program/institution. The site visit team is asked to use discretion when selecting meals, lodging, transportation, etc., to keep program costs down.

NAACLS uses the services of Uniglobe Preferred Travel to facilitate travel arrangements for site visits. Upon confirmation of the site visit team, members will be provided with contact information for Uniglobe. If team members can secure travel arrangements at a lower cost, and they are able to assume the cost until reimbursed, they are encouraged to make arrangements themselves.

Team members using Uniglobe Preferred Travel will have coach airfare (for domestic travel) or business class airfare (for international travel) billed directly to NAACLS. When making arrangements, Uniglobe must be informed that the visitor is travelling for NAACLS. Any upgrades will be at the visitor's expense, and arrangements must be made to pay the difference.

If the site visit is postponed or canceled or you do not use a portion of the airline ticket, please contact the travel agency to cancel the airline reservation. If issued, return the airline ticket directly to the travel agency. If changes to your itinerary are necessary, contact the travel agency immediately. Please be advised that change fees or replacement tickets may increase the program's cost.

If there is a travel complication out of your control (e.g., flight cancellation, weather delays, etc.), use discretion when balancing change fees and additional flight/hotel arrangements getting to your destination in a reasonable time. NAACLS understands current travel can be challenging and that extreme circumstances may occur. Isolated incidents are understandable, however, should a pattern develop, NAACLS will handle accordingly. It is the responsibility of the team leader to work with the program director to determine lodging near the institution. It may be more convenient to have the program director make reservations and send confirmation to the team members(s). In most cases, the institution will arrange for the billing of lodging. If this does not occur, site visitors will pay up front and be reimbursed for lodging expenses.

Travel to Accommodations and Site During the Visit

The program director and team leader must agree on how the site visitors will be transported:
- From the airport to the site visitor's hotel.
- To and from the site hosting the visit and the site visitor's hotel.

Travel Insurance Coverage

NAACLS provides travel insurance coverage to all volunteers traveling on NAACLS business including traveling to and from a site visit. This policy will provide payment to the estate of the insured should a claim become necessary. Travel insurance coverage requires that a copy of the travel insurance ID card is provided to individuals authorized to conduct NAACLS business. This card should be in the traveler's possession during travel.

The travel insurance ID card can be found in the Appendix of this manual.

Immediately following the site visit, volunteers must submit a completed expense report to the NAACLS accounting department for reimbursement within two weeks. All receipts must be provided as well to receive reimbursement.

A program is expected to pay the actual cost of the site visit, which may include items such as travel, lodging, and meals for two to three site visitors for the duration of the site visit.

A program can expect to receive a final invoice after the visit is completed and all visitors have submitted their expense reports. If your site visit team is paying for the lodging, food and transportation, the program will still be responsible for the travel costs. If your program pays for all expenses (lodging, food and transportation) ahead of time, the program will only be invoiced for the preparation fee and any remaining travel fees submitted from the site visit team. Questions regarding invoicing and fees should be directed to the accounting department at accounting@naacls.org.

Role of the Site Visitors

Site Visitors are peers voluntarily performing a service to the program. Site visitors should be NAACLS ambassadors and maintain professionalism, objectivity and friendliness during the visit. They are guests of the institution being visited and as such, they should communicate clearly, openly and respectfully with all program officials, students, staff and others being interviewed during the process.

Site visitors should be familiar with the program prior to the site visit by reading and re-reading the Self-Study Report and Self-Study Report Review. During the visit, site visitors will discuss areas of strength and areas of concern regarding the program and may provide guidance if requested. Site visitors should review the steps and responsibilities in the NAACLS accreditation process with program personnel during the welcome interview. It is important for site visitors to make clear to program officials that the team is serving in a fact-finding capacity for NAACLS with the intent to assist program personnel in a positive and constructive manner, but they are not able to make the final determination regarding the program's accreditation; that responsibility lies solely with the NAACLS Board of Directors.

Team Leader

One member of the site visit team will be identified as the team leader. It is this person's job to be the primary contact for the program and the visiting team arranging and planning the itinerary for the site visit. The team leader will take the initiative during the site visit in leading the introductory and exit interviews, ensuring the Site Visit Review Report is completed and reviewed by other team members, and sent to NAACLS within the established timeline.

Team Member

Every site visit team will have at least one team member to work with and support the team leader in the identification of evidence, investigating, interviewing, and fact finding to determine if a program meets NAACLS Standards.

Educator Generalist

For programs that are being evaluated for Initial Accreditation, an educator generalist will accompany the site visit team. This individual usually has experience in educational administration (dean or higher) and experience in the accreditation process. The educator generalist provides an additional resource when evaluating the policies and procedures of the institution in meeting NAACLS Standards. Like the team member, the educator generalist provides a supporting but active role in the identification of evidence, investigating, interviewing and fact finding to determine if a program meets NAACLS Standards.

