# Guide to Accreditation

for Clinical Laboratory Scientist/Medical Technologist Programs

**NAACLS**

National Accrediting Agency
for Clinical Laboratory Sciences

The Guide to Accreditation
for Clinical Laboratory Scientist/Medical Technologist Programs
is published by the
National Accrediting Agency for Clinical Laboratory Sciences
8410 West Bryn Mawr Avenue, Suite 670
Chicago, Illinois  60631-3415
773.714.8880 Phone
773.714.8886 Fax
info@naacls.org EMail
http://www.naacls.org Web Page

Dear Colleague:

Thank you for your interest in the programmatic accreditation process provided by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). NAACLS accredits clinical laboratory scientist/medical technologist (CLS/MT), clinical laboratory technician/medical laboratory technician (CLT/MLT), histotechnologist (HTL), histotechnician (HT), pathologists' assistant (Path Asst), diagnostic molecular scientist (DMS), and cytogenetic technologist (CG) educational programs. NAACLS is recognized by the Council for Higher Education Accreditation (CHEA).

Recognition by CHEA affirms that standards and processes of accrediting organizations are consistent with quality improvement, and accountability expectations that CHEA has established. NAACLS also confirms the Code of Good Practice of the Association of Specialized and Professional Accreditors. It is assumed that NAACLS volunteers also support the Code.

The Guide to Accreditation is designed to familiarize and assist you with the programmatic accreditation process. Section I contains an overview of the accreditation process. Section II contains a detailed description of the process. Section III contains the Standards. Section IV contains Fact Sheets and matrices. Follow the steps listed in the guide, and submit your materials to NAACLS. If you have questions, contact us at 773.714.8880 or info@naacls.org.

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

Sincerely,

The NAACLS Staff

# Table of Contents

Table of Contents
Page 2

## SECTION III: Standards

## SECTION IV: Appendix

**Fact Sheets**
    Sponsoring Institution Fact Sheet
    Faculty Fact Sheet
    Clinical Facility Fact Sheet

**Guidelines for Standard 9**

**Addition of New Affiliate Checklist**

**Matrices**
    Standard 9B
    Standard 10

# SECTION I

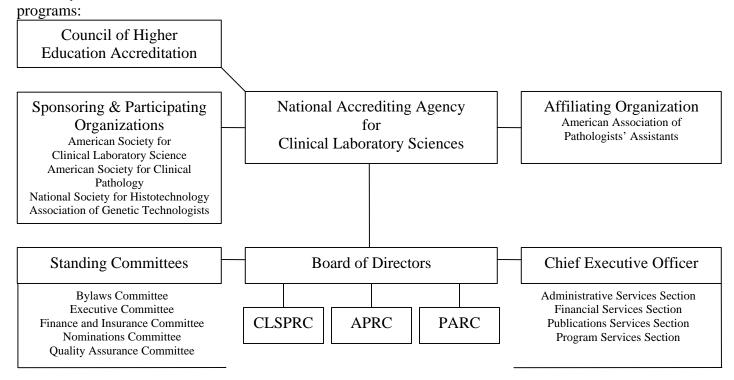Overview
of the
Accreditation Process

# National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is a nonprofit organization that independently accredits clinical laboratory scientist/medical technologist (CLS/MT), clinical laboratory technician/medical laboratory technician (CLT/MLT), histotechnologist (HTL), histotechnician (HT), pathologists' assistant (Path Asst), diagnostic molecular scientist (DMS), and cytogenetic technologist (CG) educational programs. NAACLS also independently approves phlebotomist and clinical assistant educational programs.

NAACLS is comprised of three review committees, the Board of Directors and the executive office staff. The Clinical Laboratory Sciences Programs Review Committee (CLSPRC) reviews CLS/MT, CLT/MLT, HTL, HT, DMS, and CG programs for accreditation. The Affiliated Professions Review Committee (APRC) reviews pathologists' assistant programs for accreditation. The Programs Approval Review Committee (PARC) reviews phlebotomy and clinical assistant programs for approval. The Board of Directors functions as the governing unit of NAACLS and grants final accreditation and approval awards. The executive office staff facilitates both the accreditation and approval processes.

NAACLS is an autonomous, nonprofit organization established in 1973 as the successor to the American Society for Clinical Pathologists' (ASCP) Board of Schools. ASCP and the American Society for Clinical Laboratory Science (ASCLS) are sponsoring organizations of NAACLS. The National Society for Histotechnology (NSH) and the Association of Genetic Technologists (AGT) are participating organizations. The American Association of Pathologists' Assistants (AAPA) is an affiliating organization. NAACLS is recognized by the Council for Higher Education Accreditation (CHEA).

This diagram depicts NAACLS and the organizations that collaborate in the accreditation and/or approval of clinical laboratory science education programs:

| Council of Higher Education Accreditation | | |
|---|---|---|
| **Sponsoring & Participating Organizations** <br> American Society for Clinical Laboratory Science <br> American Society for Clinical Pathology <br> National Society for Histotechnology <br> Association of Genetic Technologists | **National Accrediting Agency for Clinical Laboratory Sciences** | **Affiliating Organization** <br> American Association of Pathologists' Assistants |
| **Standing Committees** <br> Bylaws Committee <br> Executive Committee <br> Finance and Insurance Committee <br> Nominations Committee <br> Quality Assurance Committee | **Board of Directors** <br> CLSPRC  APRC  PARC | **Chief Executive Officer** <br> Administrative Services Section <br> Financial Services Section <br> Publications Services Section <br> Program Services Section |

Primary aspects of the NAACLS programmatic accreditation process are: (1) the self-study process; (2) the site visit process; (3) evaluation by a review committee, and (4) evaluation by the Board of Directors. Evaluation is based on Standards, which are the minimum criteria used when determining programmatic accreditation.

NAACLS conducts various functions of programmatic accreditation including: (1) drafting and reviewing Standards for the operation of specialized programs; (2) selecting and training knowledgeable volunteers to review Self-Study Reports and serve as site visitors; (3) selecting representatives to serve on the review committees and the Board of Directors, and (4) granting accreditation awards based on a program's self-study and site visit processes.

The review committees are comprised of educators and practitioners representing their respective disciplines. Members are appointed by the Board of Directors for staggered terms to assure continuity on the committee. The chairman and vice chairman are elected annually by committee members.

## Definition and Benefits of Accreditation

Accreditation is a process of external peer review in which an agency grants public recognition to a program of study or an institution that meets established qualifications and educational standards. Accreditation of a specialized program is known as programmatic or specialized accreditation. Participation in the accreditation process is voluntary since there is no legal requirement for specialized programs and institutions to participate. However, there are factors that make accreditation valuable. The benefits include, but are not limited to, the following.

Accreditation:

1. Identifies for the public specialized programs and institutions that meet nationally established standards of educational quality.

2. Stimulates improvement of educational programs by involving faculty and staff in ongoing self-evaluation, research and planning.

3. Promotes a better understanding of the goals of professional education.

4. Provides reasonable assurance that practitioners meet minimum educational standards upon entry into the profession.

5. Assists specialized programs in achieving their objectives.

Accreditation of NAACLS programs is a collaborative process involving several organizations and agencies.

*Basic Eligibility Criteria for Becoming an Accredited Program*

NAACLS applies the following basic eligibility criteria when it considers an applicant program for initial accreditation:

1. The sponsoring institution and affiliates, clinical and/or academic, if any, must be accredited by recognized regional and/or national agencies.

2. Academic institutions sponsoring clinical laboratory science education programs must be empowered by a state authority to grant the appropriate degree.

3. The institution must be legally authorized under applicable state law to provide postsecondary education.

## Review of Programs

Programs that seek accreditation by NAACLS are evaluated by either the CLSPRC or APRC and by the Board of Directors. The diagram on page 4 illustrates this process.

### CLSPRC Evaluation

The Clinical Laboratory Sciences Programs Review Committee (CLSPRC) has representatives from programs for the clinical laboratory scientist/medical technologist, clinical laboratory technician/medical laboratory technician, histotechnologist, histotechnician, cytogenetic technologist, and from administration in higher education. The CLSPRC evaluates programs seeking accreditation and forwards accreditation recommendations to the Board of Directors. CLSPRC members serve as readers of self-study and site visit materials for programs. NAACLS notifies the sponsoring institution of the CLSPRC's accreditation recommendation to the Board of Directors. The CLSPRC meets in the winter and summer annually.

### APRC Evaluation

The Affiliated Professions Review Committee (APRC) has two representatives selected by the affiliating professions, one pathologists' assistant educator and one at-large member. The APRC evaluates programs seeking accreditation and forwards its accreditation recommendations to the Board of Directors. APRC members serve as readers of self-study and site visit materials for programs. NAACLS notifies the sponsoring institution of the APRC's recommendation to the Board of Directors. The APRC meets in the winter and summer annually.

### Board of Directors' Evaluation

The Board of Directors evaluates the review committees' accreditation recommendations for accuracy, objectivity and consistency. The board may approve a recommendation, amend it or return it to the committee for re-evaluation. NAACLS notifies the sponsoring institution of the board's accreditation action. The board meets in the spring and fall annually after the review committees' meetings.

# The Accreditation Process

```
┌─────────────────────────────┐
│   Development of Program     │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│     Self-Study Process       │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│        Site Visit            │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│       CLSPRC/APRC            │
└─────────────────────────────┘
              │
┌─────────────────────────────┐
│     Board of Directors       │
└─────────────────────────────┘
```

RECOMMENDS accreditation status on all programs within its purview

Based on the review of Self-Study Paper Review, Program's Response to the Review, Site Visit Report, and the Program's Response to the Report.

ADOPTS review committee recommendations for accreditation

Review of consistent application of the Standards and to insure that decisions are not arbitrary, capricious or otherwise inconsistent with the Standards.

# STEPS IN THE INITIAL ACCREDITATION PROCESS

| STEP | ACTION | RESPONSIBLE PARTY | TIME FRAME FOR THE PROGRAM |
|---|---|---|---|
| **1. Initial Application Request** | Submit letter to NAACLS requesting application | CEO/President or other high ranking administrator of Sponsoring Institution | Starting point |
| **2. Submit Application and Initial Application Fee** | Sponsoring Institution submits:<br><br>·Application for Initial Accreditation Form<br><br>·Initial Application Fee | Proposed Program Director | As soon as the program has obtained all signatures required for the application |
| **3. Submit Preliminary Report and Program Official Approval Form** | Sponsoring Institution submits:<br><br>·Preliminary Report with required documentation<br><br>·Program Official Approval Form and CV requesting approval as Program Director | Proposed Program Director | As soon as the program has all documentation prepared |
| **4. Preliminary Report Approved\*** | Program encouraged to proceed with the Self-Study process. Program begins first class | NAACLS | Review received within 2 months of submission of the Application for Initial Accreditation, Preliminary Report, Program Official Approval Form and Program Director's CV |

*\* A Program will not be considered for accreditation unless the Preliminary Report is approved, stating that NAACLS is reasonably assured that the program will meet the standards.  If the program enrolls students too early in the initial application process and NAACLS does not approve the program's Preliminary Report, the program may risk having students graduate from their program before the program is accredited.*

| STEP | ACTION | RESPONSIBLE PARTY | TIME FRAME |
|---|---|---|---|
| **5. Self Study submitted to NAACLS** | Submit Self Study to NAACLS | Program Director | Ideally no later than 3 months prior to graduation of first class |
| **6. Program receives "Serious Applicant Status"** | Once the Self-Study, Initial Application, payment of the Initial Application fee are received,  NAACLS grants "Serious Applicant Status" | NAACLS | Immediately after receipt of Self Study, Initial Application, and payment of the Initial Application fee |
| **7. Self Study Review** | Self-Study is evaluated, Reviewer submits a written report (Paper Review), Site Visit team approved by Program Director | NAACLS | Paper Review forwarded to program within 2 months |
| **8. Response to Paper Review** | Response to Paper Review is submitted with supporting documentation | Program Director | Within 1 month of receipt of Paper Review |
| **9. Site Visit** | Site Visit Team submits a written report following the site visit | NAACLS | Site Visit Report forwarded to program within 1.5 months following the site visit |
| **10. Response to Site Visit Report** | Response to Site Visit Report is submitted with supporting documentation | Program Director | Within 1 month of receipt of Site Visit Report |

All documentation is reviewed by NAACLS.

