

# Guide to Accreditation



**NAACLS**

National Accrediting Agency  
for Clinical Laboratory Sciences

The Guide to Accreditation  
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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 doctorate in clinical laboratory science (CDCLS), medical laboratory scientist (MLS), medical laboratory technician (MLT), histotechnologist (HTL), histotechnician (HT), diagnostic molecular scientist (DMS), cytogenetic technologist (CG), and pathologists' assistant (PathA) educational programs. NAACLS also independently approves phlebotomist (PBT) and clinical assistant (CA) 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 the Core and Unique Standards for Accredited Educational Programs. Section II contains procedures for review of the initial and continuing accreditation process. Section III contains a description of the self-study process and documentation required for each Standard. Section IV contains Options and Processes for Programmatic Accreditation. The appendix, which includes fact sheets, matrices, and other information useful for preparing the Self-Study Report document.

Separate Guides are available for Clinical Doctorate (CDCLS), Phlebotomy (PBT) and Clinical Assistant (CA) programs.

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](mailto: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

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# **PREAMBLE**

**About NAACLS**

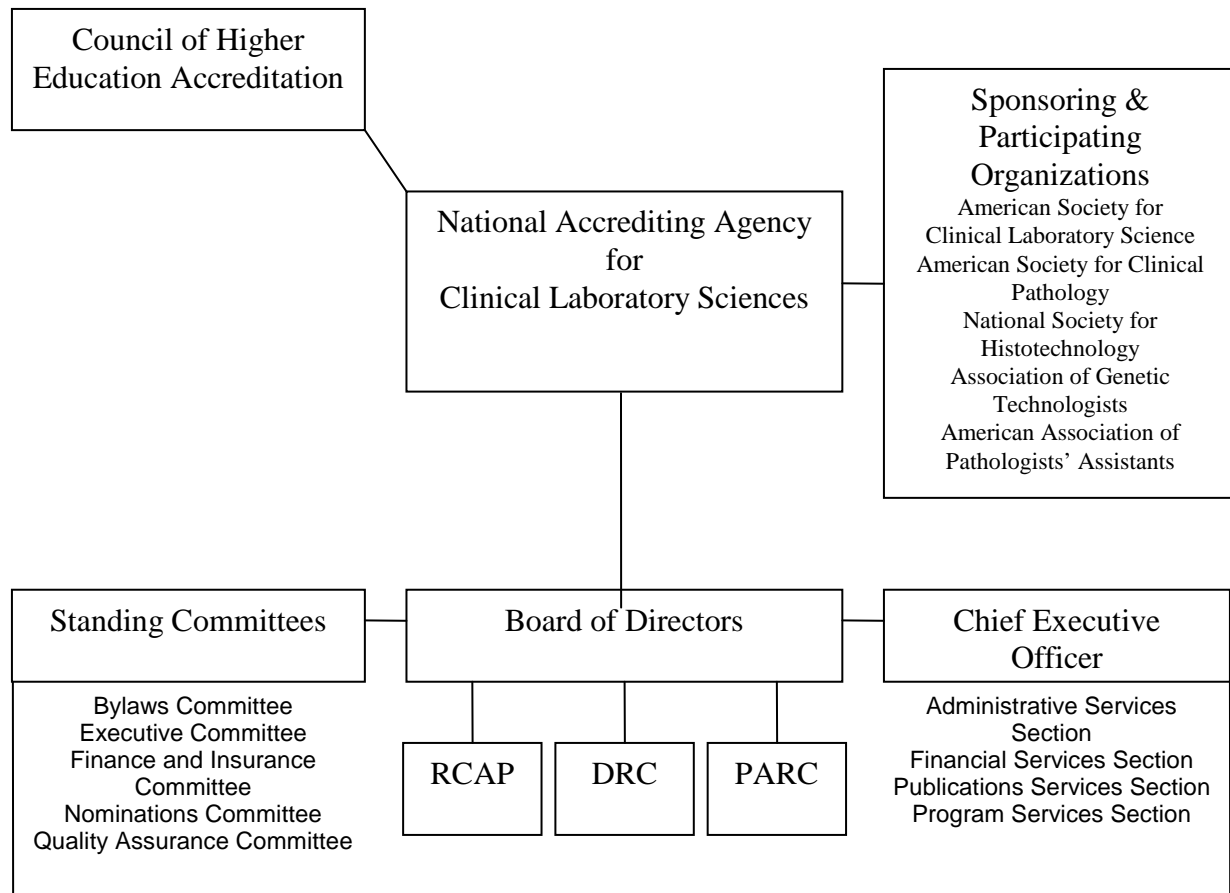
## **National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)**

