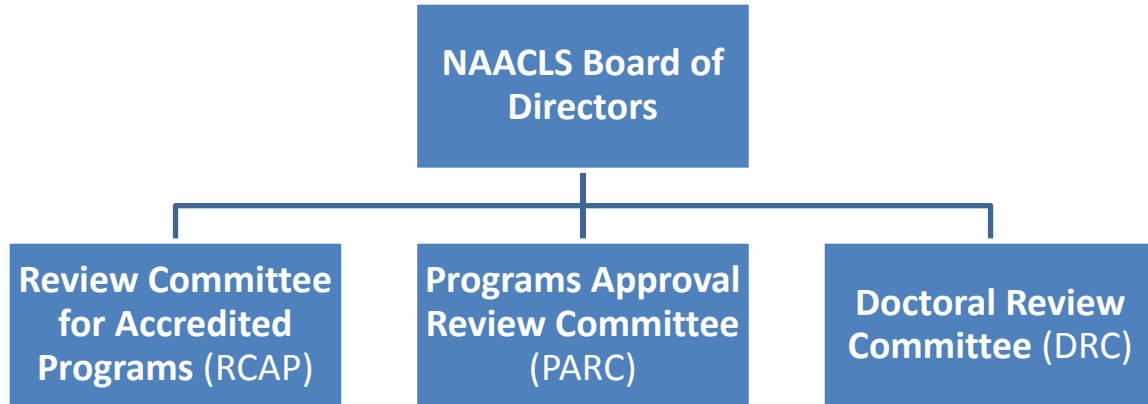


# NAACLS Information for potential Board and Committee Candidates



## **Board of Directors**

The Board of Directors functions as the governing unit of NAACLS and grants the final accreditation and approval awards. The Board of Directors also formulates NAACLS policy.

## **Review Committee for Accredited Programs (RCAP)**

The Review Committee for Accredited Programs reviews MLS, MLT, CG, DMS, HTL, HT, and Pathologists' Assistant programs for accreditation. The committee is comprised of representatives from the disciplines of MLS, MLT, CG, DMS, HTL, HT, and Pathologists' Assistant elected by the Board. The RCAP forwards its accreditation recommendations to the Board of Directors.

## **Programs Approval Review Committee (PARC)**

The Programs Approval Review Committee (PARC) reviews PHLEB and CA programs for approval and is comprised of representatives from the disciplines of phlebotomy and clinical assisting. The PARC forwards its approval recommendations to the Board of Directors.

## **Doctoral Review Committee (DRC)**

The Doctoral Review Committee (DRC) reviews clinical doctoral MLS programs for accreditation. The committee is comprised of doctoral education practitioner representatives and a member at large elected by the Board. The DRC forwards its accreditation recommendations to the Board of Directors.

## **Membership**

The membership of each Programs Review Committee relates to the particular constituency it serves and includes practitioners, pathologists and appropriate educators. Elections to the Programs Review Committees are made by the Board of Directors. Elections are for four-year terms, beginning immediately following the annual Board meeting and concluding immediately following the Board meeting in the year completing the four-year term. If a vacancy occurs before a term concludes, the Board appoints a replacement, as required, to complete the term. Each Committee elects its Chair and Vice Chair annually at its summer meeting. NAACLS solicits nominations for elections on the Review Committees according to the Nominations Committee's policies. Recommendations for election are solicited from the sponsoring and participating organizations of NAACLS for Board representatives and from the *NAACLS News* and other media for other positions, as deemed appropriate. **Persons associated with NAACLS accredited programs are asked to send their curriculum vitae to NAACLS if they are willing to serve in the capacity for which they have been nominated.** The Board's Nominations Committee reviews the information provided in the curriculum vitae and recommends a slate of nominees to the Board for action.

## **Qualifications for NAACLS Board/Committee Membership**

### **Educator**

1. Service as a program director from a NAACLS accredited or approved program of the same type as the review committee is preferred. A program's accreditation/approval history will be considered. If program directors are not available to serve on committees, then faculty of programs that are the same type as the review committee are acceptable if they are knowledgeable in the accreditation and program approval processes and management in education.
2. Experience as a site visitor and/or self-study report reviewer for NAACLS is required for accreditation review committee membership. Attendance at NAACLS accreditation workshops, instead of experience, may be acceptable for membership on the Review Committee.
3. Knowledge of the principles and process of accreditation and program approval.
4. Knowledge of the principles and practices of management in education.

### **Pathologist**

1. Prefer a current medical advisor/medical director for a NAACLS accredited or approved program or a physician with pathology certification or board admissibility whose interest relates to a NAACLS accredited or approved program. The physician's associated program should correspond to the review committee.
2. Experience as a site visitor and/or self-study report reviewer for NAACLS is preferred, but not required for membership on the Review Committee.
3. Acquaintance with the principles and processes of accreditation and program approval.
4. Acquaintance with the principles and practices of management in education.

