

Options and Processes for Programmatic Accreditation and Approval

Consortia and Joint Ventures

NAACLS provides this information to help programs assess options for establishing or continuing approved programs in non-traditional configurations. For the purposes of this policy, sponsoring entities are legally formed consortia or joint ventures that serve as the sponsoring institution. Participating entities are the institutions that have met and formed the consortia or joint venture.

Operational Characteristics of an Acceptable Consortium or Joint Venture

- A. A consortium or joint venture consists of two or more participating entities, formed by agreement to undertake a common enterprise as a sponsoring entity, whereby at least one member of the consortium or joint venture must meet the requirements of Standard 1. The sponsoring entity has a governing body, a program director and officials, an organizational chart, a budget with designated funding and a defined line of management. 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 sponsoring entity publishes and makes available to candidates, students and others its identity, staffing, objectives, programs of education, curricula, policies, calendar, costs and related information. The sponsoring entity assumes primary responsibility for curriculum planning and selection of course content, coordinates classroom teaching and supervised applied education, appoints faculty to the program, receives and processes applications for admission, and grants any certificate or recommends the degree documenting completion of the program. If the sponsoring entity delegates these responsibilities to its participating entities, it must do so consistently, with each entity holding the same responsibilities for each student.
- C. Degrees and credits granted by the sponsoring entity or a participating entity at the request of the sponsoring entity are agreed to be recognized by all participating entities, and a degree-granting participating entity will agree to grant degrees at the recommendation of the sponsoring entity when candidates have successfully completed a degree-granting program.
- D. The sponsoring entity is responsible for assuring that graduates of the program have obtained the appropriate degrees/certificates upon completion of the program.
- E. Programs of education sponsored by a sponsoring entity seeking accreditation or approval by NAACLS must have a designated program director called for by the Standards and are in compliance with all other Standards.
- F. NAACLS charges fees for accreditation and approval services as approved by NAACLS for each accredited and approved program within the sponsoring entity
- G. A sponsoring entity applies for program accreditation or approval in the same manner as other sponsors and is subsequently responsible for supporting its educational programs in similar fashion.

Standards for a Sponsoring Entity as Sponsor of Educational Program(s)

Aspects of the Sponsoring Entity

1. A governing body must be legally established by the parties to the sponsoring entity (e.g., Board of Directors, Board of Trustees, etc.), must hold authority and responsibility for conducting the business of the sponsoring entity, and must be responsible for establishing procedural policies and monitoring their effectiveness.
2. 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; and
 - 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 the accreditation or approval of the program(s).

Aspects of Approval

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

A sponsoring entity 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 or approval. *(September 2008)*

Procedural Changes to the Accreditation Process for Consortia or Joint Ventures

Preliminary Review

1. Initial applications, initial application fees, and preliminary reports must be submitted for each participating entity.
2. The sponsoring entity is also responsible for the submission of the Consortium Proposal Report. The Consortium Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics of an Acceptable Consortium or Joint Venture” and the “Standards for a Sponsoring Entity as Sponsor of Educational Program(s)”. The Consortium Proposal Report will be reviewed by the Review Committee for Accredited Programs, and if approved, a self-study due date will be determined.

Self-Study Submission

The sponsoring entity is responsible for submission of the self-study. Each participating entity at which instruction occurs should submit self-study documentation to the sponsoring entity as required.

Accreditation Site Visit

Depending upon size and coordination required, a two or three day visit consisting of two or three site visitors will be scheduled for all geographically local participating entities. Distant participating entities will be verified during a separate site visit.

Recommendations and Awards

1. Each participating entity within a consortium will receive separate accreditation recommendations and awards.
2. All participating entities within a consortium or joint venture must have their accreditation cycles aligned. In cases where a one or more participating entities receives an award that is less than an award given to another entity within the consortium, an interim report will be required from the participating entities that received the lesser award in order to realign the accreditation cycles within the consortium. If multiple participating entities fail to meet standards, then the accreditation status of the sponsoring entity may be impacted.

Adding New Participating Entities to Existing Accredited Consortia

Since each participating entity within a consortium will receive separate accreditation recommendations and awards, adding a new participating entity to an accredited consortia requires the following steps to be taken by the consortia and new participating entity:

1. Request from NAACLS information regarding the accreditation process.

Review of a program is undertaken only when authorized by the participating entity's chief executive officer. The chief executive officer must submit a letter to NAACLS stating the intent to apply for accreditation, along with documented proof that the participating entity has been accepted into the consortium. After receipt of the letter, the institution is sent an Application for Initial Accreditation. Programs are advised to download the Guide to Accreditation from the website at www.naacls.org. Fact Sheets will be included in the appendix of the Guide.