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) is a nonprofit organization that independently accredits clinical doctorate in clinical laboratory science (CDCLS), medical laboratory scientist (MLS), medical laboratory technician (MLT), histotechnologist (HTL), histotechnician (HT), diagnostic molecular scientist (DMS), cytogenetic technologist (CG), and pathologists' assistant (PathA) educational programs. NAACLS also independently approves phlebotomist (PBT) and clinical assistant (CA) educational programs.

NAACLS is comprised of three review committees, the Board of Directors and the executive office staff. The Review Committee for Accredited Programs (RCAP) reviews MLS, MLT, HTL, HT, DMS, CG and PathA programs for accreditation. The Doctoral Review Committee (DRC) reviews CDCLS programs for accreditation. The Programs Approval Review Committee (PARC) reviews PBT and CA 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 Pathology (ASCP) Board of Schools. ASCP and the American Society for Clinical Laboratory Science (ASCLS) are sponsoring organizations of NAACLS. The American Association of Pathologists' Assistants (AAPA), the National Society for Histotechnology (NSH) and the Association of Genetic Technologists (AGT) are participating organizations. 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:



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 RCAP or DRC and by the Board of Directors. The diagram in Section II, page 2 illustrates this process.

## **RCAP Evaluation**

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

## **DRC Evaluation**

The Doctoral Review Committee (DRC) evaluates programs seeking accreditation and forwards its accreditation recommendations to the Board of Directors. DRC members serve as readers of self-study and site visit materials for programs. NAACLS notifies the sponsoring institution of the DRC's recommendation to the Board of Directors. The DRC 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.

## **Standards**

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

## **NAACLS Philosophy of Accreditation**

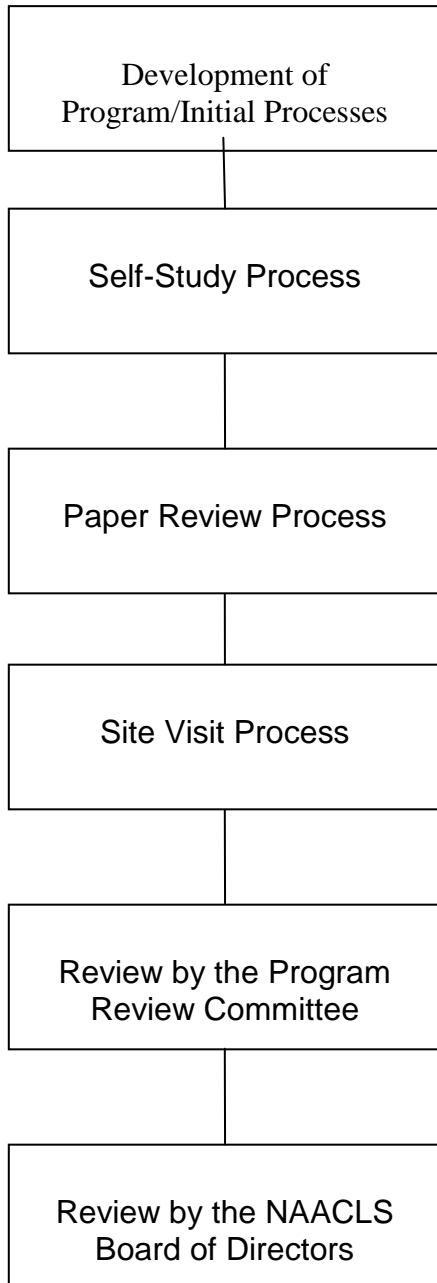
Accreditation in the United States is a voluntary process whereby educational programs and institutions request review by their peers. In the NAACLS process of accreditation, there are several steps and parties of review:

1. The Self Study process, which culminates in the Self-Study Report,
2. The Paper Review process, which includes both the review and its response,
3. The Site Visit process, which includes the visit itself, the Site Visit Report, and its response,
4. The review by the Program Review Committee, and,
5. The review by the NAACLS Board of Directors

All of these parties are dedicated to a common goal, quality enhancement of laboratory education. Only through full and open communication and cooperative efforts can this goal occur.