Clinical Laboratory Sciences Programs Review Committee Recommendations for accreditation are submitted to NAACLS Board of Directors.

NAACLS Board of Directors awards accreditation.

# Initial Accreditation Process

Institutional administrators applying for initial accreditation must do the following:

1. Request from NAACLS information regarding the accreditation process.

   Review of a program is undertaken only when authorized by the sponsoring institution's chief executive officer. The chief executive officer must submit a letter to NAACLS stating the intent to apply for accreditation. After receipt of the letter, the institution is sent the Guide to Accreditation (Fact Sheets will be included in the appendix), an Application for Initial Accreditation and, a Program Official Approval Form. Copies of the materials may be made, as necessary.

2. Submit the Application for Initial Accreditation to NAACLS.

3. Pay the Initial Application Fee.

4. Submit a Preliminary Report.

   The Preliminary Report is a general overview of the program and not a Self-Study Report. The program director must submit **three** copies of the Preliminary Report to NAACLS. It should include:

   A. **Sponsoring Institution Program Fact Sheet**
   The Sponsoring Institution Program Fact Sheet should be completed and reflect the accreditation status of the sponsoring institution and clinical affiliates with respect to other agencies (i.e., regional accreditors, CAP, AABB). All affiliates should be listed on this sheet.

   B. **Clinical Facility Fact Sheet(s) (for each clinical site)**
   These fact sheets must be fully completed. The size and space listed for the clinical affiliates must be adequate to support the number of students placed at the affiliates and provide an adequately diverse experience so as to reflect the typical practices of the profession.

   C. **Faculty Fact Sheet(s) (for faculty who contribute to major portions of the curriculum)**
   The program director and medical advisor/medical director (when required) must be qualified. If they are not qualified, the program cannot proceed with the initial accreditation process. The faculty fact sheets must be complete and the faculty must be properly qualified.

   D. **Summary of the Program**
   Provide a summary of the program including the length of time necessary to complete the requirements. Indicate the degree granted, diploma or certificate.

   E. **Relationship of Administrators and Faculty to service and teaching obligations**
   Describe the faculty's ability to fulfill their teaching and administrative responsibilities.

   F. **Description of the Operational Agreements**
   Signed, written, and current agreements for each affiliated institution must be submitted. They must be dated and contain all the items listed in the Standard. If the material is not present, the program cannot proceed with the initial application process.

**G. Courses to be offered**

Describe the courses to be offered including sequencing, with brief descriptions of content, mode of instruction, and credit and/or clock hours.

**H. Summary of Financial Resources**

An itemized budget or letter of continuing financial support must be supplied by an administrator of the program. If the report does not have these, the program <u>cannot</u> continue with the self-study process.

**I. Summary of Instructional Resources**

Summarize the instructional resources, such as, equipment, supplies, textbooks, audiovisual materials, computer technology, specimens and library resources that the program provides for student use.

**J. Recruitment of Students**

Provide a description of the projected recruitment and the potential recruitment pool, processing of applications, selection of students to be admitted, and the program's starting date.

The Preliminary Report is reviewed and, if the committee is reasonably assured that the program will meet the Standards, NAACLS notifies the program director to begin the self-study process. Additional documentation and clarification may be requested before a program is encouraged to proceed. NAACLS assigns a Self-Study Report due date and a site visit date. *Ideally*, the Self-Study Report due date is prior to graduation of the first class of students. The site visit date is no later than three months after the class graduates and within six months of the Self-Study Report due date.

5. Submit the Self-Study Report.

   Send **two** copies of the completed Self-Study Report to NAACLS.

6. Achieve "serious applicant" status.

   NAACLS considers a program a "serious applicant" for accreditation when it has achieved the following steps:

   A. Submitted an Application for Initial Accreditation.
   B. Submitted the Initial Application Fee.
   C. Received approval for the Preliminary Report.
   D. Submitted two copies of the completed Self-Study Report.

   Periodically, certification agencies request information from NAACLS regarding whether or not a program is considered to be a "serious applicant." Until NAACLS has received these items, it does not report that a program is a "serious applicant." **NAACLS has no authority to determine admission to a certification examination. All questions regarding eligibility for such examinations should be directed to the following certification agencies:**

   ASCP Board of Registry, (312) 541-4999
   National Credentialing Agency for Laboratory Personnel, (913) 438-5110

A program seeking initial accreditation may remain in serious applicant status for 18 months. After that time, the program must reapply.

The program director must inform students seeking admission that the program is applying for accreditation and that their eligibility to take some certification examinations may depend on whether or not the program achieves "serious applicant" status. This information must be transmitted in writing.

7.   Conduct the site visit of the program.

## Continuing Accreditation Process

The continuing accreditation process begins approximately 18 months before the end of the program's current accreditation period. NAACLS notifies the program director approximately one year before the Self-Study Report is due and sends appropriate materials. The Application for Continuing Accreditation must be returned to NAACLS. A Self-Study Report and site visit are also required.

### Standards

Standards are the minimum national standards used for the development and evaluation of accredited educational programs. They are developed through a process that requires the input and review of peer groups, sponsoring and participating organizations, affiliating organizations and other interested professional groups. The Standards describe the general characteristics of an acceptable accredited program.

### Self-Study Process

The self-study process is one of the primary aspects of the accreditation process. It involves a programmatic self-review of internal policies, functions, resources and external relationships to allow ongoing improvement of the program. The program director presents the results of the self-study process in a Self-Study Report, which demonstrates the program's compliance with the Standards.

The self-study process enables the institution to:

1.   Evaluate the program before the site visit.

2.   Take remedial action if one or more aspects of the program do not meet the Standards.

3.   Enhance positive aspects of the program.

The program director is responsible for supervising the self-study process and submitting the Self-Study Report. The self-study process is most efficient when everyone associated with the program participates, including administrators, faculty, students, graduates, employers of graduates and representatives of institutional affiliates. Personnel from other disciplines or programs (such as basic science faculty) are frequently helpful.

### Conducting the Self-Study Process

The program director *may* conduct the self-study process in the following sequence:

1. Organize at least one committee of representatives from interested groups. Each committee may form subcommittees to address specific aspects of the self-study process in relation to the Standards.

2. Familiarize committee members with the Guide to Accreditation and the Standards. Make assignments as needed.

3. Gather each committee's evaluations of the program and organize materials for the Self-Study Report.

4. Prepare the Self-Study Report and have the committee members and administrators review it.

**The program director must submit <u>two</u> copies of the final Self-Study Report to NAACLS.**

*For instructions on assembling the Self-Study Report, see Section II.*

**Self-Study Report Paper Review**

A Self-Study Report Paper Review is an annotated abstract of the information provided in the Self-Study Report. After the program director submits two copies of the Self-Study Report to NAACLS, staff sends one copy to a qualified paper reviewer who determines: (1) if the program has submitted all required information, and (2) if narrative and documentary materials clearly describe the program. **<u>Determining compliance with the Standards is not a function of the Self-Study Report paper reviewer.</u>** The paper reviewer identifies missing information and/or documents, areas of concern, and any additional areas site visitors should address.

NAACLS receives the Paper Review and sends it to the program director. The program director is encouraged to share this review with the administration and faculty. The program director **<u>must</u>** submit to NAACLS a response to the Paper Review. Should the materials within the Self-Study Report be cited as lacking or in need of clarification, these materials should **also** be submitted with the response.

**Site Visit Process**

After the self-study process has been completed, NAACLS arranges for the program's site visit. During the site visit, NAACLS' volunteer site visitors meet with faculty and administrators, review materials and verify the Self-Study Report's content. Several aspects of a program's operation can only be assessed on site. For example, the amount of space at the site may be minimal, but excellent adaptations in the use of the facilities are made. Also, interviews enable the site visitors to obtain viewpoints from all participants in the program.

**Arranging Site Visits**

Before the Self-Study Report due date, NAACLS will request site visit dates. Once these dates are received, NAACLS will begin to recruit site visitors. Hospital based programs require a minimum of one day for a site visit, and academic based programs require a minimum of two days.
NAACLS recruits and provides training for volunteer site visitors on a regular basis. NAACLS assigns site visitors to programs undergoing accreditation review. Volunteers are solicited based upon:

1. Proximity to the program being visited.

2. Experience as a site visitor.

3. Performance as a NAACLS volunteer.

4. Training either through a NAACLS workshop, orientation teleconference and/or videotape ("Your Role as a Site Visitor").

After NAACLS identifies a site visit team, the program director is notified and asked to approve the proposed team. If conflicts are identified, the program director must contact NAACLS immediately. NAACLS will then attempt to recruit a substitute team member.

Once the site visit team is approved, the program director must contact the team members to make arrangements for the site visit. The program director must also send the site visitors the:

1. Entire Self-Study Report before the site visit date.

2. Response to the Paper Review, once available.

Prior to the site visit, NAACLS sends the program invoices for a site visit preparation fee and for 80 percent of the estimated site visit expenses. Invoices must be paid prior to the site visit. All programs are assessed a standard fee.

Additional persons or observers must not accompany the site visit team without prior approval from the program director, site visitors, and NAACLS. Observers must not act as an impediment to the process.

**Role of the Team Coordinator**

The team coordinator:

1. Consults with faculty and administrators regarding the site visit itinerary as well as lodging and ground transportation arrangements.

2. Keeps team member(s) informed about arrangements.

3. Conducts the preliminary and exit interviews.

4. Provides leadership in completing the Site Visit Report and maintains complete and accurate notes on findings of the site visit.

5. Submits the Site Visit Report to NAACLS after each team member has signed it.

**Role of the Site Visit Team**

The program director and team coordinator prepare the itinerary for the site visit and confirm appointments with those who need to be interviewed.

The itinerary should include:

1. Time for the preliminary interview.

2. Persons to be interviewed.

3.  Time and place that each interview will occur.

4.  Time that facilities will be visited. (If applicable)

5.  Time for the team to work on the Site Visit Report.

6.  Time for the exit interview.

The team coordinator should consult with team member(s) and the program director regarding the itinerary and issues to be clarified during the site visit. The team should meet the evening before the site visit to develop strategies and assign individual responsibilities. The team may request that the program director provide additional documentation at this time.

