NAACLS PROGRESS REPORT REVIEW

Of Citations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAACLS Staff has attached the most recent Board Award letter the program has received addressing the areas of partial and/or non-compliance and previous accreditation history.

**TO BE COMPLETED BY NAACLS REVIEWERS:**

Name of Sponsor:

Type of Sponsor:

(Sponsoring Institution, Consortium, Multi-location)

MLS[ ]  MLT[ ]  HTL[ ]  HT[ ]  DMS[ ]  CG[ ]  PathA [ ]  PBT[ ]  MLA[ ]

Initial Program [ ]  Continuing Program [ ]

Location:

Program Director:

PD Contact Information:

*Copy and paste tables for additional citations as needed. Remove unused tables and red instructions.*

*Protecting and Unprotecting the document:*

*1) Under the “Review” tab, select Protect Document > Restrict Formatting and Editing > Stop Protection*

*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)*

***Citations of Partial Compliance (Copy and paste narratives directly from the NAACLS award letter for appropriate number of citations)***

|  |  |
| --- | --- |
| Standard #       | Standard Text (exactly as written in the award)       |
| Rationale |       |
| Recommendation |       |
| Program’s Response |       |

***Citations of Noncompliance (Copy and paste narratives directly from the NAACLS award letter for appropriate number of citations)***

|  |  |
| --- | --- |
| Standard #       | Standard Text (exactly as written in the award)       |
| Rationale |       |
| Recommendation |       |
| Program’s Response |       |

**Summary of Initial Review:**

[ ]  Report is Satisfactory, no further action is required.

[ ]  Report is Unsatisfactory 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/printed):       Date:

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

2nd Reader Name (typed/printed):       Date:

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

**Summary of Final Review** (if required, please remove this section if not required):

[ ]  Report is Satisfactory

[ ]  Report is Unsatisfactory and the following concerns remain:

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

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

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

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