**Procedures for Review:**  
**Initial and Continuing Accreditation**

## The Overall Accreditation Process



### Development of Program/Initial Processes

Programs seeking Initial Accreditation must first comply with several requirements including a letter of intent, a completed initial application, payment of an initial application fee, and approval of a preliminary report.

### The Self-Study Process

The first step in the evaluation of a program is the program's own self-evaluation. This is accomplished by the Program Director with the cooperation of the program faculty and administration. NAACLS has made the forms that the reviewers will use available for download on the NAACLS web site ([www.naaccls.org](http://www.naaccls.org)) as an aide for program officials to evaluate their program. While the program's self-evaluation certainly should review the NAACLS Standards, other documents, such as the programmatic and institutional mission statements, supply additional missions for the functions of the program. The result of this self-evaluation is the Self-Study, which is a document that demonstrates the program compliance with the Standards. Directions for assembling the Self-Study are found in Section III.

### The Paper Review Process

The paper reviewer is charged with the review of the Self Study, ensuring that the Self-Study adequately demonstrates the program's compliance with the Standards. The paper reviewer is evaluating the Self-Study, rather than the program, thus assuring that good practice processes are documented. In addition, the paper reviewer is the earliest outside source to

review the adequacy of compliance. The program receives the Paper Review Report and is directed to develop a Paper Review Response. The Response attempts to clarify issues identified in the Paper Review, and perhaps to develop new policies and procedures to address the concerns noted.

### The Site Visit Process

Site visits are fact-finding journeys. The objective of a site visit is to verify and supplement information presented in the self-study and the Response to the Paper review. The Site Visit Report is the product of the Site Visit, and is a summary of information that the program has provided for the site visitors, keyed to the NAACLS Standards. The program receives the Site Visit Report and is directed to develop a Site Visit Report Response. The Response attempts to clarify issues identified in the Site Visit, and perhaps to develop new policies and procedures to address the concerns noted.

### **The Review by the Program Review Committee**

Based on the review of Paper Review Report, the Program's Response to the Paper Review Report, the Site Visit Report, and the Program's Response to the Site Visit Report, the Program Review Committee makes determinations as to the compliance, marginal compliance or non-compliance of a program with the Standards and recommends accreditation actions to the NAACLS Board of Directors. The Program Review Committee's review is discussed.

### **The Review by the NAACLS Board of Directors**

Based on the recommendations of the Program Review Committee, and with review of consistent application of the Standards and to insure that decisions are not arbitrary, capricious or otherwise inconsistent with the Standards, performs all accreditation actions of awarding, withholding and withdrawing.

## The Initial Accreditation Process

STEP	ACTION	RESPONSIBLE PARTY	TIME FRAME FOR THE PROGRAM
<b>1. Initial Application Request</b>	Submit letter to NAACLS requesting application	CEO/President or other high ranking administrator of Sponsoring Institution	Starting point
<b>2. Submit Application and Initial Application Fee</b>	Sponsoring Institution submits:  •Application for Initial Accreditation Form  •Initial Application Fee	Proposed Program Director	As soon as the program has obtained all signatures required for the application
<b>3. Submit Preliminary Report and Program Official Approval Form</b>	Sponsoring Institution submits:  •Preliminary Report with required documentation  •Program Official Approval Form along with the required documentation requesting approval as Program Director	Proposed Program Director	As soon as the program has all documentation prepared
<b>4. Preliminary Report Approved*</b>	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.***

<b>STEP</b>	<b>ACTION</b>	<b>RESPONSIBLE PARTY</b>	<b>TIME FRAME</b>
<b>5. Self Study submitted to NAACLS</b>	Submit 2 copies of the Self Study to NAACLS.  3 additional copies should be held by the program for the initial site visit team.	Program Director	Ideally no later than 3 months prior to graduation of first class
<b>6. Program receives “Serious Applicant Status”</b>	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
<b>7. Self Study Review</b>	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
<b>8. Response to Paper Review</b>	Response to Paper Review is submitted with supporting documentation	Program Director	Within 1 month of receipt of Paper Review
<b>9. Site Visit</b>	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
<b>10. Response to Site Visit Report</b>	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. 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 an Application for Initial Accreditation and a Program Official Approval Form. Programs are advised to download the Guide to Accreditation from the website at [www.naacls.org](http://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.
4. Submit the Program Official Approval Form for the designated Program Director.
5. 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 Sheets (for each clinical site)**

These fact sheets must be fully completed. Preceptors identified as clinical faculty are also now required to document the necessary information on these fact sheets.