Each team member should prepare for the site visit by reading the program materials and the NAACLS Volunteer Manual. Before reading the Paper Review, team members should independently review the Self-Study Report. The team should compare concerns with those of the paper reviewer and list what needs to be documented during the visit.

**Conducting the Site Visit**

The site visit team:

1.  Verifies that information and documents contained in the Self-Study Report are accurate.

2.  Reviews any information missing from the Self-Study Report.

3.  Addresses the concerns raised by the paper reviewer.

4.  Addresses aspects of the program that can only be determined on site.

5.  Completes the Site Visit Report.

Site visitors are professional, objective and friendly; they are peers, voluntarily performing a service to the program. With program personnel, they discuss areas of strength and areas of concern regarding the program. The site visitors should stress that the team is serving in a fact-finding capacity with the intent to assist program personnel in a positive and constructive manner. Site visitors should review the steps and responsibilities in the NAACLS accreditation process with program personnel, as listed in the Volunteer Manual.

Information concerning clinical affiliates is critical for the site visit team and should be made available to the site visitors at the Program's sponsoring institution.  It is suggested that appropriate contact persons from each clinical affiliate be available for interview at the sponsoring institution during the site visit.  If interviews cannot be conducted in this manner, arrangements should be made for telephone conversations.  Interviews of student and of recent graduates should be arranged.  If students at the clinical facilities cannot be at the sponsoring institution, teleconferences should be arranged.

All interested individuals, including administrators, faculty and students may attend the exit interview. During the exit interview, the site visit team reports its findings. All aspects of the program that will be included in the Site Visit

Report <u>must</u> be discussed at the exit interview. Program personnel should find no surprises when they receive the written report. If the team observes an apparent deficiency in relation to the Standards, it should state this in clear and concise terms, giving the rationale for the assessment. The team should allow the program the opportunity to respond to apparent deficiencies.

***The site visit team does 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 sole and exclusive right to determine whether or not accreditation is to be granted or continued.***

**Completing the Site Visit Report**

Directions for completing the Site Visit Report are listed in the Volunteer Manual. Completion of the Site Visit Report is best accomplished through a cooperative team effort. The team uses notes made during the site visit to complete the task. The team coordinator completes the form and has team members sign it, indicating whether or not they concur. A team member who disagrees with any part of the report must submit a typewritten and signed Dissenting Report to NAACLS. This report must be submitted within 21 days of the site visit.

Every concern identified in the Paper Review must be addressed in the Site Visit Report. Any deficiencies should be clearly stated and described in the body of the report (under COMMENTS). Deficiencies should be listed under "Areas of Concern" and keyed to the appropriate Standard(s).

The team coordinator must submit a completed and signed Site Visit Report to NAACLS within 21 days of the site visit.

**Aborting a Site Visit**

An institution undergoing a site visit or the site visitors themselves may elect to abort a visit under special circumstances. If the program officials or site visitors feel that an objective review is not possible, they may contact the NAACLS President or CEO by phone. They must do so prior to the exit interview or the visit will be considered complete and the review processes will continue.

The NAACLS official will ask for the request and justification to be written and faxed or emailed immediately to the office. 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. The institution's CEO is required in writing to request another visit.

<u>*After the Site Visit*</u>

NAACLS receives the Site Visit Report and sends it to the program director. The program director is encouraged to share this report with the administration and faculty. The program director **<u>must</u>** submit to NAACLS a response to the Site Visit Report. Should there be a need to submit additional information, correct factual errors, address any comments or negative responses found in the body of the report **and/or** in the "Areas of Concern," these materials should **also** be submitted with the response.

# Types of Site Visits

**Initial Accreditation Review**

A three-member team is assigned to visit an initial applicant program. This team includes a member of the review committee or Board of Directors and an educator generalist, i.e., a dean or administrator.

**Continuing Accreditation Review**
The team for continuing programs is composed of at least two qualified individuals from institutions similar to the one being visited.

**Interim Review of Programs**
If an accredited program is brought to the attention of a review committee or the Board of Directors because the possibility of non-compliance with the Standards exists, the Board of Directors may determine that a site visit is needed. The team composition is at the discretion of the Board of Directors.

**Coordinated Site Visits**
NAACLS supports the concept of coordinated site visits when two or more programs are visited at the same time. Institutions that sponsor more than one allied health program or institutions that are geographically proximate are encouraged to request such site visits. NAACLS policies and procedures and the integrity of the Standards must be preserved. Furthermore, confidentiality must be maintained. NAACLS will cooperate with specialized and regional accrediting agencies to conduct coordinated site visits.

## Accreditation Categories

When determining accreditation recommendations, the review committee states that a program is in compliance, non-compliance or marginal compliance with the Standards. These definitions are provided to clarify the accreditation categories:

**Compliance**
This indicates that a program meets the requirements of the Standards.

**Marginal Compliance**
This indicates that a program partially meets the requirements of the cited Standard(s) or that compliance with the cited Standard(s) is planned or in progress but plans have not been completed. A citation of marginal compliance is accompanied by a rationale and recommendation for compliance with the cited Standard(s) in the accreditation recommendation letter to the program and in the board award.

**Non-Compliance**
This indicates that a program fails to meet the cited Standard(s). A citation of non-compliance is accompanied by a rationale and recommendation for compliance with the cited Standard(s) in the accreditation recommendation letter to the program and in the board award.

NAACLS notifies the sponsoring institution's chief executive officer, program director and medical advisor/medical director (if applicable) of its accreditation recommendation and board award.

Following are accreditation categories:

**Accreditation for Seven Years**
The maximum length of accreditation for seven years may be awarded to a program that has:

1.  No full or marginal citations in the current review cycle.

2. No full citations and up to two marginal citations in the previous review cycle.

3. No period of inactivity or probationary status during the last period of accreditation.

Accreditation for seven years will not be awarded to programs seeking initial accreditation. Any program switching program levels is considered an initial applicant, i.e., HT to HTL.

**Accreditation for Five Years**
Five years may be awarded to a program with:

1. No full citations of non-compliance.

2. One or more marginal citations. A Progress Report documenting the program's compliance with the cited Standard(s) is required.

3. No full citations of non-compliance in the current review cycle, but there were full citations of non-compliance or more than two marginal citations in the previous review cycle.

4. (Programs seeking initial accreditation) No full citations of non-compliance. A Progress Report documenting the program's compliance with any cited marginal compliance(s) with the Standard(s) is required.

Five years may also be awarded to continuing programs approved to admit classes on alternate years only.

For initial programs, a Progress Report documenting compliance with the Program Evaluation Standards is required two years from the initial accreditation date.

**Accreditation for Less Than Five Years**
Two years may be awarded to a program with one to four full citations of non-compliance and any number of citations of marginal compliance. A Progress Report documenting the program's compliance with the cited Standard(s) is required. Accreditation may be extended for the balance of the full five years if the Progress Report demonstrates compliance with the cited Standard(s).

For initial programs, a Progress Report documenting compliance with the Program Evaluation Standards is required two years from the initial accreditation date.

Failure to submit a Progress Report within the specified time period will result in the program receiving Administrative Probationary Accreditation.

**Probationary Accreditation**
This may be awarded to a program with:

1. Five or more full citations of non-compliance and may extend for a period of six months to one year.

   The number of citations indicates a program has deficiencies that may jeopardize an acceptable educational experience for students. A Progress Report documenting compliance with the cited Standard(s) is required.

Accreditation may be extended for the balance of the full five years if the Progress Report demonstrates compliance with the cited Standard(s).

2.  A Progress Report found to be unsatisfactory.

If Probationary Accreditation is recommended for the program, the program director is sent an outline of NAACLS' Due Process Procedure. The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. If the program director wishes NAACLS to reconsider the recommendation for Probationary Accreditation, the program director must request this in writing within 30 days.

A program's failure to comply with the Standard(s) within the Probationary Accreditation period results in an action of Withdrawing Accreditation.

**Administrative Probationary Accreditation**
This may be awarded to a program that does not comply with the following administrative requirements for maintaining accreditation:

1.  Submission of a Self-Study Report, an Application for Continuing Accreditation, or a required Progress Report
by   the established due date.
2.  Payment of all accreditation fees.
3.  Notification to NAACLS of relevant administrative and operational changes within 30 days.  This includes changes in program official names, addresses or telephone numbers; affiliates, status (i.e., inactivity, closure) or location; and institution name.
4.  Completing an Annual Report prescribed by NAACLS and returning it by the established deadline.
5.  In accordance with federal and state requirements, verifying compliance with these Standards upon request from NAACLS.
6.  Agreeing to a reasonable site visit date before the end of the period for which accreditation was last awarded.

Before a program is placed on Administrative Probationary Accreditation, NAACLS informs the program director by certified mail of the relevant requirements, policies and procedures that will be followed. **Administrative Probationary Accreditation is not subject to appeal.** During a period of Administrative Probationary Accreditation, programs are recognized as being accredited.
If NAACLS awards Administrative Probationary Accreditation to the program, its notification letter states that the program is in non-compliance with requirements for maintaining accreditation and lists the requirements in question. A program's failure to comply with requirements for maintaining accreditation results in Withdrawing Accreditation status.

The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. A program that has been placed on Administrative Probationary Accreditation cannot receive seven years of accreditation at the next review.

**Withholding Accreditation**
**This award applies only to initial applicants.** Accreditation may be withheld from a program if it does not meet the Standard(s) and deficiencies noted may not be easily correctable.

If NAACLS recommends Withholding Accreditation status for a program, it identifies all aspects of the program that are not in compliance with Standard(s) and sends guidance to the program regarding all possible means of meeting

the requirements. The institution may withdraw the application for accreditation before the NAACLS Board of Directors acts upon this recommendation.

If NAACLS recommends Withholding Accreditation status, it notifies the chief executive officer and program officials of its Due Process Procedure. If the officials choose to exercise the options under the Due Process Procedure, they must do so in writing. If not, they may reapply for accreditation one year after NAACLS' action. During that time, the program director and chief executive officer should correct deficiencies in the program and document compliance with the Standard(s).

**Withdrawing Accreditation**
This may be awarded to a program when:

1.  The program fails to comply with the Standard(s) within the specified period of Probationary Accreditation or Administrative Probationary Accreditation.

2.  All other possibilities have been exhausted.

NAACLS offers the program the option to follow NAACLS' Due Process Procedure. The program may reapply one year after the effective date of the board award.

***When accreditation is withheld or withdrawn from a program, students enrolled in the program at the time of this award are permitted to complete the program and are then considered graduates of a NAACLS accredited program.***

**NAACLS must award a program Probationary Accreditation or Administrative Probationary Accreditation before it can withdraw accreditation from the program.**

**Voluntary Withdrawal of Accreditation**
NAACLS recognizes and accepts this action at the sponsoring institution's request. The program's name is removed from the list of accredited programs.