Itinerary

Upon the appointment of the visiting team, the Team Leader will contact the Program Director to jointly prepare the itinerary for the site visit. It is the responsibility of the Program Director to confirm appointments with those associated with the program who will be interviewed. In the Appendix of this manual are sample schedules for academic and hospital- based programs. Be sure to communicate with the Program Director about arrangements for the visiting team to get to the hotel and discuss transportation options between the hotel and the program institution. In addition to the welcome conference at the start of the Site Visit, an optional meet and greet dinner for the Program Director and/or Site Visit team can be scheduled the evening before.

Welcome Conference

The site visit process will formally begin with the program's welcome conference on the first day of the visit. This meeting will include the program director, the site visit team, administrators, and faculty who have been invited by program officials. In most academic institutions, a department chair or dean will also be present.

The team leader will open the NAACLS Welcome Conference with a greeting and introductions, followed by an overview of the accreditation process. The team leader will explain that after the site visit, the program is evaluated by a review committee who will then make accreditation recommendations to the board of directors for final approval. The meeting dates for both the review committees and board of directors are located on the NAACLS Website.

The site visit team should emphasize to program officials that the site visit is a fact-finding event, focused on confirming the findings from the self-study reviewer(s) and addressing any concerns identified in their report. At this time, they should identify any issues raised by the self-study reviewer(s) that were not adequately addressed previously in the program's Self-Study Report or its Response. Administrators, faculty, and the program director should be given an opportunity to make comments or raise concerns during this meeting.

The site visit team should also ask the relevant interview questions to the administrators in attendance. Sample questions for university-based, hospital-based and DCLS programs can be found at the end of this Volunteer Manual. The site visit team can customize questions based on findings from the Self-Study Report.

Keep in mind that the welcome conference and interview process is flexible and dependent

on administration schedules. The site visit team can opt to interview all administrators at this conference or designate a separate time for specific administrators such as deans and hospital administrators.

Individual and Group Interviews

Be sure to communicate with the program director that classes must be in session during the site visit to ensure the following groups and/or individuals are available for interviews:
- faculty
- current students
- graduates
- clinical affiliate(s)
- administrators

It is important to emphasize that these individuals need to attend the interviews to ensure proper representation of the program.

In each case, there should be an opportunity for conversations without the presence of program officials. **The program director should be excused during these interviews.** All meetings should be encouraged to be open and forthright. Site visitors should exercise discretion during and after these interviews. Sample questions that might be used during the interviews can be found in the Appendix of this document.

Informal and Formal Discussions with the Program Director

Meetings with the program director are naturally an important part of the site visit and should be a part of the formal itinerary. The site visit team can also meet informally with the program director to discuss any areas of concern. These informal conversations may occur between other meetings or during travel to and from other institutions and/or the visiting teams' hotel. During these meetings, the team should include any additional materials or documentation and/or plans to meet with additional key individuals/parties. The team can also use these informal meetings as opportunities to key the program director into the process, and findings of the team. The team should also meet again formally with the program director prior to the exit interview to review the final report that will be presented.

Time to Complete the Site Visit Report

The itinerary should include time for the site visit team to meet privately to review materials and documents that will be presented at the exit interview. It is important to schedule a time to inform the program director of the findings prior to the exit interview so there are no surprises.

Exit Interview

All interested individuals, including administrators, faculty, advisory committee members and students should be invited and encouraged to attend the exit interview. During the exit interview, the site visit team leader will report the team's findings by reading a draft of the Summary Page of the Site Visit Report. The entire Site Visit Report should not be read at this meeting. One approach for this meeting is to tie together the findings from the Self-Study Review and the site visit. The team leader can start by stating any concerns from the Self-Study Report found for each Standard and how they were resolved or not. For example,

in Standard I, the affiliation agreement was missing from the Self-Study Response for <insert> hospital, but was available for the site visit team to review on site. This concern was resolved, and we have no additional concerns. The team leader will move to the next Standard and continue through all eight Standards.

Any deficiencies noted in meeting the Standards must be stated clearly and objectively, including the rationale for the findings. Any area where NO is checked in the report must be included in this exit interview. Please do not make any comments in the report section unless NO is checked. Additional comments may be made on the last page in the 'Areas of Strength' section.

Please do not give out a copy of the full Site Visit Report to the program. This report represents NAACLS and should be checked for accuracy, grammar, and spelling prior to being submitted to the NAACLS Program Accreditation Coordinator. NAACLS will also review the report before sending the official document to the program. Common courtesy will allow the site visit team to make the program aware of any concerns that will require a response so that they can have additional time to resolve the concern prior to receiving the official report from NAACLS. It is important that the exit interview remain objective, constructive, and collegial. This meeting is also where you, as a site visit team, can communicate any strengths or special recognitions identified from the visit. In addition to providing a comprehensive summary of the team's findings, the team leader must remind program officials of their responsibility to submit a response to the team's report, even if no citations were issued. In their response, they may agree or disagree with the findings and provide clarifications, corrections, or remedies for any concerns identified in the report. A prompt response should be encouraged.

