# **NAACLS SITE VISIT REPORT**

*Updated October 13th, 2022*

**Program Sponsor:**

**Sponsor Type:**

(Sponsoring Institution, Consortium or Multi-location)

**Program Type:**

**Program Location (City, ST):**

**Program Director Name, Credentials, Phone/Email:**

**Name Medical Director (if applicable):**

**Please indicate: Initial [ ]  or Continuing [ ]**

|  |  |
| --- | --- |
| **STANDARD I.A: Sponsorship – Sponsoring Institution** | **[ ]** YES**[ ]** NO **[ ]** NA (if NA, Std. I.B or I.C must be YES) |
| **Concerns from Self-Study Review:**       | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was the accreditation status of the sponsor verified?  | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **STANDARD I.B: Sponsorship – Consortium Sponsor** | **[ ]** YES**[ ]** NO **[ ]** NA (if NA, Std. I.A or I.C must be YES) |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Did at least one member of the consortium meet requirements of a sponsoring institution specified in I.A?  | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **STANDARD I.C: Sponsorship – Multilocation Sponsor** | **[ ]** YES**[ ]** NO **[ ]** NA (if NA, Std. I.A or I.B must be YES) |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was the accreditation status of the sponsor verified?  | [ ] YES[ ] NO |
| 2. Was there proof of minimum of certificate of completion given upon program completion? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **STANDARD I.D: Sponsorship – Responsibilities of the Sponsor** |  |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there documentation of ongoing communications between several clinical/academic sites and sponsor to verify exchange of information and coordination of the program?  | [ ] YES[ ] NO[ ] NA (Hospital-based programs only, with no affiliates) |
| 2. Was there proof of minimum of certificate of completion given upon program completion? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard I:**      |
|  |
| **Standard II.A: Assessment and Continuous Quality Improvement – Systematic Assessment** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there evidence of a mechanism for continually and systematically reviewing the effectiveness of the program? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard II.B.: Assessment and Continuous Quality Improvement – Outcome Measures*****Note: Outcome measures below benchmarks do not result in citations and should not be noted as concerns, however they do result in a required action plan.***  |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| 1. Was there verification of the outcome measures statistics provided in the self-study? | [ ] YES[ ] NO [ ] NA (Initial programs only) |
| 2. Was the review of results documented, analyzed, and used in program assessment and continuous quality improvement of the program? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard II.C: Assessment and Continuous Quality Improvement – Program Assessment and Modification** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there verification of any additional supportive documentation demonstrating data collection, review and evaluation that resulted in program improvement, ***and*** documentation that linked program improvement to changes made as a result of program review and evaluation? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard II:**      |
|  |
| **Standard III.A: Resources – General Resources** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Are faculty and staff sufficient and appropriately qualified to perform the functions in documented job descriptions and to allow achievement of program goals?  | [ ] YES[ ] NO |
| 2. Did verification include sample evaluation forms and/or teaching observations? | [ ] YES[ ] NO |
| 3. Did verification include documentation that resource assessment is a part of continuous program evaluation? | [ ] YES[ ] NO |
| 4. Did verification include demonstration that program resources are sufficient to allow achievement of program goals?  | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard III.B.: Resources – Financial Resources** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there evidence that financial resources for the continued operation of the program are sufficient to achieve program goals? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard III.C.: Resources – Physical Resources** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Were the program’s facilities sufficient to achieve program goals? | [ ] YES[ ] NO |
| 2. Were supplies and equipment for laboratory analyses in student laboratory(ies) adequate? | [ ] YES[ ] NO[ ] NA  |
| 3. Were supplies and equipment for laboratory analyses in clinical laboratory(ies) adequate? | [ ] YES[ ] NO |
| 4. Were adequate information resources current and available for learning? | [ ] YES[ ] NO |
| 5. Were supporting instructional materials related to all content areas of the curriculum current, available, and utilized? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard III:**      |
|  |
| **Standard IV.A: Students – Publications and Disclosures** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there verification, through review of materials and interviews, that the following are clearly defined, published and readily available to prospective and enrolled students? |  |