# NAACLS' Due Process Procedure

**Purpose and Criteria**
The Due Process Procedure provides an opportunity to reexamine a NAACLS action of accreditation. There are two levels of due process: first to the review committee (Reconsideration), second to the Board of Directors (Appeal). The process may not be used to postpone implementing the accreditation action. The program's request to the review committee to reconsider the accreditation recommendation must include a concise statement citing the cause for reconsideration and the basis for the request with relation to the materials available during the respective review cycle. A program may petition the Board of Directors for appeal only if the review committee's recommendation appears arbitrary, capricious or inconsistent with the Standards and NAACLS' procedures.

**Reconsideration Process**
Programs are given an opportunity to request Reconsideration after they have received notification of the review committee's recommendation. In order to take advantage of this due process option, within **30 days** from receipt of the review committee's notification, the program must provide in writing to NAACLS a request for Reconsideration of the committee's recommendation. The request must be based on the non-application or mis-application of Standards and/or inconsistency with established procedures.

The program must have completed all previous steps in the accreditation process. These include responding to the Paper Review and Site Visit Report by either concurring with the findings or addressing each negative finding or concern. All missing or additional documentation must be submitted in these responses. **No new materials will be evaluated in the reconsideration process.**

The reconsideration request will be reviewed by a subcommittee of the CLSPRC or APRC. The subcommittee will either uphold the original recommendation or present another motion to the entire committee for a vote. Depending upon the outcome of the vote, a new recommendation may be forwarded to the Board of Directors.

**Appeals Process**
Programs have the opportunity to appeal decisions of the Board of Directors related to their accreditation status. Within **30 days** from receipt of the board letter stating the action, the program must notify the executive director of an intent to appeal.

The letter of intent must indicate a specific misapplication of Standards (or non-application) or an inconsistency with established procedures. The program should have completed all previous steps in the accreditation process including responding to the Paper Review and Site Visit Report by either concurring with findings or addressing any negative findings or concerns in the reports.

The president of the Board of Directors establishes an ad hoc task force of at least three individuals to review the appeal. The task force is appointed by the president from a pool of persons having previously served on the Board of Directors or review committees but who played no role in the decision which is under appeal.

The Appeals Task Force conducts a thorough review of all existing documentation and recommends an accreditation award to the Board of Directors. The board makes the final decision related to the appeal.
A program may appeal a specific accreditation action only once.

**Reapplication for Accreditation**
If a program withdraws or is denied accreditation, it may not reapply until a period of one year has elapsed.

# Reconsiderations

Paper Review

↓

Response by Program

↓

Site Visit Report

↓

Response to Site Visit Report by Program

↓

Review Committee Recommendation

↓

Request for Reconsideration by Program (see Qualifications)  —  Board of Directors' Action

↓

Review Committee Subcommittee

↓

Change of Motion  —  Original Motion

↓

Review Committee Telephone Vote

↓

Board of Directors' Action

↓

Program Notification

# Appeals

Board of Directors' Action

Program Notification

Program Notifies Executive Director of Intent to Appeal

Program Notified of Appeals Process and Time Table

President Appoints Appeals Task Force

Appeals Task Force Reviews Case

Appeals Task Force Makes Recommendation to Board of Directors

Board of Directors Determines Final Outcome

Program Notified of Decision

# Options for Programmatic Accreditation

## Operational Characteristics of an Acceptable Consortium or Joint Venture

A. A consortium or joint venture, consisting of two or more sponsoring entities, is formed by agreement to undertake a common enterprise. The consortium has an organizational chart, a budget with designated funding and a defined line of management. Participant institutions and hospitals must be accredited by a nationally recognized accrediting agency. (The traditional agreement of a sponsor for an academic program having one or more off-site clinical affiliates should not be described as a consortium.)

B. A consortium publishes and makes available to candidates, students and others its identity, staffing, objectives, programs of education, curricula, policies, calendar, costs and related information.

C. A program of education sponsored by a consortium seeking accreditation by NAACLS has a designated program director and other officials called for by the Standards and is in compliance with all Standards.

D. NAACLS charges fees for accrediting services as approved by NAACLS for each accredited program within the consortium.

E. A consortium applies for programmatic accreditation in the same manner as other sponsors and is subsequently responsible for supporting its educational programs in similar fashion.

## Standards for a Consortium as Sponsor of Educational Program(s) in Clinical Laboratory Sciences

A. Organizational Aspects

1. A governing body must be legally established by the parties to the consortium (e.g., Board of Directors, Board of Trustees, etc.)

2. The governing body should include representation from each institution participant in the consortium and should be organized with appropriate officers.

   Committees should be appointed to assist in program implementation. Membership on the governing body need not be a qualification for appointment. Broadly based membership is recommended, including student and administrative representation.

3. The organization must be formed with pledges of mutual support included in a memorandum of agreement that:

   a. Specifies the resources to be provided.
   b. Identifies the authority, responsibilities and privileges of each party to the agreement.
   c. Assures that each party is accountable for its agreed upon participation and responsibilities, and shares both in the process of application and maintenance of accreditation of the program(s).

B. Operational Aspects

    1. The governing body must hold authority and responsibility for conducting the business of the consortium.
    2. The governing body will be responsible for establishing procedural policies and monitoring their effectiveness.

    3. Each party to the agreement will identify and provide appropriate resources for operation of the consortium and delivery of instruction.

    4. The governing body and appropriate committees will develop and maintain educational program(s) that meet or exceed the Standards for an accredited program.

    5. Primary consideration for establishing and maintaining a consortium will be given to the needs and interests of its students.

C. Accreditation

    1. Applications for accreditation of the consortium sponsoring clinical laboratory science programs will be processed and assessed according to the same requirements as those for a single institution sponsor.

    2. A consortium that does not substantially meet the standards described for organization and/or operational aspects and does not substantially meet the characteristics of defining a program sponsor (as given in the NAACLS statement on sponsors of allied health education programs) will not be recommended for accreditation.

**Transferring Sponsorship**

The following procedures outline the steps for transfer of program sponsorship from one institution to another.

The chief executive officer of the institution relinquishing sponsorship, or an official designee, provides NAACLS with a notice of intent to transfer the program.

The chief executive officer of the new sponsoring institution, or an official designee, completes and forwards the NAACLS application for transfer of sponsorship of the program, together with a summary of the pertinent bases for program relocation:

A. Statements and appropriate exhibits fulfilling the general characteristics of a sponsoring institution. A sponsoring institution or consortium:

    1. Demonstrates evidence of sound financial support of the educational program on a current and continuing basis.
    2. Appoints faculty to the program based on established criteria for eligibility, including professional and academic qualifications.
    4. Assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of affiliating institutions, if any.

4. Exercises primary responsibility in coordination of classroom teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
5. Receives and processes applications for admission to the program.
6. Accepts applicants who are then enrolled as full or part-time students with all customary privileges for use of available student services and facilities.
7. Grants a degree or certificate, or other official evidence of completion of the program.

B. Reasonable assurances that the Standards will continue to be met. These will include but not be limited to:

1. An organization chart identifying the program's position within the organizational structure and all key personnel by name and title.
2. Curriculum vitae of the program director, the clinical coordinator (optional) and the medical advisor/medical director (if applicable).
3. Institutional support resources to include: space, library facilities, etc.
4. A specific financial commitment.
5. A curriculum outline and a list of principal faculty and lecturers with their qualifications.
6. Identification of all clinical and academic affiliates along with copies of formal affiliation agreements.

C. NAACLS acknowledges receipt of these letters and exhibits. If the materials submitted indicate that the program continues to be in compliance with the Standards, NAACLS approves the transfer of sponsorship and an appropriate accreditation category and length. A Progress Report on Program Evaluation Standards (18-21) will be required two years after the transfer is approved. The length of accreditation recommended for the newly sponsoring institution is usually the amount of time remaining in the program's last award. NAACLS also determines applicable fees and informs the new sponsor of these fees.

D. The program must remain fairly constant in the transfer process with similar personnel, affiliations and curriculum. Major changes may result in consideration of the program as an initial applicant.

E. 1. The length of accreditation recommended will depend upon when this action takes place. If the action occurs at the end of an accreditation cycle, the program may be recommended for the maximum eligible period of continuing accreditation.

2. This action requires two separate motions on the part of the review committee:

a. Voluntary Withdrawal of Accreditation, naming the discontinued sponsor.

b. Motion recommending appropriate action.

F. Should the information and exhibits provided by the new sponsor be found less than adequate, NAACLS may:

1. Require modification and submission of the most recent Self-Study Report with specific deadline date; or

2. Require a new Self-Study Report (by date), and/or

3. Recommend that accreditation be withheld from the new sponsor for reasons stated. This recommendation may or may not be based on a special, modified site visit.

## Inactive Status

A program is considered inactive if it does not enroll students in the professional sequence for a full academic year. This does not include multiple year programs that my have students for one year's class but not the other. An inactive program has the following responsibilities:

1. Notification to NAACLS as soon as it is known that there will be no enrollment of students
2. Payment of NAACLS' full annual accreditation fees
3. Notification of any changes in program director during the inactive period

A program may request inactive status for a maximum period of two years. At the end of the two year period, the program must do one of the following:

1. Reactivate the program by enrolling students and following the reactivation process, or
2. Submit a letter from the administrative officer requesting Voluntary Withdrawal of Accreditation; the effective date of closure and the reasons for this action must be included.

Failure to initiate one of these options before the inactive period expires will result in NAACLS placing the program on Administrative Probationary Accreditation.

## Reactivation

If an inactive program reactivates and the Self Study due date has elapsed, a Self Study will be due shortly after notifying NAACLS of reactivation. The reason for inactivity, and reactivation, resolution of issues which led to program inactivity and a description of a formal evaluation plan for continually and systematically reviewing the effectiveness of the program must be included in the report. A Progress Report on Program Evaluation Standards (18-21) will be required two years after reactivation has been awarded.

If an inactive program reactivates and the Self-Study Report due date has not elapsed, then a Progress Report for Reactivation is required. The Progress Report must include the following:
   a. **a statement of program goals**
   b. **a summary of the important features of the program**
      Provide a summary of the program including the length of time necessary to complete the requirements. Indicate the degree granted, diploma or certificate.
   c. **relationships of Administrators and Faculty to service and teaching obligations**
      Describe the faculty's ability to fulfill their teaching and administrative responsibilities.
   d. **description of operational agreements**
      Signed, written and current agreements for each affiliated institution must be submitted. They must be dated and contain all of the items listed in the Standard. If the material is not present, the program cannot proceed with the initial application process.
   e. **courses to be offered**
      Describe the courses to be offered including sequencing, with brief descriptions of content, mode of instruction, and credit and/or clock hours.

**f.  summary of financial resources**
An itemized budget or letter of continuing financial support must be supplied by an administrator of the program. If the report does not have these, the program cannot continue with the self-study process.

**g.  summary of instructional resources**
Summarize the instructional resources, such as, equipment, supplies, textbooks, audiovisual materials, computer technology, specimens and library resources that the program provides for student use.

**h.  recruitment of students**
Provide a description of the projected recruitment and the potential    recruitment pool, processing of applications, selection of students to be admitted, and, the program's start date.

This Progress Report will receive a preliminary review to determine if all required information is present. It will then be presented to the programs review committee at the next regular meeting. The review committee will vote on the acceptability of the report, and the program will be notified of the committee's decision.

# SECTION II

### Description
### of the
### Accreditation Process

# Instructions for Preparing the Self-Study Report

This section describes in detail the narrative materials and documentation to be submitted in the Self-Study Report.