Finally, the team leader must let the program officials know they will be given an opportunity to submit an evaluation of the site visit team and the site visit process.

After the site visit, the program and/or team member(s) may wish to acknowledge and thank the appropriate parties for any special courtesies or considerations extended.

Aborting a Site Visit

Officials of an institution undergoing a site visit or the site visitors themselves may elect to abort a visit if it is believed that an objective review is not possible. Individuals requesting that the visit be aborted must contact NAACLS prior to the exit interview or the visit will be considered completed and the review process will continue.

The request and justification for aborting the visit must immediately be submitted in writing to the NAACLS office via email. Upon receipt of the request and with agreement of the NAACLS official, the program and visitors will be notified that the visit must be stopped. It is the responsibility of the institution's CEO to request a further visit in writing.

Following the Site Visit

Instructions for Completing the Site Visit Report

It is the responsibility of the site visit team leader to submit a final site visit report to NAACLS staff within two weeks of the site visit. A late or incomplete report will delay processing and

could jeopardize the program's review.

Site visit team members should read all the instructions before completing the report. NAACLS Program Services Staff will provide team members with an electronic form of the Site Visit Report via email, or one can be found on the NAACLS website.

A draft of the report will be completed before team members leave the site visit. Following the visit, the team leader will finalize the document, checking spelling, grammar, and formatting before sending it to other team members for review.

If all team members agree with the report, each member must complete the Affirmation Page.

If a team member does not concur with the report, a Dissenting Report describing any disagreement must be submitted. See the Instructions for Completing the Dissenting Report in the Self-Study Review section.

Summary Page

- The Summary Page should include any areas of strength of the program.
- The Missing Documents/Concerns on the Summary Page should include any areas that are unresolved from the Self-Study Review or that were found during the site visit but were not identified in Self-Study Review. The table must include the complete Standard number and clear, comprehensive statement of concern. Site visitors must verify that all concerns noted in the body of the document are found on the Summary Page.

Please verify that all information is recorded, including name of sponsor, city, state and type of program.

Affirmation Page

- Ensure that team members have agreed on the report.

Site visitors do not have the authority to speak on behalf of nor bind NAACLS regarding a program's compliance with the Standards, nor can they predict accreditation actions. These responsibilities rest solely with the NAACLS Board of Directors, which has the exclusive right to determine whether or not accreditation is to be granted or continued.

Spelling and Grammar Check

Please take time to check the following common missed items before submitting the Site Visit Report to NAACLS Staff:
- unchecked boxes
- the absence of explanatory comments
- narrative misspellings
- blank sections designated for additional comments

It is important to emphasize these reports are official NAACLS documents that are distributed to individuals in the program's C-suite, administrative teams, and other key

decision makers.

In order to showcase the high level of professionalism our reviewers possess, please ensure you submit the Site Visit Report only after a thorough examination of the document, confirming its completeness, and without misspellings.

Instructions for Completing a Dissenting Report

If a team member disagrees with the entire report or a section of it, a separate Dissenting Report for these areas must be filed and signed. The dissenting team member(s) must:
- Check *Do Not Concur* and sign the original report Affirmation Page.
- Prepare a report identifying the program, city, and date(s) of the site visit and the specific areas of non-concurrence. This report should be as specific as possible in explaining the reasons for non-concurrence with the report. Sign the Dissenting Report and submit it to NAACLS within three weeks after the site visit.

Program's Response to the Site Visit Report

Programs respond to the Site Visit Report in the following manner:
- The site visit team leader should inform the program at the exit interview of the programs' responsibility to respond to the Site Visit Report.
- NAACLS staff will provide the program with the official Site Visit Report. If a response is not received within four weeks, NAACLS staff will attempt to communicate with the appropriate program official(s) by telephone and/or email.
- If this action does not result in a program's response, the committee will review the program for accreditation without this part of the program's input.

Completing a NAACLS Expense Report Form

Any expenses incurred during the site visit should be submitted to NAACLS by the specified due date **(within 15 days of the site visit)** with a completed NAACLS Expense Report.

An electronic expense report will be sent directly to site visitors. Please note that a delay in the submission of the expense report will lead to a delay in reimbursement. **If you are not submitting an expense report, please inform the NAACLS Accounting Office immediately.**

Transportation Expenses

Include all transportation costs on the Site Visit Expense Report (airline, bus, train, personal car mileage, rental cars, taxis, rideshares, subways, etc.). If transportation was master billed to NAACLS, please include this information as well. Please provide receipts with the expense report. First class tickets and private aircraft use are reimbursed at coach rates.

Use of a personal car or rental car to travel to a site visit destination must be pre-approved by NAACLS*. All mileage applicable and tolls to the site visit must be included in the expense report. Mileage will be reimbursed at the current IRS rate.

Lodging and Lodging Related Expenses

Include all lodging expenses including hotel bills, meals, internet use, and tips. Meals required during periods of travel will be reimbursed. Original receipts should be included for all expenses whenever possible. All expenses require a receipt to be submitted.