2. Submit the Application for Initial Accreditation to NAACLS.
3. Pay the Initial Application Fee.

Once the Letter of Intent, Initial Application, and Initial Application Fee have been received, the NAACLS Program Coordinator will request that the new participating entity submit materials to document compliance with the Standards detailed in the "Addition of

Participating Entities to Existing Accredited Consortia Checklist”, located in the Appendix (a preliminary report may also be requested, depending on the projected timeline of accreditation). The materials will be reviewed by the appropriate review committee, and a review will be sent to the new participating entity, which will be given a chance to respond to any concerns.

The new participating entity will also be required to have a one day site visit. Following the Site Visit, the new participating entity will be given a chance to respond to any concerns, and will be placed on the agenda of the next review committee meeting. The review committee will then make an accreditation award recommendation to the Board of Directors, who will review the recommendation at their next meeting.

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 may 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.

Appendix

Faculty Fact Sheet (CLS/MT, CLT/MLT, HTL, HT, CG-didactic, DMS, PathA)

Name: _____ Position: _____

Employed by: _____ Title: _____

Proportion of Time in:	Teaching: _____ %	Administration: _____ %	Clinical Services: _____ %	Research: _____ %
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Education	Institution	Field of Study	Degree	Year
Undergraduate				
Graduate				
Other (Specify)				

Credentials (i.e. CLS/MT, CLT/MLT, HT, HTL...): _____		
Certified by (i.e. ASCP, NCA): _____	Year Certified: _____	Certification #: _____

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: (please add an additional sheet if needed)		
Title	Sponsor	Date

Clinical Facility Fact Sheet (CLS/MT, CLT/MLT)

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 this site: _____

Clinical Laboratory Volume (specify annual number of procedures): _____

Indicate whether tests are formed in the following areas:

Hematology: _____ Chemistry: _____ Microbiology: _____
Immunology/Serology: _____ Immunochemistry: _____ Urinalysis: _____
Molecular Diagnostics: _____

Total space of the laboratory: _____

Number of students in clinical experience assignments: _____

Length of tie of affiliation with the sponsoring institution: _____

Length of training time: _____

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

Number Employed:

Pathologists _____

Credentialed laboratorians _____

(July 2005)

Clinical Facility Fact Sheet (HTL)

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 this site: _____

Histology Laboratory Volume (specify annual number of surgical cases) _____

Number of autopsy cases (annual): _____

Number of special stains (specify daily or weekly): _____

Types of special stains (please use a separate sheet if necessary): _____

Total space of histology laboratory: _____

Number of students in clinical experience assignments: _____

Length of tie of affiliation with the sponsoring institution: _____

Length of training time: _____

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

Number Employed:

Pathologists _____

Pathologists' assistants _____

Credentialed histotechnologists _____

Credentialed histotechnicians _____

(May 2003)

Clinical Facility Fact Sheet (HT)

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 this site: _____

Histology Laboratory Volume (specify annual number of surgical cases) _____

Number of autopsy cases (annual): _____ Number of blocks: _____

Number of special stains (specify daily or weekly): _____

Types of special stains (please use a separate sheet if necessary): _____

Number of cytology processing cases (annual): _____

Number of immunohistochemistry cases (annual): _____

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

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

Laboratory staff (convert part-time to full- time equivalent):

	<u>Day Shift</u>	<u>Number Employed:</u> <u>Evening Shift</u>	<u>Night Shift</u>
Pathologists	_____	_____	_____
Pathologists' assistants	_____	_____	_____
Credentialed histotechnologists	_____	_____	_____

Credentialed histotechnicians _____

(July 2005)

Clinical Facility Fact Sheet (DMS)

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 this site: _____

Molecular Diagnostic Test Volume: _____

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

Total staff for molecular lab: _____

Complete a Faculty Fact Sheet for the major clinical/didactic faculty for each laboratory discipline (e.g., microbiology, hematology)

(July 2005)

Clinical Facility Fact Sheet (CG)

Page 1/2

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 this site: _____

Cytogenetic Laboratory Volume by specimen type (specify annual number of procedures):