- Use 8-1/2 X 11-inch paper, **single sided** and **single-spaced**.
- If excerpts from sources are pertinent to the Self-Study Report, duplicate the information and cite the
  sources from which they were taken.
- **Number each page in sequence.**
- Use blank sheets or index dividers to separate the report by Standard.
- **Do not use paper clips or staples, and do not spiral bind the report**.
- One copy of the Self-Study Report must be inserted in a three-ring binder.

The program director should organize the Self-Study Report in the following manner:

1. Cover sheet or title page.

2. Table of Contents.

3. Sponsoring Institution Program Fact Sheet.

4. Brief description of the program and how it is organized.

5. Copy of the catalog and/or brochure.

6. Narrative materials and/or documentation addressing how the program meets each Standard.
   *Initial, transferred and previously inactive programs are not required to address Standards 19-21 in the*
   *Self-Study Report or during the site visit. They will be required to submit a Progress Report addressing Standards 19-21 two years after the accreditation, transfer or reactivation has been awarded.*

   Information for **each** clinical affiliate (include as documentation under Standard 1):

   - Clinical Facility Fact Sheet
   - Signed, current Affiliation Agreement
   - Capital (major) equipment utilized for student instruction
   - Facility specific required textbooks
   - Access to periodicals
   - Instructional resources
   - Objectives and evaluations utilized exclusively by the facility
   - Rules and policies unique to the facility that govern student behavior

Prepare Self-Study Reports for:

1. Internal use by the program
2. NAACLS (**two copies**)
3. Site visitors (to be sent directly from the program once the team is confirmed)

**Clinical Laboratory Scientist/Medical Technologist**
**(CLS/MT)**

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| **I. SPONSORSHIP** |  |  |  |
| Standard 1 | Describe the relationship between the sponsoring institution and affiliates. | Submit a completed copy of the Sponsoring Institution Program Fact Sheet.<br><br>Information to submit for **each** clinical affiliate (if applicable):<br><br>• Clinical Facility Fact Sheet<br>• Signed, current Affiliation Agreement<br>• Capital (major) equipment utilized for student instruction<br>• Facility specific required textbooks<br>• Access to periodicals<br>• Instructional resources<br>• Objectives and evaluations utilized exclusively by the facility<br>• Rules and policies unique to the facility that govern student behavior<br><br>*The Sponsoring Institution Program Fact Sheet and Clinical Facility Fact Sheets are located in the appendix of this Guide.* | Verify the accreditation status of the sponsoring institution and affiliates (e.g., copies of award letters, certificates).<br><br>Review signed current affiliation agreements for <u>all</u> affiliated institutions and ensure that all provisions of the agreement are active. |

**Clinical Laboratory Scientist/Medical Technologist**
**(CLS/MT)**

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 2 | *No Narrative Required* | Indicate the type of sponsoring institution (e.g., college, hospital, consortium, laboratory). | Verify the type of sponsoring institution. |
| Standard 3 | Describe the responsibilities assumed by the sponsoring institution. | Submit a copy of the certificate issued upon graduation or completion of the program, or the appropriate page from the college catalog indicating that the institution grants a degree. | Verify that the sponsoring institution assumes the required responsibilities. |
| Standard 3A | Describe how the sponsoring institution assures that assigned activities in the clinical setting are educational. | *No Documentation Required* | Verify that the sponsoring institution assures that assigned activities in the clinical setting are educational. |
| Standard 3B | Describe how the program communicates with affiliates for exchange of information and coordination. | Submit documentation of ongoing communication between representatives of the sponsoring institution and an affiliate. | Verify that there is documented ongoing communication between representatives of the sponsoring institution and the affiliates. |

# Clinical Laboratory Scientist/Medical Technologist
## (CLS/MT)

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| **II. RESOURCES** | | | |
| Standard 4 | Describe how personnel resources (e.g., instructors, staff) support the number of students admitted. | Indicate:<br>1. The number of students admitted per year.<br>2. Admission date(s).<br>3. Instructor to student ratios for lecture, student laboratory (if applicable) and clinical laboratory (if applicable). | Verify that the personnel resources (e.g., instructors, staff) support the number of students admitted. |
| Standard 5A1 | *No Narrative Required* | Submit a completed Faculty Fact Sheet for the program director.<br>*The Faculty Fact Sheet is located in the appendix of this Guide.* | |
| Standard 5A2 | *No Narrative Required* | Submit a position description which describes the responsibilities of the program director. | Verify that the program director is responsible for the required aspects of the program. |

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 5A3 | *No Narrative Required* | Submit the curriculum vita for the program director<br><br>Indicate the date that NAACLS approved the program director.<br><br>Indicate how knowledge of education, administration and current accreditation/certification procedures was obtained. | Verify that the program director meets the qualifications listed in Standard 5A1-3. |
| Standard 5A4 | *No Narrative Required* | Document the faculty appointment for the program director at each affiliated academic institution. | Verify documentation (e.g., notice of appointments, academic catalogs, faculty listings) of faculty appointments for the program director at each affiliated academic institution. |
| Standard 5B1 | *No Narrative Required* | Submit the name(s) comprising the advisory committee.<br><br>Indicate the relationship of the advisory committee member(s) to the program. |  |

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 5B2 | Describe the responsibilities of the advisory committee. | Submit a copy of the advisory committee meeting minutes. | Verify the responsibilities of the advisory committee. |
| Standard 6 | *No Narrative Required* | List the **major** clinical/didactic faculty for each laboratory discipline. | |
| Standard 6A | Describe the responsibilities of the program faculty. | *No Documentation Required* | Verify that faculty are responsible for the required aspects of the program. |
| Standard 6B | Describe how faculty are evaluated relative to appropriate qualifications. | Submit completed Faculty Fact Sheets for the major clinical/ didactic faculty for each laboratory discipline. | Verify that faculty have adequate knowledge and proficiency in their content areas.<br><br>Verify that major clinical/didactic faculty have the ability to teach effectively at the appropriate level.<br><br>Review faculty evaluations. |
| Standard 6C | Describe how the program ensures ongoing professional development of its' clinical and didactic faculty. | Submit sample documentation of ongoing professional development of the clinical and didactic faculty to fulfill instructional abilities. | Verify that the program assures and documents the ongoing professional development of clinical and didactic faculty. |

## Clinical Laboratory Scientist/Medical Technologist
## (CLS/MT)

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 7 | Describe how the financial resources are adequate to assure the continued operation of the program. | Submit an institutionally approved budget **OR** a written statement of continued financial support for the educational program from an executive officer of the sponsoring institution. | Verify that the financial resources for the continued operation of the educational program are assured by an adequate budget and/or funding resources. |
| Standard 8A | Describe the program's academic and clinical facilities (e.g., classrooms, laboratories, administrative offices) and safety features. | *No Documentation Required* | Verify that the program's physical facilities (e.g., classrooms, laboratories, administrative offices) are adequate.<br><br>Verify that the laboratories are equipped for safety. |
| Standard 8B | *No Narrative Required* | List the capital (major) equipment and supplies utilized in student instruction. | Verify that students have reasonable access to and experience with modern equipment and supplies. |

**Clinical Laboratory Scientist/Medical Technologist**
**(CLS/MT)**

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 8C | Describe the accessibility of information resources to students. | Submit a list of required textbooks (list the author, title, publisher and, publication date for each).<br><br>Include a representative sample of periodicals and references. | Verify that each student has reasonable access to information resources containing current editions of books, periodicals and other reference materials in contemporary formats related to all content areas of the curriculum. |
| Standard 8D | Describe the resources, including clinical, reference and demonstration materials (e.g., practice specimens, stock cultures, case studies) used in instruction for each laboratory discipline. | *No Documentation Required* | Verify that instructional resources in each laboratory discipline include appropriate clinical, reference and demonstration materials. |
| Standard 8E | Describe how access to contemporary computer technology is provided to students. | *No Documentation Required* | Verify that students have access to and experience with contemporary computer technology. |

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| **III. CURRICULUM** |  |  |  |
| Standard 9A<br><br>*See Appendix for Guidelines to Standard 9* | *No Narrative Required* | Submit a structured curriculum plan (or sequence of courses). | Verify that students progress through the program as indicated in the Self-Study Report. |
|  |  | Submit the program goals and competencies. | Verify that the program has clearly written goals and competencies. |
|  |  | Submit course syllabi with course goals and behavioral objectives for **ONE SAMPLE UNIT OF INSTRUCTION**. The sample unit should have both lecture and laboratory/clinical components. | Review course objectives for each subject area. |
|  |  | Submit objectives in the cognitive, psychomotor and affective domains for **ONE SAMPLE UNIT OF INSTRUCTION.** | Verify that the program has appropriate objectives in the cognitive, psychomotor and affective domains. |

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 9A (continued) | | | Verify that the course objectives show progression to the level consistent with entry into the profession. |
| Standard 9B | Describe the coursework required for completion of the program and indicate whether the course work is addressed as part of the professional program or prior to admission to the program. | Submit brief summaries or course descriptions for each unit of instruction or course in the program. | Verify that the curriculum includes the required areas described in Standard 9B1-9. |
| | Identify where the items described in Standard 9B1-9 are included in the curriculum. | Matrices are provided in the appendix to assist you in identifying where units of instruction are located in the program's curriculum.  *Use of the matrices is optional.* | Verify that course work includes all instructional areas. |
| Standard 9C | Briefly describe how the required material and activities listed in Standard 9B are used in the program to develop entry-level competencies. | | Verify that instruction provides sequenced learning experiences.  Verify that the required materials and activities found in Standard 9B are used in the program to develop entry-level competencies |

## Clinical Laboratory Scientist/Medical Technologist
## (CLS/MT)

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
|  | If applicable, describe how student experiences at different clinical sites are ensured as comparable. | Submit a brief summary of the types of laboratory tests performed in each clinical area. | Review the laboratory tests performed in each clinical area.<br><br>If applicable, verify that student experiences at different clinical sites are ensured as comparable. |
|  | Justify learning experiences during hours other than the normally scheduled clinical experience. | Submit objectives and evaluation instruments for any learning experiences during hours other than the normally scheduled clinical experience. | Review the justification, objectives and evaluation instruments for any learning experiences during hours other than the normally scheduled clinical experience.<br><br>Verify that clinical training is sufficiently balanced to assure that all objectives and competencies are achieved. |
| Standard 9C (continued) | Describe how policies and procedures regarding service work are distributed to students and clinical facilities. | Submit policies and procedures explaining when students may perform service work. | Verify that policies and procedures explaining when students may perform service work are published, distributed to students and distributed to clinical affiliates.<br><br>Verify that service work by students in the clinical settings outside of regular academic hours is non-compulsory. |

## Clinical Laboratory Scientist/Medical Technologist
### (CLS/MT)

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 9D | *No Narrative Required* | Submit the criteria for passing, failing and progression in the program. | Verify that the criteria for passing, failing and progression in the program are established and given to students at the time of entry into the program. |
| Standard 9D (continued) | | Indicate when the criteria for passing, failing and progression in the program are given to students. | Review the evaluation systems for each subject. |
| | | Submit evaluation systems for **ONE SAMPLE UNIT OF INSTRUCTION**. **Evaluation systems must correlate with objectives and competencies submitted for Standard 9A.** | Review the evaluation systems in the affective domain. |
| | | Indicate the frequency of student evaluation in lectures and student and/or clinical laboratories. | Verify that the evaluation systems are employed frequently enough to provide faculty and students with timely indications of a student's academic standing and progress, and to serve as a reliable indicator of the effectiveness of instruction and course design. |