The only expenses that can be master billed to NAACLS are those through Uniglobe Preferred Travel. No one is authorized to have any other expenses billed directly to NAACLS.

Non-Reimbursable Expenses

The following represent expenses that will not be reimbursed by NAACLS:
- Travel expenses for a spouse or guest of a site visitor.
- Expenses of a personal nature, such as long-distance personal telephone calls, laundry or valet service.
- Entertainment expenses.
- *Unauthorized rental cars.
- *Unauthorized use of personal car.
- Seats Upgrades beyond economy and Priority Boarding
- Gas on personal car, submit mileage only.
- Mileage on car rental, submit rental/gas cost only.
- Alcoholic Beverages.
- Meals and extra hotel nights on extended personal stays.
- Hotels booked by the program.
- Transportation to and from personal activities.
- Medicine or toiletries.
- Uniglobe fares (NAACLS is directly billed and should not be placed on the expense report.

Evaluation and Assessment of the Accreditation Site Visit Process

Site Visit Process Evaluation

Each team member is asked to complete the Site Visit Process Evaluation following the site visit. The evaluation is provided by NAACLS staff and is completed electronically. Assessment is a critical aspect of the accreditation process and provides NAACLS with important data to use in evaluating the process and effectiveness of its volunteers. Data gathered from evaluations is used as part of NAACLS' self-evaluation and helps to support and strengthen the accreditation process.

Self-Study Report Review Evaluation

In addition to evaluating the site visit process, the team leader is asked to complete an Evaluation of the Self-Study Report Review. The evaluation is provided by NAACLS Staff and is completed electronically. Results from this evaluation serve to provide constructive feedback to the reviewer regarding the effectiveness of the Self-Study Report Review.

Site Visit Report Evaluation

The review committees will evaluate the overall usefulness of the Site Visit Report in preparing their recommendation of accreditation.

Evaluation Parameters

Site visitors and the Site Visit Report are evaluated using the following criteria:

Format
- Was the report concise, clear and organized?
- Were all Standards adequately addressed?
- Were all identified concerns noted by Standard in the body of the report and comments provided?
- Were all sections of the report complete?

Content
- Were concerns noted by the reviewer listed in detail by Standard in the "Missing Documents/Concerns" section of the review?
- Were actions taken based on the reviewer's concerns listed in detail by Standard in the "Missing Documents/Concerns" section of the review?
- Were concerns identified by the site visitors listed by Standard and clearly summarized in the "Remaining concerns identified by the Site Visit Team" section of the report?
- Were statements or comments in the report specific, objective and without opinions or recommendations?

Administrative Guidelines and Policies

Staff Communication Policy

All questions or clarification requests regarding the Self-Study Review, Site Visit Review, Interim or Progress Reports, or Responses from the program should be directed to the appropriate NAACLS Program Accreditation Coordinator. The coordinator will then email the appropriate parties.

Once a response has been received, the staff liaison will provide the reader pair with the response and include additional documentation if requested.

Self-Study Report Reviewer and Site Visitor Qualifications, Expectations and Responsibilities

Self-Study Reviewer and Site Visitor Qualifications

- Must be a current or experienced program director, faculty member, clinical laboratory professional, physician or a member of higher administration (dean, department chair, etc.) with knowledge of the clinical laboratory sciences.
- Must have a current or prior professional association with a NAACLS-accredited program.

- Must be currently licensed or credentialed and in good standing with the licensing/credentialing body, as appropriate.

Specific to Site Visitor Qualifications

- Within the last three years, must have completed a Self-Study Review or attended a NAACLS Reviewer Education Session.
- Must complete a minimum of three site visits as a team member to qualify as a team leader.

Self-Study Reviewer and Site Visitor Expectations

- NAACLS Volunteer Expectations as a Representative of the Organization
    - Approaches accreditation in a supportive not punitive manner.
    - Follows the policies and procedures established by the NAACLS Board of Directors.
    - Dependably engages in collaboration.
    - Contributes to an inclusive and respectful environment.
    - Receptive to differing interpretations of NAACLS Standards and standards compliance.
- Expectations as a Content Expert
    - Comprehension of the current NAACLS' Standards.
    - Competency in evaluating standards to align with materials provided during review.
    - Understands the purposes of accreditation.
    - Familiar with current practices in:
        - Clinical laboratory procedures.
        - Evaluation of essential personnel and physical resources for clinical services and educational purposes.
        - Health professions education.
    - Demonstrates making objective assessments based upon established criteria.
    - Adaptable to computer technology (Microsoft, Adobe, Web forms, file sharing sites, etc.).
    - Proficient in grammatically correct evidence-based writing skills
    - Executes factual and non-biased reviews.
    - Relates all concerns in program reviews to current NAACLS Standards.
    - Consistently meets deadlines set by NAACLS Staff and peers.
    - Consistently completes review forms thoroughly.
    - Performs reviews in a professional manner.
    - Consistently respects and maintains confidentiality of privileged information.
    - Responds to communication in a timely manner.
- Site Visit Specific Expectations
    - Conducts interviews and performs observational functions with discretion.
    - Flexible to logistical changes.