**C. Faculty Fact Sheets (for didactic faculty who contribute to major portions of the curriculum)**

The program director and medical advisor/medical director (when required) must be qualified. 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. Allocation of time for administrative and teaching duties for administrators and faculty.**

Describe the faculty's ability to fulfill their teaching and administrative responsibilities.

**F. Description of the Operational Agreements and Affiliation Agreement Tracking Tool**

Signed, written, and current agreements for each affiliated institution must be submitted. They must be dated and contain all the items listed in Standard 1. Affiliation Agreement Tracking Tool must list where all items required in Standard 1 are located within the submitted agreements.

**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.

**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.

6. Submit the Self-Study Report.

Send **two** copies of the completed Self-Study Report to NAACLS. **Three** additional copies should be held by the program for the initial site visit team, in addition to those copies needed for the program director and administration.

7. 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 agency:**

ASCP Board of Registry, 800-267-2727; [info@ascp.org](mailto:info@ascp.org)

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.

8. Conduct the site visit of the program.

### Continuing Accreditation Process

STEP	ACTION	RESPONSIBLE PARTY	TIME FRAME FOR THE PROGRAM
<b>1. Application for Continuing Accreditation</b>	Sponsoring Institution submits: <ul style="list-style-type: none"> <li>▪ Application for Continuing Accreditation form</li> </ul>	Program Director	Due soon after receipt of Notification of Renewal
<b>2. Self Study Report Document</b>	Submit 2 copies of the Self Study Report to NAACLS.  2 additional copies should be held by the program for the site visit team	Program Director	Due by date indicated in the Notification of Renewal
<b>3. Self Study Review</b>	Self-Study is evaluated, Reviewer submits a written report (Paper Review)	NAACLS	Paper Review forwarded to program within 1-4 months
<b>4. Response to Paper Review</b>	Response to Paper Review is submitted with supporting documentation	Program Director	Within 1 month of receipt of Paper Review
<b>5. Approval of Site Visit Team</b>	Return the Confirmation of Site Visit Form to NAACLS	Program Director	Within two weeks of receipt
<b>6. Site Visit</b>	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
<b>7. Response to Site Visit Report</b>	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. Programs Review Committee Recommendations for accreditation are submitted to NAACLS Board of Directors. NAACLS Board of Directors awards accreditation.*

## **The 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.

### **Turning in the Self-Study Report**

Two copies of the Self-Study Report should be mailed to the NAACLS office to arrive by the due date listed in the Notification of Renewal letter.

Two additional copies should be held by the program for the site visitors, in addition to those copies needed for the program director and administration. Three additional copies are needed for initial programs.

In the event that the Self-Study will not be complete in time to arrive at the NAACLS office by the listed due date, please contact the NAACLS office as soon as possible.

### **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. **Determining compliance with the Standards is not a function of the Self-Study Report paper reviewer.** 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 **must** 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 re-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. NAACLS assigns site visitors to programs undergoing accreditation review, based upon proximity to the program being visited, experience as a site visitor and training either through a NAACLS workshop, orientation teleconference and/or videotape.

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 and Setting the Itinerary**

The team coordinator is the primary contact with the program regarding the site visit itinerary as well as lodging and ground transportation arrangements. It is also the Team Coordinator who keeps team member(s) informed about arrangements.

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 also consult with team member(s) and the program director regarding any additional issues to be clarified during the site visit. The team usually meets 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.

### **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 must 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.

### **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.

### **After the Site Visit**

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 **must** 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.

#### **Joint Review of NAACLS Accredited and Approved Programs**

Institutions that have both a NAACLS-accredited program and a NAACLS-approved program, or have received permission to submit self-studies for these programs on the basis of satisfactory preliminary reports, may elect to have both programs reviewed simultaneously. In order to qualify for a joint review, both programs must:

1. have the same individual designated as program director.
2. be housed in the same academic unit of the institution.

Upon the request of a program for a joint review, the NAACLS office will determine the due date of the joint self-study.