Blood: _____ Solid Tissue: _____

Bone Marrow/Leukemic Blood: _____ Solid Tumor: _____

Amniotic Fluids/CVS: _____ FISH: _____

Number of students in clinical experience assignments: _____

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

Laboratory staff (convert part-time to full- time equivalent):

	<u>Number Budgeted</u>	<u>Number Employed</u>
Cytogenetic Directors	_____	_____
Cytogenetic Technologists	_____	_____
Credentialed histotechnologists	_____	_____
Credentialed histotechnicians	_____	_____

(July 2005)

Clinical Facility Fact Sheet (CG)

Institution: _____

City, State, Zip Code: _____

Clinical Faculty

NAME OF INSTRUCTOR	CURRENT CERTIFICATION				YEARS OF CYTOGENETIC EXPERIENCE
	YES/NO	TYPE	NUMBER	EXPIRATION DATE	
<i>Example: Jane Doe</i>					

Clinical Facility Fact Sheet (PathA)

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): _____

of Beds: _____ # of Bassinets: _____ # of Annual Admissions: _____ # of Out Patients: _____

Clinical Coordinator or Contact Person at this site: _____

Clinical Laboratory Volume (specify annual number of procedures): _____

Indicate whether tests are formed in the following areas:

Surgical Cases: _____ Autopsy Cases: _____ Cytology Cases: _____
 Hematology: _____ Chemistry: _____ Microbiology: _____
 Immunology/Serology: _____ Immunochemistry: _____ Urinalysis: _____

Number of students in clinical experience assignments: _____

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

	Certified By:	Number Budgeted:	Number Employed:
Pathologists	_____	_____	_____
Pathologists' Assistants	_____	_____	_____
Technologist (baccalaureate)	_____	_____	_____
Categorical specialist	_____	_____	_____
Technician-AD	_____	_____	_____
Technician-certificate	_____	_____	_____
Histologic technician-AD	_____	_____	_____
Histologic technician-certificate	_____	_____	_____
Histotechnologist	_____	_____	_____
Technician (other)	_____	_____	_____

Complete a Faculty Fact Sheet for the major clinical/didactic faculty for each laboratory discipline (e.g., microbiology, hematology).

Standard 7 Matrix (All Programs)				
	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)				
Essentials functions				
Policies and procedures when applied experience cannot be guaranteed				

Standard 22B Matrix (CLS/MT)		Page 1 / 2
Clinical Laboratory Scientist/Medical Technologist	Course	Location or Unit Number
Standard 22B1		
Anatomy/physiology		
Immunology		
Genetics/molecular biology		
Organic/biochemistry		
Microbiology		
Statistics		
Standard 22B2		
Pre-analytical, analytical, and post-analytical components of laboratory services		
Hematology		
Hemostasis		
Chemistry		
Microbiology		
Urinalysis		
Microscopy		
Molecular diagnostics		
Immunology		
Immunochemistry		
Standard 22B3		
Principles and practices of quality assurance/quality improvement as applied to the pre-analytical components of laboratory services		
Standard 22B4		
Application of safety to laboratory practice		
Application of governmental regulations and standards as applied to laboratory practice		
Standard 22B5		
Principles of interpersonal and interdisciplinary communication and team-building		

Standard 22B Matrix (CLS/MT)		Page 2 / 2
Clinical Laboratory Scientist/Medical Technologist	Course	Location of Unit Number
Standard 22B6		
Principles and application of ethics		
Principles and applications of professionalism to address ongoing professional career development		
Standard 22B7		
Education techniques and terminology sufficient to train/educate users and providers of laboratory services		
Standard 22B8		
Knowledge of research design/practice sufficient to evaluate published studies as an informed consumer.		
Standard 22B9		
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		

Standard 22B Matrix (CLT/MLT)		Page 1 / 2
Clinical Laboratory Technician/Medical Laboratory Technician	Course	Location or Unit Number
Standard 22B1		
Methodologies including problem solving and troubleshooting techniques		
Hematology		
Hemostasis		
Chemistry		
Microbiology		
Urinalysis		
Microscopy		
Immunology		
Immunochemistry		
Standard 22B2		
Collecting, processing, and analyzing biological specimens		
Standard 22B3		
Laboratory result use in diagnosis and treatment		
Standard 22B4		
Communications sufficient to serve the needs of patients and the public		
Standard 22B5		
Technical training sufficient to orient new employees		
Standard 22B6		
Quality assessment in the laboratory		