| a. Program mission statement | [ ] YES[ ] NO |
| b. Program goals and competencies | [ ] YES[ ] NO |
| c. Program accreditation/approval status including the name, address and contact information for NAACLS | [ ] YES[ ] NO |
| d. Program outcomes identified in Standard II.B. | [ ] YES[ ] NO **[ ]** NA (Initial programs only) |
| e. List of current clinical affiliates. | [ ] YES[ ] NO **[ ]** NA (Hospital based programs with no clinical sites) |
| f. Admission criteria, both academic and non-academic, including essential functions, advance placement, etc.  | [ ] YES[ ] NO |
| g. A list of course descriptions (and associated credit hours if available) | [ ] YES[ ] NO |
| h. Names and academic rank of program director and faculty (and medical director for Pathologist’s’ Assistant programs) | [ ] YES[ ] NO |
| i. Current tuition and fees with withdrawal and refund policy | [ ] YES[ ] NO |
| j. Service work policies for students | [ ] YES[ ] NO |
| k. Policies and procedures for: |  |
| 1. Advising/guiding students through the program while maintaining confidentiality and impartiality
 | [ ] YES[ ] NO |
| 1. Clinical assignment when placement cannot be immediately guaranteed
 | [ ] YES[ ] NO |
| 1. Student grievance and appeals process
 | [ ] YES[ ] NO |
| 1. Criteria for program completion including probation, suspension, and dismissal
 | [ ] YES[ ] NO |
| l. Academic calendar | [ ] YES[ ] NO |
| m. Rules and regulations governing acceptable personnel and academic conduct, including behavior | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard IV.B: Students – Student Records** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Is there evidence that student records are maintained and contain the materials required by Standard IV.B?  | [ ] YES[ ] NO |
| 2. Are transcripts/students records permanently maintained and do they include legal names, grades and credits and dates of admission and completion? | [ ] YES[ ] NO |
| 3. Was there verification of documented sponsor policies regarding student records and retention? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
|  |
| **Standard IV.C: Students – Health and Safety** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was it verified that the health and safety of students, faculty and patients during educational activities is adequately safeguarded?  | [ ] YES[ ] NO |
| 2. Was it verified that there is documentation that students receive biohazard and safety training? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard IV:**      |
|  |
| **Standard V: Operational Policies – Fair Practices** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was it verified that student recruitment and admission is non-discriminatory and in accordance with existing governmental regulations and those of the sponsor? | [ ] YES[ ] NO |
| 2. Was it verified that service work by students in clinical settings outside of academic hours is non-compulsory? | [ ] YES[ ] NO |
| 3. Was it verified that students are not substituted for regular staff during their student experiences? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard V:**      |
|  |
| **Standard VI: Administrative: Maintaining Accreditation/Approval – Program Sponsoring Institution Responsibilities****This Standard involves the administrative requirements for maintaining accreditation/approval throughout its award period, and therefore is not reviewed in the self-study or site visit process.**  |
| **Standard VII.A: Program Administration – Program Director** |
|  |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Does the program director have input into the budget preparation? | [ ] YES[ ] NO |
| 2. Is there evidence that the program director has regular and consistent contact with students, faculty, and program personnel? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **VII.B. Program Administration – Site Program Coordinator (required for Multi-location only, assigned to each participating site)** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Is the Site Program Coordinator responsible for the required aspects of the program? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard VII.C: Program Administration – Faculty and Clinical Liaison** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was evidence of adequate knowledge and proficiency of the faculty in their content areas verified? | [ ] YES[ ] NO |
| 2. Was evidence of didactic instructor appointments within the educational program verified? | [ ] YES[ ] NO |
| 3. Was evidence that faculty teach effectively at the appropriate level verified? | [ ] YES[ ] NO |
| 4. Was at least one liaison identified and appointed per clinical site?  | [ ] YES[ ] NO[ ] NA (Hospital based programs with no clinical sites) |
| 5. When applicable, was there verification that the clinical liaison(s) meet qualifications required for the discipline and level or program as described in Standard VII.C.2.a. | [ ] YES[ ] NO[ ] NA (Hospital based programs with no clinical sites) |