### **Educator Generalist**

1. Current service in an educational administrative position with a NAACLS that has a accredited or approved program.
2. Experienced as a site visitor and/or self-study report reviewer.
3. Knowledge of the principles and processes of accreditation and program approval.
4. Knowledge of the principles and practices of management in education.

### **Practitioner**

1. Currently in a position practicing at the level of the profession represented by the review committee.
2. Acquaintance with the principles and processes of accreditation and program approval.
3. Acquaintance with the principles and practices of management in education.

## **Requirements for NAACLS Board/Committee Membership**

For each six-month period, the primary time required is for:

- Traveling to and from NAACLS meeting(s)
- Meeting in winter and summer annually
- Reading agenda materials
- Participating in subcommittee duties

There will be additional time required for elected officers and subcommittee members. Mailings of informational items may also be sent between meetings. The time required for members' review and action on these materials varies.

## **Responsibilities of NAACLS Committee Members**

Programs Review Committee members are responsible for participating in the duties of the Review Committee and are accountable for their actions. The Programs Review Committees' responsibilities are as follows:

1. Participate in the development, review, revisions, justification and validation of Standards, as assigned by the Board of Directors and in accordance with recognized needs, making available the opportunity for public comment and review by sponsoring and participating organizations.
2. Prepare Guidelines to explain the Standards, realizing these are subject to approval by the Board of Directors.
3. Submit recommendations regarding a program's accreditation and approval status to the Board for approval.
4. Review problems or complaints related to a program's administration or implementation and students.
5. Conduct meetings twice a year.
6. Review, in detail, documents for assigned programs prior to formulating accreditation and approval recommendations to be forwarded to the Board for action.
7. Participate in site visits and review Self-Study Reports.
8. Maintain knowledge of current trends in education, accreditation, approval and needs of the constituency served by the Committee.
9. Formulate recommendations for changes in policies and procedures and for revising the Standards and associated documents; recommendations are sent to the Quality Assurance Committee for initial review and any issues forwarded to the Board of Directors for approval.
10. Provide consultative services regarding the accreditation and approval processes to program officials, upon request.
11. Perform other duties, as assigned.

# NAACLS Candidate Fact Sheet

(Please complete and submit to NAACLS by February 1, 2017)

## Nominated for which position:

RCAP, PARC, DRC or Board of Directors: \_\_\_\_\_

Position: \_\_\_\_\_

## Contact Information:

Name/Credentials: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone:      Work: \_\_\_\_\_      Home: \_\_\_\_\_

Fax:      Work: \_\_\_\_\_      Home: \_\_\_\_\_

Email:      Work: \_\_\_\_\_      Home: \_\_\_\_\_

## Experience:

Current work position: \_\_\_\_\_

Number of years at position: \_\_\_\_\_

Program type (check if applicable):

MLS     MLT     HT/HTL     DMS     CA     Phleb     Path A     CG

Educational Setting (check if applicable):

Community/  
Junior College       University/College       Hospital

Other: \_\_\_\_\_

Please list all positions and affiliations (as an officer, director, employee, volunteer, administrator, teacher, student, consultant or any similar association) and/or ownership interests you have had within the last year with any person, firm, corporation, hospital, institution or other business, professional or academic entity (attach sheet if necessary):

which conducts a clinical laboratory science program:

which is affiliated with any clinical laboratory science program:

which supplies goods or services to hospitals, clinics, laboratories, medical training programs, academic institutions or schools, or any similar entities, or to organizations accrediting any such entities:

with whom NAACLS is or has, within the last year or to your knowledge, plans to be involved with in respect to the purchase or sale of real estate, securities, equipment or other property:

Please list relatives (defined for these purposes as persons related by blood or marriage) whom, to your knowledge, have or have had within the last year any of the interests of relationships described above:

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Totals of involvement with allied health education programs (if applicable):

_____ Program Director	_____ Number of years
_____ Medical Advisor/Medical Director	_____ Number of years
_____ Faculty: _____ Academic	_____ Number of years
_____ Clinical	
_____ Academic Administrator	_____ Number of years
_____ Practitioner	_____ Number of years
_____ Clinical Supervisor	_____ Number of years

**Experience in the accreditation and/or approval process:**

_____ Site Visitor	Number of visits: _____
_____ Site Visit Team Coordinator	Number of visits _____
_____ Self-Study Report Paper Review	Number of reviews _____
_____ Attended Accreditation Workshop	Date(s): _____
_____ Non-NAACLS accreditation experience:	_____

**Education:**

Academic Background (please indicate degrees/credentials, institutions and their locations):

\_\_\_\_\_

**Certification:**

ASCP certification category: \_\_\_\_\_

\_\_\_\_\_ Board certified clinical pathologist

\_\_\_\_\_ Other: \_\_\_\_\_

**Conflict and Dualities of Interest**

Please list all leadership positions in professional or other business organizations which you hold or have held within the last year including sponsoring, participating and affiliating organizations of

NAACLS: \_\_\_\_\_

To the best of my knowledge, the above information is true. I am interested in serving on NAACLS'

\_\_\_\_\_  
Board/Committee

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date