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| **IV. STUDENTS** | | | |
| Standard 10 | Identify the specific publication(s) in which items in Standard 10A-M are included. | Submit current publications (e.g., program brochures, student handbooks, policy manuals, catalogs, websites, and/or syllabi) that address the items listed in Standard 10A-M.<br><br>A matrix is provided in the appendix to assist you in identifying the publication(s) that address the items listed in Standard 10A-M.<br><br>*Use of the matrix is optional.* | Verify that students and/or applicants receive the information listed in Standard 10A-M.<br><br>Verify that current publications contain the information listed in Standard 10.A-M.<br><br>Verify that announcements accurately reflect the program offered. |

# Clinical Laboratory Scientist/Medical Technologist
## (CLS/MT)

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 11 | Describe how academic standards and essential functions required for admission to the program are provided to prospective students and made available to the public. | Submit published admissions policies and procedures for <u>both</u> the institution and the program. | Verify that the admissions policies and procedures are in accordance with the clearly defined and published practices of the institution.<br><br>* Quantitative admission criteria may include such components as grade point average, completion of courses in specified subjects and standardized aptitude tests.<br><br>** Qualitative criteria may include assessments of interviews, recommendations, statement of career goals and health status. |
| | Describe how admission to the program is made in accordance with clearly defined and published practices of the institution. | Submit a sample student signature page indicating awareness of the essential functions and policies for progression in and completion of the program. | Verify that students are informed of the written essential functions and the policies for progression in and completion of the program. |

**Clinical Laboratory Scientist/Medical Technologist**
**(CLS/MT)**

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 12 | Describe rules and regulations governing acceptable conduct for both the academic and clinical setting. Indicate how they are distributed. | Submit policies governing acceptable conduct for all academic and clinical settings. | Verify that rules and regulations governing acceptable conduct are clearly defined and provided to all students upon entering the program. |
| Standard 13 | Describe how the sponsoring institution maintains records for graduates and enrolled students. | Submit policies and procedures regarding the retention of records for graduates and enrolled students. | Verify that the student records contain the materials required by Standard 13.<br><br>Verify maintenance of records for admission, evaluation and counseling or advising sessions.<br><br>Verify that the sponsoring institution permanently maintains records for individual grades and credits for courses. |

**Clinical Laboratory Scientist/Medical Technologist**
**(CLS/MT)**

| | Narrative | Documentation | Site Visitor Role |
|---|---|---|---|
| Standard 14 | Describe how students are informed of and have access to the usual student health care services of the institution. | *No Documentation Required* | Verify that students are informed of and have access to the usual student health care services of the institution. |
| | Describe how the health and safety of students, faculty and patients associated with educational activities are safeguarded. | | Verify that the health and safety of students, faculty and patients associated with educational activities are adequately safeguarded. |
| | Describe how emergency medical care is made available to students while they are in attendance. | | Verify that emergency medical care is available to students while they are in attendance. |
| Standard 15 | Describe the guidance available to assist students. | *No Documentation Required* | Verify that guidance is available to assist students in understanding and observing program policies and practices, to advise on professional and career issues, and to provide counseling or referral for problems that may interfere with progress in the program. |

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 15 (continued) | Describe how confidentiality and impartiality are maintained in dealing with student problems. | | Verify that confidentiality and impartiality are maintained in dealing with student problems. |
| Standard 16 | Describe when appeals procedures are distributed. | Submit appeals procedures and due process policies. | Verify that the appeals procedures are distributed to students at the start of the program.<br><br>Verify that the procedures include provisions for academic and non-academic types of grievances and a mechanism for neutral evaluation. |
| **V. OPERATIONAL POLICIES** | | | |
| Standard 17A | *No Narrative Required* | Submit programmatic announcements for the program offered that include NAACLS' name, address, and phone number.<br><br>*\* Programmatic announcements may include catalogs, websites, handbooks.* | Verify that the programmatic announcements accurately reflect the program offered and include NAACLS' name, address and phone number. |

**Clinical Laboratory Scientist/Medical Technologist**
**(CLS/MT)**

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 17B | *No Narrative Required* | Submit non-discrimination statement regarding student recruitment and admission. | Verify that student recruitment and admissions policies are non-discriminatory. |
| Standard 17C | *No Narrative Required* | Submit non-discrimination statement regarding faculty recruitment and employment practices. | Verify that faculty recruitment and employment practices are non-discriminatory. |
| Standard 17D | Describe how academic credits and costs are published and made known to all applicants. | Submit admissions publications that address academic credits and cost. | Verify that academic credits and costs are accurately stated, published and made known to all applicants. |
| Standard 17E | Describe how policies and procedures for student withdrawal and refunds of tuition and fees are published and made known to all applicants. | Submit policies and procedures for student withdrawal and refunds of tuition and fees. | Verify that policies and procedures for student withdrawal and refunds of tuition and fees are accurately stated, published and made known to all applicants. |
| Standard 17F | **IF** more than one level of clinical laboratory science program is offered, **THEN** describe how each program is being conducted to assure appropriate instruction for students at different educational levels. | *No Documentation Required* | **IF** more than one level of clinical laboratory science program is offered, **THEN** verify that each program is being conducted to assure appropriate instruction for students at different educational levels. |

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 17G | Indicate whether the program culminates in a baccalaureate degree or higher or a certificate for students who enter the program with a baccalaureate degree. | Submit a policy statement indicating that the issuing of the degree or certificate **IS NOT** contingent upon the students passing any type of external certification or licensure examination. | Verify that the granting of the degree or certificate is not contingent upon the students passing any type of external certifying or licensure examination.<br><br>Verify that the academic standards for the program are acceptable to the institution that grants the degree. |
| Standard 17H | Describe the process in which student complaints are handled. | Submit a policy statement related to student complaints and resolution. | Verify that records relating to student complaints and resolution are maintained. |
| Standard 17I | Describe the availability of the program evaluation information. | *No Documentation Required* | Verify that program evaluation information is available to NAACLS. |
| **V. PROGRAM EVALUATION** |  |  |  |
| Standard 18 | Describe the formal evaluation plan for continually and systematically reviewing the effectiveness of the program. | Submit:<br><br>1) source and frequency of feedback especially from the following: students, graduates, employers of | Verify that there is a mechanism for continually and systematically reviewing the effectiveness of the program. |

## Clinical Laboratory Scientist/Medical Technologist
## (CLS/MT)

| | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| | | graduates, faculty, advisory groups, exit or final examinations, and clinical affiliates<br>2) survey/feedback/ evaluation forms | |
| Standard 19<br><br>*Initial, Transferred, and previously Inactive programs are not required to address Standards 19-21 in the Self-Study Report or during the site visit. They will be required to submit a Progress Report addressing Standards 19-21 two years after the accreditation, transfer, or reactivation has been awarded.* | Describe how outcome measures (e.g., the performance of graduates on external certifying examinations or capstone projects) from the last three active years are considered in the program evaluation. | Submit the outcome measures for the last three active years and the number of graduates from the program. (For performance on certification exams, list the number taking the certifying examination, the pass rates (percentages) and the program and national mean scores.) | Verify that outcome measures from the last three active years are documented, analyzed, and used in the program evaluation. |
| Standard 20 | Describe how the reviews of graduation and placement rates are documented, analyzed and used in the program evaluation. | Submit the reviews of graduation and placement rates.<br><br>Submit documentation of analysis showing how results are used in program evaluation. | Verify that reviews of graduation and placement rates are documented, analyzed, and used in the program evaluation. |

|  | *Narrative* | *Documentation* | *Site Visitor Role* |
|---|---|---|---|
| Standard 21 | Describe how the results of program evaluation are reflected in the curriculum and other elements of the program. | Submit an example of significant change resulting from program evaluation. Include the analysis of the effectiveness of that change. | Verify that results of program evaluation are documented and reflected in ongoing curriculum development and program modification. |
|  |  |  | Verify that any changes implemented are followed by analysis of effectiveness. |

(November 2003)

# SECTION III

Standards of Accredited
Educational Programs
for the
Clinical Laboratory Scientist/
Medical Technologist

**PREAMBLE**

**OBJECTIVE**

The purpose of these Standards and the Description of the Profession is to establish, maintain, and promote standards of quality for educational programs in the clinical laboratory sciences and to provide recognition for educational programs which meet or exceed the minimum standards outlined in this document.

The Standards are to be used for the development and evaluation of clinical laboratory science/medical technology programs. Paper reviewers and site visit teams assist in the evaluation of the program's compliance with the Standards. Lists of accredited programs are published for the information of students, employers, and the public.


**DESCRIPTION OF THE CLINICAL LABORATORY SCIENCE PROFESSION**

The clinical laboratory professional is qualified by academic and applied science education to provide service and research in clinical laboratory science and related areas in rapidly changing and dynamic healthcare delivery systems.  Clinical laboratory professionals perform, develop, evaluate, correlate and assure accuracy and validity of laboratory information; direct and supervise clinical laboratory resources and operations; and collaborate in the diagnosis and treatment of patients. The clinical laboratory professional has diverse and multi-level functions in the areas of analysis and clinical decision-making, information management, regulatory compliance, education, and quality assurance/performance improvement wherever laboratory testing is researched, developed or performed. Clinical laboratory professionals possess skills for financial, operations, marketing, and human resource management of the clinical laboratory. Clinical laboratory professionals practice independently and collaboratively, being responsible for their own actions, as defined by the profession.  They have the requisite knowledge and skills to educate laboratory professionals, other health care professionals, and others in laboratory practice as well as the public.

The ability to relate to people, a capacity for calm and reasoned judgment and a demonstration of commitment to the patient are essential qualities.  Communications skills extend to consultative interactions with members of the healthcare team, external relations, customer service and patient education.  Laboratory professionals demonstrate ethical and moral attitudes and principles that are necessary for gaining and maintaining the confidence of patients, professional associates, and the community.


**DESCRIPTION OF CAREER ENTRY OF THE CLINICAL LABORATORY SCIENTIST/MEDICAL TECHNOLOGIST**

At career entry, the clinical laboratory scientist/medical technologist will be proficient in performing the full range of clinical laboratory tests in areas such as hematology, clinical chemistry, immunohematology, microbiology, serology/immunology, coagulation, molecular, and other emerging diagnostics, and will play a role in the development and evaluation of test systems and interpretive algorithms.  The clinical laboratory scientist/medical technologist will have diverse responsibilities in areas of analysis and clinical decision-making, regulatory compliance with applicable regulations, education, and quality assurance/performance

improvement wherever laboratory testing is researched, developed or performed. The clinical laboratory scientist/medical technologist will also possess basic knowledge, skills, and relevant experiences in:

A. Communications to enable consultative interactions with members of the healthcare team, external relations, customer service and patient education;
B. Financial, operations, marketing, and human resource management of the clinical laboratory to enable cost-effective, high-quality, value-added laboratory services;
C. Information management to enable effective, timely, accurate, and cost-effective reporting of laboratory-generated information, and;
D. Research design/practice sufficient to evaluate published studies as an informed consumer.