The joint Self-Study will include all of the materials required in a Self-Study for an approved program, with additional documentation required where the accredited program differs. When possible, the sample unit of curriculum to be submitted for the accredited program will be the phlebotomy unit.

After the review of the self-study, the program will have the opportunity to respond to the review. A site visit will be scheduled, and the site visit team will review and generate site visit reports on both programs. The program is then required to respond to both of the site visit reports.

Approved programs that complete such a joint review with an accredited program are eligible, at the next approval review, to request additional years of approval based on the submission of a satisfactory Interim Phlebotomy Approval Report. The additional years, if approved, will extend the term of approval to coincide with that of the accredited program.

### **Review by the Program Review Committee**

The Program Review Committees meet twice per year to discuss Recommendations for Accreditation. For each program, the committee reviews the Paper Review, the Paper Review Response, the Site Visit Report, the Site Visit Report Response, and any supplementary materials that have been received by the NAACLS office with enough time to distribute to the Committee. **The Program Review Committee does not review the original Self-Study document, so, if a response references the Self-Study**, that portion of the Self-Study must be re-submitted within the response.

The Program Review Committee first reviews the program to determine compliance with the Standards. Based on the compliance with the Standards, the Committee then recommends an accreditation action. All recommendations are then sent to the Board of Directors, who will make the final decision on all accreditation awards.

### **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.

The number of citations of marginal compliance and non-compliance determine the award recommended.

### *Accreditation for Seven Years*

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

1. No marginal or non-compliance 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 no full citations of non-compliance that do not otherwise qualify for the award of accreditation for seven years.

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

If any citations of marginal or non-compliance are present, a Progress Report documenting the program's compliance with the cited Standard(s) is required. If the award recommended is less than five years, 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*

In probationary accreditation, the number of citations indicates a program has deficiencies that may jeopardize an acceptable educational experience for students. This status may extend for a period of six months to one year, and will be awarded to a program with:

1. Five or more full citations of non-compliance, or,
2. A Progress Report found to be unsatisfactory.

A Progress Report documenting compliance with the cited Standard(s) is required and accreditation may be extended for the balance of the full five years if the Progress Report demonstrates compliance.

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.

#### *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.

#### *Reapplication for Accreditation*

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

#### *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.

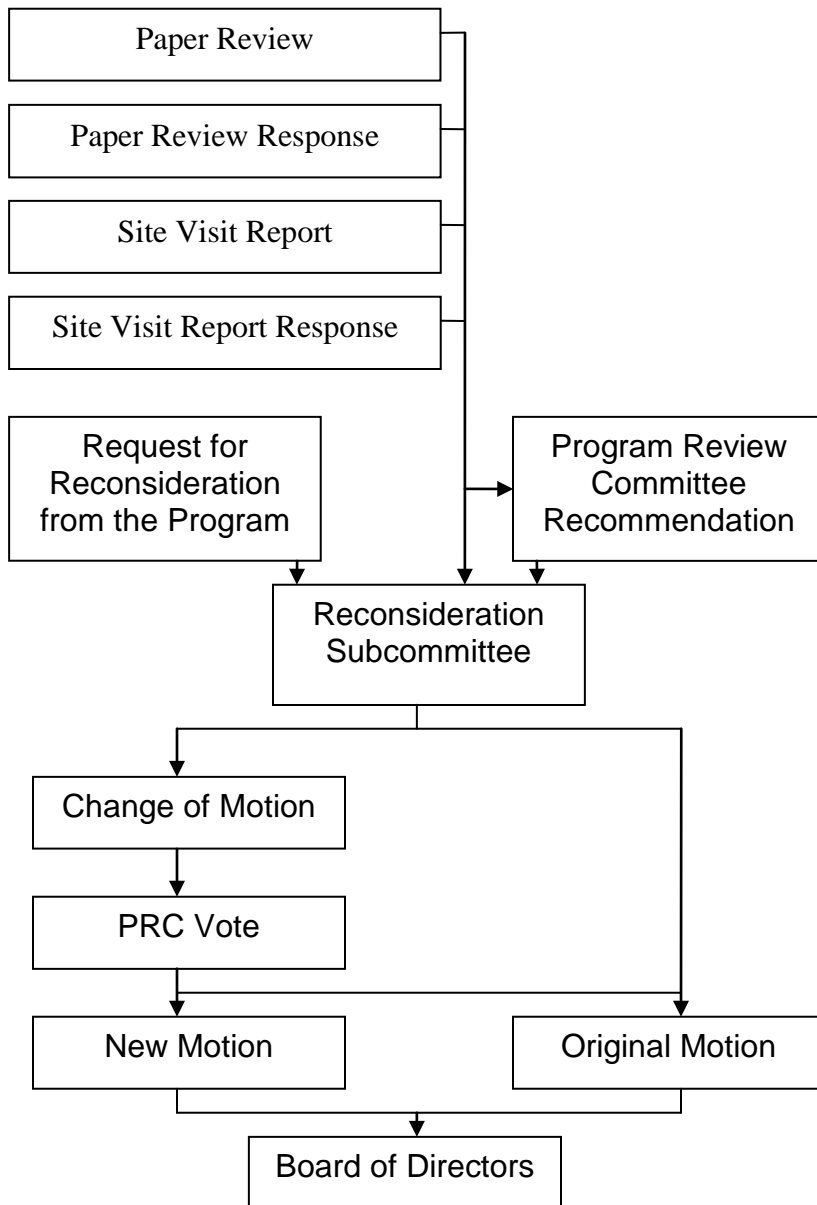
The chief executive officer of the institution should notify students enrolled in the program and those seeking admission that the program's accreditation is probationary. A program that has been placed on Administrative Probationary Accreditation cannot receive seven years of accreditation at the next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

