YEAR FIVE INTERIM REPORT REVIEW

The Year Five Interim Report serves to confirm the program is reviewed to ensure alignment with current standards, with attention to Standard II Assessment and Continuous Quality Improvement.

After reviewing the Year Five Interim Report, please complete the attached checklist. If any of the checkboxes are unable to be marked as compliant due to lack of information or need for clarification, notify NAACLS staff. Staff will then communicate with the program.

YEAR FIVE INTERIM REVIEW CHECKLIST

Date:

Sponsor:

(Sponsor, Consortium, Multilocation)

Program:

Location:

Program Director:

PD Contact Information:

Length and Date of Last Award:

**Required Items**

Program has provided data from the last five (5) consecutive years of annual reporting since the ten-year accreditation award. Data from at least one certification agency (e.g., ASCP, AMT) exam must be available.

[ ]  Submitted

[ ]  Not Submitted

Outcome Measures: Descriptions of how all program reported outcome measures (Certification Rates, Graduation Rates/Attrition Rates, and Placement Rates) have been analyzed and used in program assessment and quality improvement were provided.

[ ]  Submitted

[ ]  Not Submitted

Outcome Measures: If changes have been made in response to assessment of outcome measures, descriptions of impact of changes have been provided.

[ ]  Submitted

[ ]  Not Submitted

[ ]  Not Applicable

Graduate Feedback: Descriptions of how graduatefeedback (for example: surveys, advisory committee, clinical visits, etc.) has been analyzed and used in program assessment and quality improvement were provided.

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[ ]  Submitted

[ ]  Not Submitted

Graduate Feedback: If changes have been made in response to assessment of graduate feedback, descriptions of impact of changes have been provided.

[ ]  Submitted

[ ]  Not Submitted

[ ]  Not Applicable

Employer Feedback: Descriptions of how employer feedback (for example: surveys, advisory committee, clinical visits, etc.) has been analyzed and used in program assessment and quality improvement were provided.

[ ]  Submitted

[ ]  Not Submitted

Employer Feedback: If changes have been made in response to assessment of employer feedback, descriptions of impact of changes have been provided.

[ ]  Submitted

[ ]  Not Submitted

[ ]  Not Applicable

Additional Review Measures: Descriptions of how additional review measures have been analyzed and used in program assessment and quality improvement were provided.

[ ]  Submitted

[ ]  Not Submitted

[ ]  Not Applicable

Additional Review Measures: If changes have been made in response to assessment of additional review measures, descriptions of impact of changes have been provided.

[ ]  Submitted

[ ]  Not Submitted

[ ]  Not Applicable

**Action Plan:**

[ ]  The impact of any required action plan(s) (for not meeting NAACLS benchmarks) has been included in the Interim Report.

[ ]  Not Required

*Protecting and Unprotecting the document:*

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*2) Re-enforce protection on the document under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Yes, Start Enforcing Protection > OK (do not create a password)*

**Review Summary:**

[ ]  **Yes** Program has demonstrated effective program evaluation and continued quality assessment.

[ ]  **No** Program has not demonstrated effective program evaluation and continued quality assessment.

**Rationale:**

**Recommendation for compliance:**

**Summary of Initial Review of the Year Five Interim Report:**

[ ]  Interim report is complete, no further documentation is needed.

[ ] Interim report is incomplete, and the program will be given 30 days to respond to the following concerns:

Date NAACLS Staff was notified:

Method of Contact was by: [ ]  Email or [ ]  Telephone Date:

1st Reader Name (typed or printed): Date:

The 1st reader affirms and agrees with the Year Five Interim Report review’s findings [ ]  YES [ ]  NO

2nd Reader Name (Typed or printed): Date:

The 2nd reader affirms and agrees with the Year Five Interim Report review’s findings [ ]  YES [ ]  NO

**Year Five Interim Report Final Review completed by:** (if required, please remove this section if not required)

1st Reader Name (typed or printed): Date:

The 1st reader affirms and agrees with the Year Five Interim Report review’s findings [ ]  YES [ ]  NO

2nd Reader Name (Typed or printed): Date:

The 2nd reader affirms and agrees with the Year Five Interim Report review’s findings [ ]  YES [ ]  NO