Responsibilities for a Self-Study Report Reviewer

- Read the program's Self-Study Report in the context of the Standards, analyzing the quantitative   information provided.

- Complete the Self-Study Report Review according to standard protocol for content and format.
- Submit the Self-Study Report Review according to established timelines.

Estimated Time Required

Activity	Estimated Time
Reading Self-Study Report	4-5 hours
Organizing materials	3 hours
Drafting the review	3 hours
Typing the review	Varies

Responsibilities for a Site Visitor

Team Members and Team Leaders	Team Leaders Only
Read the program's Self-Study Report in the context of its Review and the Standards.	Conduct all communications with the program director to arrange the site visit and with the team member(s) to finalize schedule.
Note about questions to be asked and particular observations to be made during the site visit per the comments made in the Self-Study Report and Review.	Communicate with the program director to set up interview schedules for program and affiliate(s) personnel, students, etc.
Assist the team leader in scheduling the site visit.	Prepare a draft of the Site Visit Report, and circulate the draft to team members(s) for review and completion of the Affirmation Page.
Conduct the site visit according to NAACLS protocol and in a professional manner.	Ensure that all site visitors review and complete the Affirmation Page of the Site Visit Report.
Assist in preparing the Site Visit Report.	Submit final Site Visit Report to the NAACLS Office within the prescribed allotted time (usually three weeks after the site visit date).
Submit a NAACLS Expense Report Form and Site Visit Evaluation Form (according to instructions).	Submit the Review Evaluation Form.

Estimated Time Required

Activity	Estimated Time
Travel	Varies
Length of site visit	2 days
Reading Self-Study Reports	4-5 hours
Identifying questions, observations, etc.	2 hours
Scheduling site visit	2 hours
Drafting the Site Visit Report	1-3 hours
Typing and proofreading the Site Visit Report	1-3 hours

Volunteer Mentors for Program Directors and Reviewers Qualifications and Responsibilities

Mentorship Qualifications

- **Volunteer Activity**
  Candidate must have:
  - Participated in at least one accreditation site visit.
  - Reviewed at least two self-studies as a self-study reviewer.
- **Experience as Program Director**
  Candidate must have:
  - At least three years of experience as an approved program director of a NAACLS Accredited program..
  - Been the program director during at least one successful accreditation review. Either initial accreditation review or continuing accreditation review will qualify a candidate..

Mentorship Responsibilities

Program director mentors would serve as a guide for new program directors and have the following responsibilities:
- Answer questions from the mentee.
- Review purpose of the core NAACLS documents (Standards, Guide to Accreditation and Standards Compliance Guide).
- Discuss the roles of board of directors, review committees, discipline lead persons, and NAACLS Staff.
- Review purpose and timelines for significant aspects of NAACLS documents (Accreditation Application Packet, Self-Study Report, site visit, Interim Report, Progress Report, and Annual Survey).
- The mentor assignment will begin on the date the program director was approved by NAACLS and will last for six months.

Self-study mentors would act as guides for new self-study reviewers and be asked to perform the following responsibilities:

- Answer general questions submitted via email (phone calls may be necessary) from the mentee. The assigned reviewer should make the final judgment on the review items. This is a mentorship, more than a partnership.
- Examine the Self-Study Review and make sure all boxes are checked, all comments related to concerns are in the summary, all comments are clear and grammatically correct, and comments not directly related to concerns are located in the "other comments" section.
- Mentor assignment is for the length of the Self-Study Review, from the time of the assignment from staff to submission of review.

Site visit mentors would act as mentors to new site visitors and have the following responsibilities:
- Communicate before the site visit to establish a schedule, review professional expectations, answer questions, and prepare for common site visit pitfalls.
- Ensure the site visit review is rooted in NAACLS standards, policies, and procedures and not individual best practice.
- Review final site visit report before submission to staff, ensuring all concerns are in the appropriate place, clear, and concise.
- The mentor assignment encompasses the entire site visit process, from the time of the assignment from staff to submission of report.

Summary of Responsibilities for the NAACLS Accreditation Site Visit

Action or Timing	Team Leader (and/or Members)	Program Director (or Officials)
Appointment of Team Members	Upon finalization of team members and dates of visit, and receipt of program materials, review: - Volunteer Manual - Self-Study Report - Self-Study Report Review - Program Response to Self-Study Report Review - Appropriate Standards for program under review - Site Visit Report form	Approve team members and finalize dates of visit. As soon as they become available, NAACLS Staff will provide the team members with copies of the Self-Study Report and the Response to the Self-Study Report Review.
Initial Contact	Discuss travel and lodging arrangements with the program director and team members. Plan itinerary with program director.	Confirm the site visit team and dates with faculty, administration, students and NAACLS. Provide recommendations for the site visitors regarding travel and lodging near the institution. Discuss the itinerary with the team leader and key constituents of the institution/program.
After Initial Contact	Confer with other team members and notify the program director regarding additional information that must be made available and when the information is required. Establish a final itinerary with the program director, including appointments with those who need to be interviewed (e.g., students, graduates, administrators, faculty and contact person(s) from clinical site(s),	Schedule appointments with those who need to be interviewed (e.g., students, graduates, administrators, faculty, contact person(s) from clinical site(s), etc.).