Standard 22B Matrix (CLT/MLT)

Clinical Laboratory Technician/Medical Laboratory Technician	Course	Location of Unit Number
Standard 22B7		
Laboratory safety and regulatory compliance		
Standard 22B8		
Information processing in the clinical laboratory		
Standard 22B9		
Ethical and professional conduct		
Standard 22B10		
Significance of continued professional development		

Standard 22B Matrix (HTL)		Page 1 / 2
Histotechnologist	Course	Location or Unit Number
Standard 22B1		
Biology		
Chemistry		
Mathematics		
Standard 22B2		
Applications of histology, immunohistochemistry, enzyme histochemistry, and microscopy. This includes principles and methodologies, performance of tests, problem-solving, troubleshooting techniques, interpretation of procedures and results of laboratory services for all major areas practiced in the contemporary histopathology laboratory.		
Standard 22B3		
Principles and practices of quality assurance, improvement, and assessment as applied to the contemporary histopathology laboratory.		
Standard 22B4		
Application of safety and governmental regulations and standards as applied to laboratory practice.		
Standard 22B5		
Principles of interpersonal and interdisciplinary communication and team building skills.		
Standard 22B6		
Principles and application of ethics and professionalism to address ongoing professional career development.		

Standard 22B Matrix (HTL)

Histotechnologist	Course	Location of Unit Number
Standard 22B7		
Education techniques and terminology sufficient to train/educate users and providers of laboratory services.		
Standard 22B8		
Knowledge of research design/practice sufficient to evaluate published studies as an informed consumer.		
Standard 22B9		
Concepts and principles of laboratory operations include:		
Fixation		
Frozen Sectioning		
Processing		
Decalcification		
Embedding		
Microtomy		
Routine and special stains		
Instrumentation		
Tissue identification and microscopy		
Accessioning		
Laboratory Mathematics		
Immunohistochemistry, including enzyme pretreatment		
Laboratory safety		
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		
Education methodologies		

Standard 22B Matrix (HT)

Histotechnician	Course	Location or Unit Number
Standard 22B1		
Methodologies for all major areas currently practice by a modern histopathology laboratory, including problem solving and troubleshooting techniques		
Fixation		
Frozen sectioning		
Processing		
Decalcification		
Embedding		
Microtomy		
Routine and special stains		
Instrumentation		
Tissue identification and microscopy		
Accessioning		
Laboratory mathematics		
Laboratory safety		
Standard 22B2		
Receiving and documenting, processing and analyzing biological specimen and other substances		
Standard 22B3		
Histopathologic examination utilization in diagnosis and treatment		
Standard 22B4		
Communications sufficient to serve the needs of patients and the public		
Standard 22B5		
Technical training sufficient to serve the needs of patients and the public		
Standard 22B6		
Quality assessment in the laboratory		

Standard 22B Matrix (HT)

Histotechnician	Course	Location of Unit Number
Standard 22B7		
Laboratory safety and regulatory compliance		
Standard 22B8		
Information processing in the clinical histopathology laboratory		
Standard 22B9		
Ethical and professional conduct		
Standard 22B10		
Significance of continued professional development		

Standard 22B Matrix (DMS)		Page 1 / 2
Diagnostic Molecular Scientist	Course	Location or Unit Number
Standard 22B1		
Organic/biochemistry		
Genetics		
Cell biology		
Microbiology		
Immunology		
Diagnostic molecular biology		
Standard 22B2		
Principles and methodologies		
Hematology		
Hemostasis		
Chemistry		
Microbiology		
Urinalysis		
Microscopy		
Standard 22B3		
Clinical significance of laboratory procedures in diagnosis and treatment		
Standard 22B4		
Principles and practices of quality management		
Standard 22B5		
Principles of interpersonal and interdisciplinary communication and team-building skills		
Standard 22B6		
Principles and practices of computer science		

Standard 22B Matrix (DMS)

Page 2 / 2

Diagnostic Molecular Scientist	Course	Location of Unit Number
Standard 22B7		
Acquisition and evaluation of laboratory information systems		
Standard 22B8		
Principles and practices of professional conduct		
Standard 22B9		
Principles and practices of applied study design, implementation and dissemination of results		

Standard 22B Matrix (CG)

