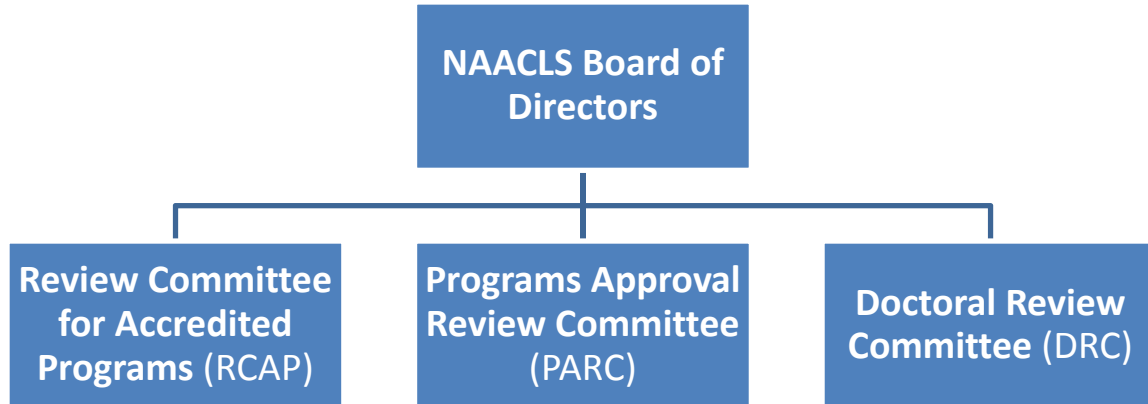


# **NAACLS Information for potential Board and Committee Candidates**



## **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 clinical laboratory sciences 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 Doctoral Review Committee Membership**

Dept. Chair, Vice President/Provost or Dean (voting member)

- An earned terminal degree (PhD, EdD, MD, or DCLS);
- Service as a Department Chair, Vice President/Provost or Dean at an organization that offers doctoral level programs in one or more healthcare profession(s)
- Knowledge of the principles and processes of accreditation

Clinical Laboratory Sciences industry executive or leader (voting member)

- An earned graduate degree in a clinical laboratory science profession or related field
- The industry/company must employ medical laboratory scientists (MLS) and/or work with clinical laboratory organizations
- Have an interest in fostering professional growth in the clinical laboratory sciences professions

MLS graduate faculty member (voting member)

- Holds MLS(BOC) certification or state licensure
- Service as a graduate faculty member at a graduate-degree granting institution
- Acquaintance with the principles and practices of accreditation

Doctoral level clinical laboratory educator/practitioner (voting member)

- Experience at the doctoral level as a clinical sciences educator or practitioner.
- Knowledge of the principles and practices of accreditation

DCLS student (non-voting member)

- Holds BOC certification or state licensure in a clinical laboratory profession
- Current enrollment as a student in a DCLS or PhD in clinical laboratory sciences program

Member at Large (voting member)

- Have an interest in fostering professional growth in the clinical laboratory sciences professions

## **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 face to face annually
- Participating in all full committee teleconferences
- 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 March 31st, 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):

<input type="checkbox"/> Provost	_____ Number of years
<input type="checkbox"/> Dean	_____ Number of years
<input type="checkbox"/> Chair	_____ Number of years
<input type="checkbox"/> Program Director	_____ Number of years
<input type="checkbox"/> Medical Advisor/Medical Director	_____ Number of years
<input type="checkbox"/> Faculty:	
<input type="checkbox"/> Academic	_____ Number of years
<input type="checkbox"/> Clinical	_____ Number of years
<input type="checkbox"/> Academic Administrator	_____ Number of years
<input type="checkbox"/> Practitioner	_____ Number of years
<input type="checkbox"/> Clinical Supervisor	_____ Number of years
<input type="checkbox"/> Advisory Board Member	_____ Number of years

**Experience in a medical institution involved with student education:**

<input type="checkbox"/> Executive Director	_____ Number of years
<input type="checkbox"/> Vice President	_____ Number of years
<input type="checkbox"/> Manager	_____ Number of years

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

<input type="checkbox"/> Site Visitor	Number of visits: _____
<input type="checkbox"/> Site Visit Team Coordinator	Number of visits _____
<input type="checkbox"/> Self-Study Report Paper Review	Number of reviews _____
<input type="checkbox"/> 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