One Week (at least) Before Visit	Confirm itinerary with members and program director. Confirm travel, lodging and on-site transportation with program director and team members.	Confirm itinerary with institution and people scheduled for interviews. Confirm travel, lodging and on-site transportation arrangements for team members.
During Visit	Conduct site visit, including preliminary and exit interviews (team leader). Communicate openly and effectively with the program director, officials and team members. Work with team members to complete the Site Visit Report, including Affirmation Page.	Communicate openly with site visitors. Be available to team members and provide any requested documentation and information.
After Visit	Email the completed Site Visit Report to NAACLS by due date. Forward completed: - Signed NAACLS Expense Report with all receipts. - NAACLS Site Visit. Process Evaluation Form. - NAACLS Evaluation of the Self-Study Review Form (team leader).	Provide the Response to the Site Visit Report to NAACLS by established due date. Complete the Post Site Visit Evaluation.
Failure to fulfill these responsibilities can jeopardize the program's accreditation.		

Sample Site Visit Schedule and Sample Questions

Sample Site Visit Schedule for Programs

The site visit schedule should be developed jointly by the program director and team leader.

EVENING BEFORE   Team meeting at hotel to review course materials.

Day One	Activity
8:30 – 9:00	Welcome conference - Universities: program director, faculty, advisory committee or medical advisor/medical director, department chair, dean, and other administrative persons - Hospitals: program director, chair of pathology, administrative director, chief of operations, supervisors/faculty
9:00 – 10:00	Meet with program director and review files
10:00 – 11:00	Meet with faculty/supervisors
11:00 – 12:00	Tour facilities (lab, classroom, library, computer, etc.).
12:00 – 1:00	Lunch
1:00 – 1:30	Meet with dean (university-based programs) meet with hospital administrators (hospital-based programs)
1:30 – 2:00	Meet with advisory committee or medical advisor/medical director
2:00 – 2:30	Meet with current students
2:30 – 3:00	Meet with recent graduates
3:00 – 4:00	Further review of files and course materials

Day Two	Activity
9:00 – 10:30	Meet with contact person(s) from each clinical affiliate (if applicable)
10:30 – 12:00	Finalize report and prepare for the exit interview
12:00 – 1:00	Lunch
1:00 – 2:00	Summarize findings of the report with program director
2:00 – 3:00	Exit interview

Sample Questions for University-Based Site Visits

Note: Although there are many questions that can be asked during interviews, this document provides examples that are directly related to the Standards.

President, Provost, Dean

1. What are some of the current campus/institution's initiatives that specifically include the program? What is/will be the role of the program?

2. How is the program integrated into proposed campus/institution's initiatives?

3. How is the program integrated into the campus/institution's long-range plan?

4. How is the program integrated into the institution's communities of interest?

5. What is the process for funding support for the program? How does this impact long range/continued growth and development of the program?

6. How is faculty development fostered across the institution?

7. In what direction is the institution moving in the area of web-based, asynchronous education?

Advisory Committee

1. How often do you meet together?

2. To what extent is your input sought by program officials?

3. Describe the general topics of the meetings? Are there opportunities for your participation in courses, program development and evaluation?

Medical Director

1. What is your perceived value of having the program?

2. What role do you play in the program and to what extent are you involved?

3. Are you available for student counseling?

4. Do you and the Program Director meet regularly to discuss the program?

Faculty

1. Do you have input into the program and curriculum development?

2. Do you have input and involvement in program and curriculum evaluation?

3. To what degree is program evaluation used in the modification of the program and courses?

4. Do you have professional development opportunities that support your role in the program?

5. Is the Program Director accessible for your questions, comments and suggestions?

6. Do you have the proper space and resources to teach?

Current Students

1. Were you provided the program policies including safety and expectations when you began the program? At what point were these given to you?

2. Are you aware of policies for when you can be allowed to perform service work? When were these policies provided to you?

3. Are students expected to perform service work in clinical settings outside of the regular   academic hours?

4. Has written criteria been provided to you that describes the criteria for passing, failing and progression in the program? Do you understand these parameters? Do you know how to access your grades?

5. Are you aware of the grade appeal and student grievance policies?

6. Were you provided a copy of the Essential Functions required for success in the program? Do you understand their purpose?

7. Are healthcare services provided for the students?

8. Is counseling available and confidentiality maintained?

9. Do you know what to do and where to go if you get hurt?

10. Do you have access to the Program Director and/or faculty? Do you feel as though he/she/they   are available and are responsive to your needs and concerns?

11. Do you find that your experiences during the rotations in departments provide you with enough   hands-on experience? Are there excessive periods when you do not have direct, related   educational opportunities?