**Standards of Accredited Educational Programs
for the
Clinical Laboratory Scientist/Medical Technologist**

**REQUIREMENTS FOR ACCREDITATION**

## I. SPONSORSHIP

### 1. Institutional Affiliation

The sponsoring institution and affiliates, clinical and/or academic, if any, must be accredited by recognized regional and/or national agencies.

In programs in which the education is provided by two or more institutions, responsibilities of the sponsoring institution and of each affiliate for program administration, instruction, and supervision must be described in writing and signed by both parties. All provisions of the agreement must be active with written documentation of the following items:

A. General

    1. Reason for the agreement
    2. Responsibilities of the academic facility
    3. Responsibilities of the clinical facility
    4. Joint responsibilities

B. Specific

    1. Supervisory responsibilities for the students
    2. Student professional liability coverage
    3. Student health and safety policies
    4. Provision for renewal
    5. Termination clause providing for program completion of enrolled students

### 2. Acceptable Institutions

Educational programs must be established in:

A. colleges and universities;
B. hospitals and medical centers;
C. medical laboratories, and;
D. other institutions or consortia which meet comparable standards for education in clinical laboratory science.

### 3. Sponsoring Institution's Responsibilities

Accreditation is granted to the institution that assumes primary responsibility for curriculum planning and selection of course content; coordinates classroom teaching and applied education, appoints faculty to the program, receives and processes applications for admission, and grants the baccalaureate or higher degree or certificate documenting completion of the program.

A. The sponsoring institution or consortium must be responsible for providing assurance that the activities assigned to students in the clinical setting are educational.

B. There must be documented ongoing communication between the sponsoring institution and its affiliates for exchange of information and coordination of the program.

## II. RESOURCES

## 4. General Resources

Resources must support the number of students admitted into the program. The instructor to student ratio must be adequate to achieve the stated program goals.

## 5. Program Administration

A. Program Director

1. The program must have a qualified program director.

2. Responsibilities

   The program director must be responsible for the organization, administration, periodic review, planning, development, evaluation and general effectiveness of the program. The program director must have input into budget preparation and must be responsible for maintaining NAACLS approval of the program.

3. Qualifications

   The program director must be a clinical laboratory scientist/medical technologist who holds nationally recognized generalist certification and who has a master's or doctoral degree and three years of experience in clinical laboratory science education that includes teaching courses, conducting and managing learning experiences, evaluating student achievement, providing input into curriculum development, policy and procedure formulation, and evaluation of program effectiveness. The program director must have a knowledge of education methods and administration as well as current accreditation and certification procedures.

4. Faculty Appointments

   The program director must have a faculty appointment at the sponsoring institution or must have a faculty appointment in each affiliated academic institution. In the case of a clinically based program, the program director's appointment at affiliated academic institutions may be a regular one, a non-salaried clinical or courtesy appointment, or an adjunct appointment, depending upon the regulations of the academic institution.

B. Advisory Committee

1. There must be an advisory committee composed of individual(s) from the community of interest (i.e. pathologists, other physicians, scientific consultants, academic professionals, administrators, practicing clinical laboratory scientists/medical

technologists, practicing clinical laboratory technicians/medical laboratory technicians and other professionals) who have knowledge of clinical laboratory science education.

   2.  Responsibilities

   The advisory committee of the program shall have input into any aspect of the program/curriculum with regard to its current relevancy and effectiveness.

**6.  Faculty**

The program must have qualified faculty (e.g., clinical laboratory scientists/medical technologists, administrators, managers and physicians).

   A.  Responsibilities

   The faculty must participate in teaching courses, supervising applied laboratory learning experiences, evaluating student achievement, developing curriculum, formulating policy and procedures, and evaluating program effectiveness.

   B.  Qualifications

   Faculty designated by the program must demonstrate adequate knowledge and proficiency in their content areas and demonstrate the ability to teach effectively at the appropriate level.

   C.  Professional Development

   The program must assure and document ongoing professional development of the program faculty to assure that the faculty members are able to fulfill their instructional responsibilities.

**7.  Financial Resources**

Financial resources for continued operation of the educational program must be ensured by an adequate, institutionally approved budget or by a statement of continued financial support from an executive officer of the sponsoring institution.

**8.  Physical Resources**

   A.  Facilities

   Classrooms, laboratories, administrative offices and other facilities must be adequate, equipped for safety, and must be in compliance with pertinent governmental laws.

   B.  Equipment and Supplies

   Each student must have reasonable access to and experience with modern equipment and supplies.

   C.  Information Resources

Each student must have reasonable access to information resources containing current editions of books, periodicals and other reference materials in contemporary formats related to all content areas of the curriculum.

D. Instructional Resources

Adequate instructional resources must be available to facilitate each student's attainment of entry level competencies.

E. Computer Technology

Each student must have access to and experience with contemporary computer technology.

## III. CURRICULUM

## 9. Curricular Requirements

A. Curricular Structure

Instruction must follow a plan which documents a structured curriculum composed of general education, basic sciences, and professional courses including applied (clinical) education. The curriculum must include clearly written program goals and competencies and course syllabi which must include individual course goals and objectives.

The curriculum must include all the major subject areas currently offered in the contemporary clinical laboratory. Behavioral objectives which address cognitive, psychomotor, and affective domains must be provided for didactic and applied (clinical practice) aspects of the program and must include clinical significance and correlation. Course objectives must show progression to the level consistent with entry into the profession.

B. Instructional Areas

The curriculum must include:

1. Scientific content (either prerequisite or as an integral part of the curriculum) to encompass areas such as anatomy/physiology, immunology, genetics/molecular biology, microbiology, organic/biochemistry, and statistics.

2. Pre-analytical, analytical, and post-analytical components of laboratory services, such as hematology, hemostasis, chemistry, microbiology, urinalysis, body fluids, molecular diagnostics, immunology, phlebotomy, and immunohematology. This includes principles and methodologies, performance of assays, problem-solving, troubleshooting, techniques, interpretation of clinical procedures and results, statistical approaches to data evaluation, and continuous assessment of laboratory services for all major areas practiced in the contemporary clinical laboratory.

3. Principles and practices of quality assurance/quality improvement as applied to the pre-analytical, analytical, and post-analytical components of laboratory services.

4. Application of safety and governmental regulations and standards as applied to laboratory practice.

5. Principles of interpersonal and interdisciplinary communication and team-building skills.

6. Principles and application of ethics and professionalism to address ongoing professional career development.

7. Education techniques and terminology sufficient to train/educate users and providers of laboratory services.

8. Knowledge of research design/practice sufficient to evaluate published studies as an informed consumer.

9. Concepts and principles of laboratory operations must include:
   a. Critical pathways and clinical decision making;
   b. Performance improvement;
   c. Dynamics of healthcare delivery systems as they affect laboratory service;
   d. Human resource management to include position description, performance evaluation, utilization of personnel, and analysis of workflow and staffing patterns, and;
   e. Financial management: profit and loss, cost/benefit, reimbursement requirements, materials/inventory management.

C. Learning Experiences

The learning experiences needed in the curriculum to develop and support entry level competencies must be properly sequenced and include instructional materials, classroom presentations, discussion, demonstrations, laboratory sessions, supervised practice and experience.

1. Student experiences must be educational and balanced so that all competencies can be achieved.

2. Student experiences at different clinical sites must be comparable to enable all students to achieve entry level competencies.

3. Policies and processes by which students may perform service work must be published and made known to all concerned in order to avoid practices in which students are substituted for regular staff. After demonstrating proficiency, students, with qualified supervision, may be permitted to perform procedures. Service work by students in clinical settings outside of academic hours must be noncompulsory.

D. Evaluations

Written criteria for passing, failing, and progression in the program must be provided. These must be given to each student at the time of entry into the program. Evaluation systems must be related to the objectives and competencies described in the curriculum for both didactic and applied components. They must be employed frequently enough to

provide students and faculty with timely indications of the students' academic standing and progress and to serve as a reliable indicator of the effectiveness of instruction and course design.

## IV. STUDENTS

### 10. Program Description/Publications

Students must be provided with a clear description of the program and its content and current publications, which must include:

A. program mission statement;
B. program goals and competencies;
C. course objectives;
D. applied education assignments (if applicable);
E. admission criteria, both academic and non-academic;
F. a list of course descriptions;
G. names and academic rank or title of the program director and faculty;
H. tuition and fees with refund policies;
I. causes for dismissal;
J. rules and regulations;
K. a listing of clinical facilities (if applicable),
L. essential functions, and
M. policies and procedures when applied experience cannot be guaranteed.

### 11. Admissions

Admission of students, including advanced placement if available, must be made in accordance with the clearly defined and published practices of the institution. Specific academic standards and essential functions required for admission to the program must be clearly defined, published and provided to prospective students and made available to the public. The signature of the student indicating full understanding of the policies for progression in the program and completion of the program must be secured.

### 12. Acceptable Conduct

Rules and regulations governing acceptable personal and academic conduct must be defined and provided to all students upon entering the program.

### 13. Student Records

Student records must be maintained for admission, evaluation, and counseling or advising sessions. Individual grades and credits for courses must be recorded and permanently maintained by the sponsoring institution. The program must maintain the student records, conforming to any governmental regulations and the regulations of any other accrediting agencies.

### 14. Health and Safety

There must be a procedure for determining that each applicant's or student's health will permit the individual to meet the written essential functions of the program. Students must

be informed of and have access to the usual student health care services of the institution. The health and safety of students, faculty, and patients associated with educational activities must be safeguarded. Emergency medical care must be available for students while in attendance.

### 15. Guidance

Guidance must be available to assist students in understanding and observing program policies and practices, for advising on professional and career issues, and for providing counseling or referral for personal and financial problems that may interfere with progress in the program. Confidentiality and impartiality must be maintained in dealing with student problems.

### 16. Appeal Procedures

Appeal procedures must be distributed to students upon entering the program. They must include provisions for academic and non-academic types of grievances and a mechanism for neutral evaluation that ensures due process and fair disposition.

## V. OPERATIONAL POLICIES

### 17. Fair Practices

A. Programmatic announcements must accurately reflect the program offered and include NAACLS' name, address and phone number.

B. Student recruitment and admission must be non-discriminatory in accordance with existing governmental regulations and the regulations of any other accrediting agencies applicable to the institution.

C. Faculty recruitment and employment practices must be non-discriminatory in accordance with existing governmental regulations and the regulations of any other accrediting agencies applicable to the institution.

D. Academic credits and costs to the student must be accurately stated, published, and made known to all applicants.

E. Policies and procedures for student withdrawal and refunds of tuition and fees must be published and made known to all applicants.

F. If more than one clinical laboratory science program is offered at an institution, the sponsoring institution must demonstrate that each program is being conducted to assure appropriate instruction for the students at the different educational levels.

G. The program must culminate in at least a baccalaureate degree or higher or in a certificate for the student who enters the program with a baccalaureate degree. The granting of the degree or certificate must not be contingent upon the student's passing any type of external certification or licensure examination. Academic standards for the program must be acceptable to the institution that grants the degree.