Cytogenetic Technologist	Course	Location or Unit Number
Standard 22B1		
Areas of study in professional or as prerequisites		
General biology		
General chemistry		
Biochemistry or cell biology		
Genetics		
Cytogenetics		
Hematology		
Microbiology		
Immunology		
Computer skills, including laboratory information systems		
Laboratory safety		
Quality control		
Standard 22B2		
Principles, practice and acquisition of computer technology		
Standard 22B3		
Cytogenetics		
History of cytogenetics		
Mechanisms of numerical and structural abnormalities		
Clinical correlation of autosomal and sex chromosome anomalies		
Cancer cytogenetics and clinical correlation between diagnosis and treatment		
Molecular applications of cytogenetics		
Standard 22B4		
Principles and practices		
Specimen processing		
Appropriate cell and tissue culture techniques		
Harvest techniques		
Chromosome banding and staining techniques		
Flourescence in situ hybridization (FISH) techniques		
Microscopy and image analysis		
Chromosome analysis		

Standard 22B Matrix (CG)		Page 2 / 2
Cytogenetic Technology	Course	Location of Unit Number
Standard 22B5		
Principles and practices of laboratory management and supervision		
Standard 22B6		
General laboratory practice		
Safety		
Quality control and continuous quality improvement		
Professional and ethical standards		

Standard 22B Matrix (PathA)		
Pathologists' Assistant	Course	Location or Unit Number
Standard 22B: Prerequisite coursework		
General chemistry		
Organic chemistry and/or biochemistry		
Biological science		
Microbiology		
Mathematics		
English composition		
Standard 22B: Professional Sequence Courses – knowledge and skills in the following areas		
Anatomic Pathology Management		
Gross Autopsy Pathology Techniques		
Gross Forensic Pathology/Toxicology Specimen Techniques		
Gross Pediatric Pathology Techniques		
Gross Surgical Pathology Techniques		
Educational Methodology		
Standard 22B: Required Cognates – knowledge and skills in the following areas		
Clinical Pathology		
Computerization and Information Systems		
Embryology		
General and Systemic Human Pathology		
Histology/Microscopic Anatomy		
Human Anatomy		
Human Physiology		
Medical Ethics		
Medical Microbiology		
Medical Photography		
Medical Terminology		
Safety Regulations		

GUIDELINES FOR STANDARD 22

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)
(February 2004)

(Date)

Addition of Participating Entities to Existing Accredited Consortia Checklist

Name of Consortium: _____

City, State: _____

Program Director: _____

Name of Participating Entity: _____

City, State: _____

Consortium Education Coordinator: _____

I. SPONSORSHIP

CLINICAL AFFILIATES: None

Affiliate Name	City/State	Current Signed Agreement Included that meets Standard 1
		YES
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
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		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

ACADEMIC AFFILIATES: None

Affiliate Name	City/State	Current Signed Agreement Included that meets Standard 1
		YES
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

The New Participating Entity verifies that materials have been submitted with this checklist that document compliance with the following characteristics of accredited programs:

3. The participating entity assumes responsibility for:
- Coordinating classroom teaching
 - Coordinating applied education
 - Evaluating Students at the Participating Site

- 3B. There is documented, active, ongoing communication between the participating entity and the sponsoring entity:
- Exchange information
 - Coordinate the program

- There is documented, active, ongoing communication between the participating entity and the clinical affiliates:
- Exchange information NA
 - Coordinate the program

4. Personnel resources of the program support the number of students admitted.

The instructor to student ratio is adequate to achieve the program goals.

- 6A. The classrooms/lecture areas are adequate.
- The administrative offices are adequate.
- The clinical facilities are adequate.
- The student laboratories are adequate.
- Student laboratories are equipped for safety.
- Clinical facilities are equipped for safety. (Only required if the facility is not accredited by JCAHO, and/or CAP, and/or COLA)

6B.

