### September 23, 2015

Dear Colleague:

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is pleased to offer the following workshop:

**Standard II: Further Understanding of NAACLS’ Standard for Assessment and Continuous**

**Quality Improvement of Programs**

Friday, November 6, 2015

7:30am – 4:00pm

Presenter: Vanessa J. Johnson, MBA, MA, MT(ASCP)

Check in and a continental breakfast begins at 7:30am; instruction begins promptly at 8:15am.

Lunch is provided.

The workshop will be held at the following location:

**Renaissance Chicago O’Hare Suites Hotel**

**8500 West Bryn Mawr Avenue**

**Chicago, Illinois 60631**

Phone: 773-380-9600

<http://www.marriott.com/hotels/travel/chibr-renaissance-chicago-ohare-suites-hotel/>

Upon completion of theworkshop, and with the opportunity to discuss questions, the participant should be able to:

* Describe the basics of the NAACLS accreditation/approval process utilizing new, revised Standards.
* Outline the outcomes-based model for accreditation/approval.
* Explore the elements of a successful accreditation/approval review.
* Describe the outcome measure reporting requirements as defined by the new, revised Standards.
* Apply effective documentation principles and procedures to demonstrate continuous quality improvement.
* Utilize the Standards Compliance Guide to assist with documentation and compliance with Standard II.
* Identify tools and strategies to document program assessment, modification and effectiveness.
* Identify resources available to assist the program director through the accreditation /approval processes.
* Utilize the Standards Compliance Guide to assist in the development of a Self-Study Report
* Utilizing case studies, evaluate, correct and apply procedures to demonstrate continuous quality improvement.
* Describe strategies to effectively merge new programmatic accreditation/approval requirements with current institutional continuous quality improvement.

Additional information is attached. We hope to see you at the NAACLS workshop!

Sincerely,



Dianne M. Cearlock, PhD

Chief Executive Officer

Attachments - NAACLS Workshop Information

 Registration Form

## NAACLS WORKSHOP INFORMATION

**Standard II: Further Understanding of NAACLS’ Standard for Assessment and**

**Continuous Quality Improvement of Programs**

**Registration Fee**

$300/person (EARLY REGISTRATION by 9/25/15)

$325/person (FINAL REGISTRATION BETWEEN 9/26/15 and 10/25/15 OR until 80 people are registered)

***Please note that NAACLS can only accommodate 80 people!***

**Facility**

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Meeting Room: Salons ABC; Lunch: Salons DE (Subject to change)

The hotel offers complimentary 24-hour airport transportation to and from **O’Hare International Airport**. Upon landing at O’Hare (do not fly in to Midway), follow signs to the Bus & Shuttle Center, go to Door #2, and pickup is every top of the hour and every bottom of the hour.

**Sleeping Room Block**

Guest room reservations may be made individually by calling the Hotel’s Reservations Department at 1-800-468-3571 or 1-773-380-9600 or via the website. Attendees are responsible for sleeping room reservations and payments. The NAACLS room block has been sold out; however, guest rooms outside of the block may still be available.

**Cancellations**

If it becomes necessary for you to cancel your registration, please notify NAACLS in writing before **November 1, 2015**. Your registration fee will be refunded, less a $50 processing fee. If you must cancel after November 1, 2015, you may find a substitute to send in your place, as no refunds will be issued after this date.

**ASCLS PACE/ASCP Credit Information**

ASCLS P.A.C.E. and ASCP approve NAACLS as a provider of continuing education programs in the clinical laboratory sciences. This workshop is an intermediate level program. The following contact hours will be awarded at the workshop: ASCLS = 6; ASCP = 6.

**Presenter**

Vanessa J. Johnson, MBA, MA, MT(ASCP), is Assistant Professor and Program Coordinator at Louisiana Tech University in Ruston, LA. She is also an MLS Educator on the NAACLS Review Committee for Accredited Programs (RCAP) and the NAACLS MLS Discipline Lead.

**REGISTRATION FORM**

**Standard II: Further Understanding of NAACLS’ Standard for Assessment and**

**Continuous Quality Improvement of Programs**

November 6, 2015

PAYMENT - Please check one:

\_\_\_\_ $300/person (EARLY REGISTRATION by 9/25/15)

\_\_\_\_ $325/person (FINAL REGISTRATION BETWEEN 9/26/15 and 10/25/15 OR until 80 people are registered)

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\_\_\_\_ I’m paying by Check (enclosed)

\_\_\_\_ I’m paying by Purchase Order (indicate purchase order #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ I’m paying by Credit Card (indicate information at bottom of page)

Name: \_Mr/Mrs/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Information critical to the workshop is sent via email. In order to receive workshop handouts, please provide us with a working email address.***

Do you have any dietary restrictions? If so, please indicate, i.e., diabetic, vegetarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOUR WAYS TO REGISTER AND PAY:***

***(1) MAIL REGISTRATION FORM AND CHECK TO:***

***NAACLS Workshops;* 5600 N. River Road, Suite 720; *Rosemont, Illinois 60018***

***(2) EMAIL REGISTRATION FORM to*** ***efrazier@naacls.org*** ***AND MAIL CHECK TO:***

***NAACLS Workshops; 5600 N. River Road, Suite 720; Rosemont, Illinois 60018***

 ***(3) EMAIL REGISTRATION FORM AND PURCHASE ORDER INVOICE TO:*** ***efrazier@naacls.org***

 ***(4) EMAIL REGISTRATION FORM AND CREDIT CARD INFORMATION TO:*** ***efrazier@naacls.org***

***Card Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Expiration Date (MM/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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***Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***