H. A written record of formal student complaints and resolution must be maintained.

I. Program evaluation information, including graduation, placement and any certification pass rates must be made available to NAACLS upon request.

## VI. PROGRAM EVALUATION

### 18. Systematic Review

There must be a mechanism for continually and systematically reviewing the effectiveness of the program to include survey and evaluation instruments that incorporate feedback from a combination of students, employers, faculty, graduates, exit or final examinations, and accreditation review.

### 19. Outcome Measures

A review of outcomes measures (e.g. external certifying examination results, results from capstone projects) from the last three active years must be documented, analyzed and used in the program evaluation.

### 20. Graduation and Placement Rates

A review of graduation rates and placement rates must be documented, analyzed and used in the program evaluation.

### 21. Program Evaluation and Modification

The results of program evaluations must be documented and reflected in ongoing curriculum development and program modification, followed by an analysis of the effectiveness of any changes implemented.

## VII. MAINTAINING ACCREDITATION

### 22. Program/Sponsoring Institution Responsibilities

Programs are required to comply with administrative requirements for maintaining accreditation, including:

A. Submitting the Self-Study Report, an Application for Continuing Accreditation, or a required Progress Report as determined by NAACLS;

B. Paying accreditation fees, as determined by NAACLS;

C. Informing NAACLS of relevant administrative and operational changes within 30 days. This includes changes in program official names, addresses or telephone numbers; affiliates, status (e.g., inactivity, closure) or location; and institution name;

D. Completing an Annual Report prescribed by NAACLS and returning it by the established deadline;

E. Verifying compliance with these Standards upon request from NAACLS, and;

F.  Agreeing to a site visit date before the end of the period for which accreditation was awarded.

# SECTION IV




## Appendix

# Sponsoring Institution
# Program Fact Sheet

Program Level:_____

Institution:_____

Address:_____

City, State, Zip Code:_____

Email:_____          Program URL: _____

Agencies that accredit the institution (e.g., JCAHO for hospitals; regional academic associations for colleges; CAP, AABB, FDA, etc. for laboratories): _____

Administrative officer of the organizational unit in which the program is located:

Name:_____          Title:_____

Program Director

          Credentials:_____

Name: _____

Number of students per class:_____          Number of classes:_____

List academic and/or clinical affiliate(s).  Please use a separate sheet if necessary.

| INSTITUTION | CITY/STATE | ACCREDITED BY |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

NOTE: If the sponsoring institution is a hospital, a Clinical Facility Fact Sheet must also be completed.
(2/2002)

# Faculty Fact Sheet

Name:_____  Position:_____

Employed by:_____  Title:_____

| Proportion of time in: | Teaching _____ % | Administration _____ % | Clinical Services _____ % |
|---|---|---|---|
| | Research _____% | | |

| EDUCATION | INSTITUTION | FIELD OF STUDY | DEGREE | YEAR |
|---|---|---|---|---|
| Undergraduate | | | | |
| Graduate | | | | |
| Other (Specify) | | | | |

Credentials (i.e., CLS, CLT, HT, HTL. MT, MLT…): _____

Certified by: _____ (i.e., ASCP, NCA…) Certification #: _____

Year Certified: _____

Experience (List current position first):

| INSTITUTION/CITY/STATE | POSITION | YEARS |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

List principal functions in the education program:

_____

_____

_____

_____

_____

List continuing education activities during the past three years:

| TITLE | SPONSOR | DATE |
|---|---|---|
| | | |
| | | |

(3/2007)

# Clinical Facility Fact Sheet

Institution:

Address:

City, State, Zip Code:

Telephone: (_____)_____ Fax: (_____)_____

Accredited by (If the facility is not JCAHO, and/or CAP, and/or COLA accredited, a list of safety features is required) :

Clinical Coordinator or Contact Person at site:

Clinical Laboratory Volume (specify annual number of procedures):
Indicate whether tests are performed in the following areas:

Hematology:_____        Chemistry:_____        Microbiology:_____

Immunology/Serology:_____    Immunohematology:_____    Urinalysis:_____

Molecular Diagnostics: _____

Total space of the laboratory:_____ Number of students in clinical experience assignments:_____

Length of time of affiliation with sponsoring institution: _____ Length of training time: _____

Daytime laboratory staff (convert part-time to full-time equivalent):

NUMBER EMPLOYED

Pathologists                                _____

Credentialed laboratorians                   _____

(July 2005)

GUIDELINES FOR STANDARD 9

Behavioral Objectives

- Objectives must be written with appropriate verbs.

  Verbs that are inappropriate and usually not measurable include:
  *Understand, know, will be familiar with, will study, will gain knowledge of.*
  Verbs like *discuss* and *explain* must be qualified if they are to be used.  An example is:

  > Discuss jaundice; include pathophysiologic mechanisms, classifications, related syndromes, differentiating laboratory tests and clinical significance.

- There is no definite number of objectives for each taxonomic level.  If it is a beginning course, there will be more Level 1.  An advanced course should contain more Level 2 and 3 verbs than a beginning course.

- Condition and criteria statements must be present for each objective.  The condition and criteria only have to be written once if they are identical for a set of objectives.

- Affective objectives many times do not have to be prefaced by a condition, but criteria must be present.

Evaluations

- All evaluations must have criteria.  An example for the cognitive domain is:
  At the conclusion of this lecture series, the learner will have
  achieved the following: Achievement will be met when a
  minimum score of 80 percent is earned on the written
  examination covering the material.

- Checklists of psychomotor skills are not complete evaluations.  There must be a statement to show how the grade is awarded and calculated.  This allows for objectivity among all faculty.

- Instructions for practical examinations must be written and include criteria.  Manual procedures usually have a time limit in addition to agreement with a pre-determined result.

- All taxonomic levels must be present.  If a subject area is covered with multiple courses, the evaluations should show progression to the highest taxonomic objectives in the upper level course.

- Evaluations must be based on the behavioral objectives.  A common problem occurs when cognitive examinations are written with a variety of taxonomic levels, but the objectives are not.

- True-false, short answer and matching evaluations usually measure Level 1/low level.

# Addition of New Affiliate Checklist

Sponsoring Program: _____

Address: _____

 City, State, Zip Code: _____

Telephone: _____ Fax: _____

Name of New Affiliate:_____

Address: _____

City, State, Zip Code: _____

Check list to be completed and signed by Program Director to assure that the new affiliate meets the NAACLS Standards.

☐ A contact person has been designated

☐     Assure that:
the clinical facility is accredited by JCAHO, CAP, and/or COLA, **OR** has all appropriate safety measures in place,
  **OR**
the academic affiliate has granted the program director a faculty appointment.

☐ A signed affiliation agreement is in place containing all components as specified in Standard 1:

       ☐ Reason for agreement
       ☐ Responsibilities of the academic facility
       ☐ Responsibilities of the clinical facility
       ☐ Joint responsibilities
       ☐ Supervisory responsibilities for the students
       ☐ Student professional liability coverage
       ☐ Student health and safety policies
       ☐ Provision for renewal
       ☐ Termination clause providing for program completion of enrolled students

☐ Resources are sufficient to ensure entry level competencies.

☐ Cognitive, psychomotor, and affective objectives are in place to assure student learning

☐ Evaluation procedures are in place to assess the cognitive, psychomotor, and affective objectives
_____

I certify that the above list has been completed or validated and that the new affiliate is satisfactory as a clinical/academic affiliate.

_____     _____
(Signed by Program Director)             (Date)
*April 2007*

| Clinical Laboratory Scientist/Medical Technologist Instructional Areas of Scientific Content -- Standard 9B1 | | | | | | |
|---|---|---|---|---|---|---|
| Course or Unit of Instruction | anatomy/ physiology | immunology | genetics/ molecular biology | biochemistry/ organic chemistry | microbiology | statistics |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

(February 2004)

# Clinical Laboratory Scientist/Medical Technologist
## Instructional Areas of Pre-Analytical, Analytical and Post-Analytical Components of Laboratory Services -- Standard 9B2

| Course or Unit of Instruction | hematology | hemostasis | chemistry | microbiology | urinalysis | microscopy | molecular diagnostics | immunology | immuno-hematology |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

(February 2004)

| Clinical Laboratory Scientist/Medical Technologist | Course | Location or Unit number |
|---|---|---|
| **Standard 9B1** | | |
| Anatomy/physiology | | |
| Immunology | | |
| Genetics/molecular biology | | |
| Microbiology | | |
| Organic/biochemistry | | |
| Statistics | | |
| | | |
| **Standard 9B2** | | |
| Pre-analytical, analytical and post-analytical components of laboratory science | | |
| Hematology | | |
| Hemostasis | | |
| Chemistry | | |
| Microbiology | | |
| Urinalysis | | |
| Microscopy | | |
| Molecular diagnostics | | |
| Immunology | | |
| Immunohematology | | |
| | | |
| **Standard 9B3** | | |
| Principles and practices of quality assurance/quality improvement as applied to the pre-analytical components of laboratory services. | | |
| | | |
| Principles and practices of quality assurance/quality improvement as applied to the analytical components of laboratory services. | | |
| | | |
| Principles and practices of quality assurance/quality improvement as applied to the post-analytical components of laboratory services. | | |
| | | |
| **Standard 9B4** | | |
| Application of safety to laboratory practice | | |
| | | |
| Application of governmental regulations and standards as applied to laboratory practice | | |
| | | |
| **Standard 9B5** | | |
| Principles of interpersonal and interdisciplinary communication and team-building skills. | | |

| | Course | Location or Unit Number |
|---|---|---|
| **Standard 9B6** | | |
| Principles and application of ethics. | | |
| Principles and application of professionalism to address ongoing professional career development. | | |
| | | |
| **Standard 9B7** | **Course** | **Location or Unit Number** |
| Education techniques and terminology sufficient to train/educate users and providers of laboratory services. | | |
| | | |
| **Standard 9B8** | | |
| Knowledge of research design/practice sufficient to evaluate published studies as an informed consumer. | | |
| | | |
| **Standard 9B9** | | |
| Critical pathways and clinical decision making. | | |
| | | |
| Performance improvement. | | |
| | | |
| Dynamics of healthcare delivery systems as they affect laboratory service. | | |
| | | |
| Human resource management to include position description, performance evaluation, utilization of personnel, and analysis of workflow and staffing patterns. | | |
| | | |
| Financial management: profit and loss, cost/benefit, reimbursement requirements, materials/inventory management. | | |

(February 2004)

| Standard 10 | | Publications | | |
|---|---|---|---|---|
| | Catalog | Student Handbook | Application Form | Website |
| Program mission statement | | | | |
| Program goals and competencies | | | | |
| Course objectives | | | | |
| Applied education assignments (if applicable) | | | | |
| Admission criteria, both academic and non-academic | | | | |
| A list of course descriptions | | | | |
| Names and academic rank or title of the program director and faculty | | | | |
| Tuition and fees with refund policies | | | | |
| Causes for dismissal | | | | |
| Rules and regulations | | | | |
| Listing of clinical facilities (if applicable) | | | | |
| Essential functions | | | | |
| Policies and procedures when applied experience cannot be guaranteed | | | | |

(February 2004)