### **Review by the Board of Directors**

The Board of Directors receives the recommendations of the Program Review Committees and reviews them for consistency in the application of Standards, the consistency of the years awarded and the consistency of process. The Board then acts on accreditation and approval actions, including granting, continuing and withdrawing accreditation and approval.

## NAACLS' Due Process Procedure

### Reconsideration Process



### 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.

### 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.

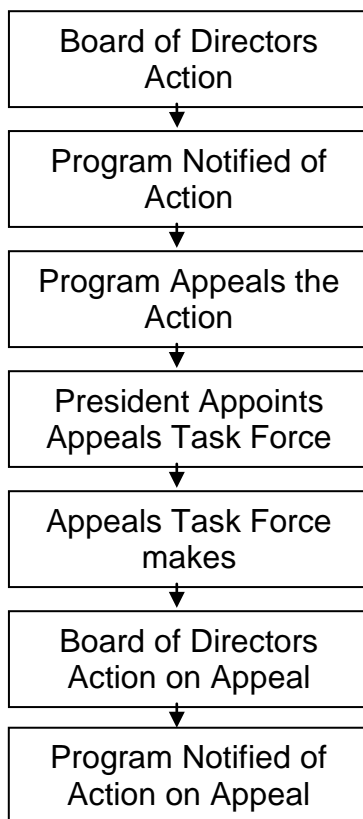
The program must have completed all previous steps in the accreditation process. These include responding to the Paper Review and Site Visit Report by either concurring with the findings or addressing each negative finding or concern. All missing or additional

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 Program Review Committee which 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.

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.

### Appeal Process



### 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.

**Performing the Self-Study  
and  
Creating the Self-Study Report**

## 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 two copies of the final Self-Study Report to NAACLS.**

Two additional copies should be held by the program for the site visitors, in addition to those copies needed for the program director and administration. (Three additional copies are needed for initial programs).

## Instructions for Preparing the Self-Study Report

The Self-Study Report can be submitted via:

- Electronic format (flash drive)
- Hard copy

### I. Electronic Self-Study

An electronic Self-Study template is available for download from our website at: [http://www.naacls.org/PDFviewer.asp?mainUrl=/docs/selfStudy\\_accreditation.pdf](http://www.naacls.org/PDFviewer.asp?mainUrl=/docs/selfStudy_accreditation.pdf)

Instructions for using the electronic self-study template to prepare your self-study report are included in the template.

Prepare electronic Self-Study Reports for:

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

### II. Hard Copy

This section describes the format for submitting the Self-Study Report by hard copy. Details of the narrative and documentation to be submitted in the Self-Study Report are found in Sections II and III.

- 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 15-18 in the Self-Study Report or during the site visit. They will be required to submit a Progress Report addressing Standards 15-18 two years after the accreditation, transfer or reactivation has been awarded.*

5. 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)