12. Does the faculty teach effectively and at the appropriate level?

13. Did you feel that instruction is at the proper level?

14. What is it you really like about the program?

15. What would you like to see improved or changed?

16. Do you get attention when in rotations? Were you provided a checklist outlining those objectives   you need to meet?

17. Would you stay and work here if you could?

18. Any comments or issues you would like to tell us? Any questions?

Recent Graduates:

1. What would you say were the strengths of the program? What would you have changed?

2. Were program officials and faculty available and responsive to your needs?

3. Would you attend this program again?

4. Did you feel prepared for your first job? Was the program and rotations the appropriate length?

5. Did you feel prepared for your certification exams?

6. Do you feel the program followed fair practices? Were grading practices fair? Did they follow published policies?

7. Were there any instances of appeals during your time in the program? Were they resolved as described in institutional policies?

Sample Questions for Hospital-Based Site Visits

Note: Although there are many questions that can be asked during interviews, this document provides examples that are directly related to the Standards.

Administrators

1.   What is the general philosophy of this institution regarding teaching programs?

2.   Describe the types of support given to the program?

3.   What is the perceived value of having the program?

4.   Do you anticipate continued fiscal and administrative support for the program?

5.   What is the anticipated need for the program in this region? How does the institution intend to support those needs?

6.   What is the education policy of the hospital? Is money available for the funding of professional development of key program officials and faculty?

7.   How is the budget process implemented for the laboratory science program? To what degree is the Program Director involved?

Advisory Committee

1.   How often do you meet together?

2.   To what extent is your input sought by program officials?

3.   Describe the general topics of the meetings? Are there opportunities for your participation in courses, program development and evaluation?

Medical Director

1.   What is your perceived value of having the program?

2.   What role do you play in the program and to what extent are you involved?

3.   Are you available for student counseling?

4.   Do you and the Program Director meet regularly to discuss the program?

Faculty

1.   Do you have input into the program and curriculum development?

2.   Do you have input and involvement in program and curriculum evaluation?

3. To what degree is program evaluation used in the modification of the program and courses?

4. Do you have professional development opportunities that support your role in the program?

5. Is the Program Director accessible for your questions, comments and suggestions?

6. Do you have the proper space and resources to teach?

Current Students

1. Were you provided the program policies including safety and expectations when you began the program? At what point were these given to you?

2. Do you know what to do and where to go if you get hurt?

3. Do you have access to the Program Director and/or faculty? Do you feel as though he/she/they are available and are responsive to your needs and concerns?

4. Do you find that your experiences during the rotations in departments provide you with enough hands-on experience? Are there excessive periods when you do not have direct, related educational opportunities?

5. Has written criteria been provided to you that describe the criteria for passing, failing and progression in the program? Do you understand these parameters? Do you know how to access your grades?

6. Did you feel that instruction was at the proper level?

7. What is it you really like about the program?

8. What would you like to see improved or changed?

9. Do you get attention when in rotations? Were you provided a checklist outlining those objectives you need to meet?

10. Would you stay and work here if you could?

11. Is confidentiality maintained when you talk with the Program Director?

12. Any comments or issues you would like to tell us? Any questions?

Recent Graduates

1. What would you say were the strengths of the program? What would you have changed?

2. Were program officials and faculty available and responsive to your needs?

3. Would you attend this program again?

4. Did you feel prepared for your first job? Was the program and rotations the appropriate length?

5. Did you feel prepared for your certification exams?

6. Do you feel the program followed fair practices? Do you believe that grading practices were fair? Did they follow published policies?

7. Were there any instances of appeals during your time in the program? Were they resolved as described in institutional policies?

Sample Questions for DCLS Site Visits

Note: Although there are many questions that can be asked during interviews, this document provides examples that are directly related to the Standards.

President, Provost, Dean

1. What are some of the current campus/institution's initiatives that specifically include the program? What is/will be the role of the program?

2. Tell us how the program aligns with the strategic vision of the institution.

3. How is the program integrated into the campus/institution's long-range plan?

4. How is the program integrated into the institution's communities of interest?

5. What is the process for funding support for the program? How does this impact long range/continued growth and development of the program?

6. How is faculty development fostered and resourced across the institution?

7. How have you provided support for finding clinical placements?

8. Do you have a policy for faculty workload?

Advisory Committee

1. How often do you meet together?

2. To what extent is your input sought by program officials?

3. Describe the general topics of the meetings? Are there opportunities for your participation in courses, program development and evaluation?