<u>Student Laboratories</u>	<u>Clinical Facilities</u>
<input type="checkbox"/> NA	<input type="checkbox"/> NA
YES	YES
Students have access to modern equipment and supplies. <input type="checkbox"/>	<input type="checkbox"/>
Students have experience with modern equipment and supplies. <input type="checkbox"/>	<input type="checkbox"/>

Addition of Participating Entities to Existing Accredited Consortia Checklist

- 6C. Students have 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.
- 6D. Adequate instructional resources are available to facilitate each student's attainment of entry level competencies.
- 6E. Students have access to and experience with contemporary computer technology.
9. Rules and regulations governing acceptable personal and academic conduct for all academic and clinical settings are:
Clearly defined
Provided to students upon entering the program
11. Students are informed of, and have access to the usual student health care services of the sponsoring institution.
- The health and safety of students, faculty and patients associated with the educational activities are adequately safeguarded.
- Emergency medical care is available for students while they are in attendance.
13. Appeals procedures:
Are distributed to students upon entering the program
Include provisions for academic types of grievances
Include provisions for non-academic types of grievances
Include a mechanism for neutral evaluation that ensures due process and fair disposition
- 14A. Programmatic announcements accurately reflect the program offered.
- Programmatic announcements include NAACLS' name, address and telephone number.
- 14B. Student recruitment and admission policies are non-

Addition of Participating Entities to Existing Accredited Consortia Checklist

- discriminatory.
- 14C. Faculty recruitment and employment practices are non-discriminatory.
- 14D. Academic credits and costs are accurately stated, published and made known to all applicants.
- 14E. Policies and procedures for student withdrawal are published and made known to all applicants.
- Policies and procedures for refunds of tuition and fees are published and made known to all applicants.
- 14F. If more than one level of clinical laboratory science program is offered by the sponsor, the sponsor demonstrates that each program is being conducted to assure appropriate instruction for the students at different educational levels.
- 14G. The program culminates in an associate degree or a certificate.
Granting of the degree/certificate **IS NOT** contingent upon the students passing any type of external certification or licensure examination.
- 14H. A policy statement related to student complaints and resolution is included.
- 14I. Program evaluation information is available.
- 21A. Faculty responsibilities include participation in:
 - Teaching courses
 - Supervising applied laboratory learning experiences
 - Evaluating student achievement
- 21B. Faculty demonstrate adequate knowledge and proficiency in their content areas.
Faculty demonstrate the ability to teach effectively at the appropriate level.
- 21C. There is documentation of ongoing professional development to fulfill the instructional responsibilities of:
 - Didactic faculty
 - Clinical faculty
- 21D. The participating entity has a designated consortium

Addition of Participating Entities to Existing Accredited Consortia Checklist

education coordinator:

The Consortium Education Coordinator's qualifications are:

Nationally certified in the clinical laboratory field,
as appropriate to the program.

Baccalaureate, master's or doctoral degree, as appropriate
to the program level

At least one year of experience in clinical laboratory
science education.

Experience in clinical laboratory science education to include:

Teaching courses

Conducting and managing learning experiences

Evaluating student achievement

Evaluating instructional effectiveness

22A. Instruction:

Follows a planned curriculum or sequence of courses

Includes applied (clinical/laboratory) education

Includes course schedules

Includes clinical significance and correlation

Has clearly written program goals and competencies

Has syllabi which include individual course goals and
behavioral objectives

Course objectives show progression to the level consistent with
entry into the profession.

Applied courses are taught in a clinically equipped student
laboratory on the college campus, in an affiliated clinical facility,
or in both facilities sufficient for developing basic skills,
understanding principles, and mastering the procedures involved.

22C. Learning Experiences:

Experiences are educational and balanced so that
entry level competencies can be achieved.

Instruction provides properly sequenced learning
experiences.

Learning experiences include appropriate:

Instructional material

Addition of Participating Entities to Existing Accredited Consortia Checklist

- Classroom presentations
- Discussions
- Demonstrations
- Laboratory sessions
- Supervised practice and experience

Experiences at different clinical sites are comparable and appropriate to enable all students to achieve entry level competencies. NA

Objectives are present for learning experiences outside normally scheduled hours. NA

Policies and processes by which students may perform service work are:

- Published
- Distributed to students
- Distributed to clinical affiliates

After demonstrating proficiency, students may be permitted to perform procedures under qualified supervision.

Service work by students in clinical settings outside of academic hours is non-compulsory.

22D. Evaluations:

Written criteria for passing, failing and progression in the program are:

- Established
- Given to each student at the time of entry into the program

Evaluation systems are employed frequently enough to:

- Provide students and faculty with timely indications of a student's academic standing and progress
- Serve as a reliable indicator of the effectiveness of instruction and course design

Affective evaluations are present and correlate with written objectives.

Addition of Participating Entities to Existing Accredited Consortia Checklist