Faculty

1. Do you have input into the program and curriculum development?

2. Describe how you balance your faculty responsibilities? (teaching, scholarship and service)

3. Do you have input and involvement in program and curriculum evaluation?

4. To what degree is program evaluation used in the modification of the program and courses?

5. Explain the professional development opportunities provided to you as a faculty member?

6. Is the Program Director accessible for your questions, comments and suggestions?

7. How do you guide students through clinical experience?

8. Explain the resources you have to carry out the mission of the program? (online and in person)

Liaison

1. Describe your role as a clinical liaison?

2. How were you prepared to take on the role as a liaison with the program director?

3. How often do you communicate with your program director?

Current Students

1. Describe how your program director and faculty make themselves available to you.

2. Tell us about how you receive feedback on coursework.

3. How did the educational activities of the program prepare you for your work?

4. Do you feel the coursework was at the DCLS level?

5. Describe the resources and guidance in the development in your final thesis/capstone/etc.?

6. What do you perceive the strengths and weaknesses of the program are?

7. Are the expectations of progression through the program clear?

8. Tell us how about how feel about process for the selection and assignment of the clinical site.

9. How is extracurricular work assigned?

10. Tell us how your roles as a student and employee were separated? (if applicable)

11. Is extracurricular work required?

12. How is this clinical experience different than your clinical experience as an MLS student?

13. Do you know who your clinical liaison was? Tell us about your experience with the liaison?

14. Are you aware of the grade appeal and student grievance policies?

15. Is counseling available and confidentiality maintained?

16. How were you guided during your clinical experience?

17. Would you recommend this program to others?

18. Any comments or additional feedback you would like to tell us? Any questions?

Recent Graduates:

1. What would you say were the strengths of the program? What would you have changed?

2. Were program officials and faculty available and responsive to your needs?

3. Would you attend this program again?

4. Did you feel prepared to enter the profession as an advanced level practitioner?

5. Would you recommend the program to others?

6. Any comments or additional feedback you would like to tell us? Any questions?

Appendix

Travel Insurance ID

CHUBB

Chubb Travel Assistance ID Card

Access to Chubb Travel Assistance, Worldwide

When an emergency happens far away from home, Chubb partners with AXA Assistance, a leading global travel and medical assistance provider, to give you access to local care and assistance - *wherever you are*.

If you are insured and need to access local care, AXA Assistance is available for timely help anywhere around the world by calling the telephone numbers on the ID Card.

To verify eligibility, call the multi-lingual call center 24 hours a day at:
- Within US or Canada: +1-855-327-1414 (toll-free)
- Outside US: +1-630-694-9764 (collect)
- Email: MedAssist-USA@AXA-Assistance.us

When calling AXA Assistance, please be prepared with the following:
- Name of caller or relationship to covered person
- Covered person's policy number
- Covered person's organization name
- Reason for calling

24/7 Assistance Services

In addition to the insurance protection provided by your insurance plan, you have access to your travel assistance services around the world. These services include, but are not limited to:

Medical Assistance
- Medical provider referrals
- Medical monitoring and treatment
- Guarantee of medical payment (GOP)
- Dispatch of physician
- Dispatch of prescription medication
- Emergency medical evacuations
- Medically necessary repatriation
- Transport of family member/ escort of dependents
- Return of mortal remains
- Global teleconsultation
- Remote behavioral health consultation

Travel Assistance
- General travel information
- Pre-trip medical referral information
- Emergency travel arrangements
- Lost/ stolen personal item assistance
- Vehicle returns
- Emergency cash advance
- Translator or interpreter assistance
- Embassy and consular information
- Emergency message transmission
- Legal/bail bond referral

Security Assistance
- Access to 24/7 security assistance and safety advice
- On the ground crisis response for security, natural disaster, or political evacuation and repatriation

Travel Assistance Portal
- Access to real-time destination-based health, security, and travel-related resources and self-service tools before or during travel excursions, including security alerts and country profiling
- Go to TravelAssistance.Chubb.com and 'Register Now/Log in'
- Download the mobile-app available for iOS or Android devices after registering to the portal via the desktop site

Scan the QR Codes
Scan the QR Codes below to save the following on your mobile device:

Starter Kit PDF

Add vContact Card

Save the Chubb Travel Assistance Program Starter Kit and add to your Files on iOS or Android devices.

Customize and label contact details and note in 'Policyholder Name and Policy Number' from the cutout portion of ID Card below.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. AXA Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by AXA Assistance are not employees or agents of AXA Assistance and the choice of provider is yours alone. AXA Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.

Your Travel Identification Card
Please cut out your identification card below and carry it with you at all times, so you can be best served in case of an emergency.

CHUBB

For travel and medical assistance services, please call:

Chubb Travel Assistance
Inside US: +1-855-327-1414
Outside US: +1-630-694-9764
Email at: MedAssist-USA@AXA-Assistance.us

Travel Assistance Portal
Visit website: TravelAssistance.Chubb.com

CHUBB AXA

Policyholder: NATIONAL ACCREDITING AGENCY FOR CLINICAL LABORATORY SCIENCES

Policy Number: 9905-00-16

AXA Assistance provides emergency medical and travel assistance services and pre-trip information services. Call when you require:
- Hospital or doctor referral
- Emergency medical assistance; hospitalization
- Medically necessary evacuation or repatriation
- Guarantee payment for medical expenses
- Translation or interpreter assistance
- Security/political event emergency support

This is not a medical insurance card.