| 6. Was verification made, through review of documentation and interviews, that the clinical liaison is responsible for all aspects as described in Standard VII.C.2.b. | [ ] YES[ ] NO[ ] NA (Hospital based programs with no clinical sites) |
| **Remaining Concerns:**      |
| **Additional Comments:**      |
| **Standard VII.D: Program Administration – Advisory Committee** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there verification, through the review of minutes, documentation, and interviews that an advisory committee is in place and active in providing input to the program relevancy and effectiveness? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard VII.E: Education Coordinator (when required)**  |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved**[ ]** Not Required |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there verification, through the review of documentation and interviews, that the Education Coordinator meets the qualification as described in Standard VII.E (when applicable)? | [ ] YES[ ] NO |
| 1. Was there verification, through the review of documentation and interviews, that the Education Coordinator meets the responsibilities as described in Standard VII.E (when applicable)? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard VII.F: Program Administration – Medical Director (for PathA Programs only)** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved**[ ]** Not Required |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there verification, through the review of documentation and interviews, that the medical director is responsible for all aspects of program administration and management as described in Standard VII.F.2. (when applicable)? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard VII:**      |
|  |
| **Standard VIII.A. for Accredited Programs: Curriculum Requirements – Instructional Areas** |
|  |  |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was there verification, through review of documentation, transcripts, and interviews, that the program meets the curricular requirements as described in the program specific Unique Standards VIII.A? | [ ] YES[ ] NO |
| 2. Were prerequisites identified appropriate and met by current and past students as applicable? | [ ] YES[ ] NO |
| 3. Were elements identified in Standard VIII.A.2. and (VIII.A.3. for Pathologists’ Assistant) for each Unique Program included in the curriculum, current and relevant?  | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard VIII.B for Accredited Programs: Curriculum Requirements – Learning Experiences** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was verification made that learning experiences are appropriate, current, and relevant for students to achieve entry level competencies as described for each program level/discipline in Standard VIII? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Standard VIII.C. for Accredited Programs: Curriculum Requirements - Evaluations** |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Was verification made, through the review of documents and interviews with students, graduates, and employers, that evaluations used are appropriate and provide timely feedback for successful student academic standing and progression? | [ ] YES[ ] NO |
| 2. Was verification made that evaluation systems are reliable indicators of program effectiveness? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments:**      |
| **Standard VIII CURRICULUM REQUIREMENTS: If outcome measures listed in II.B. Accompanying Documentation for Self-Study are below NAACLS approved benchmarks (or if there is not three years’ worth of accumulated data, in the case of initial programs):**[ ] NA |
| **Concerns from Self-Study Review:**      | [ ] None[ ]  Resolved in response to self-study review; verified on site[ ]  Resolved on site[ ]  Unresolved |
| **Explain how concerns from the self-study were resolved or left unresolved: [ ]** NA      |
| **Additional Site Visit Questions** |
| 1. Were course syllabi and objectives for each subject area reviewed? | [ ] YES[ ] NO |
| 2. Did the program have appropriate objectives in the cognitive, psychomotor, and affective domains? | [ ] YES[ ] NO |
| 3. Did course objectives show progression to the level consistent with entry into the profession? | [ ] YES[ ] NO |
| 4. Were evaluation systems reviewed for each subject area? | [ ] YES[ ] NO |
| 5. Were evaluation systems in the cognitive, psychomotor, and affective domain reviewed? | [ ] YES[ ] NO |
| 6. Were evaluation systems employed frequently enough to provide faculty and students with timely indications of a student’s academic standing and progress, and to serve as a reliable indicator of the effectiveness of instruction and course design? | [ ] YES[ ] NO |
| **Remaining Concerns:**      |
| **Additional Comments for Standard VIII:**      |

**NAACLS SITE VISIT REPORT**

**SUMMARY PAGE**

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 exclusive right to determine whether or not accreditation is to be granted or continued.

This document is compiled on the basis of information supplied to the site visit team by the program director and other officials. **NAACLS makes no representation as to its accuracy. The responsibility for accuracy of the information provided to the team rests solely with the program director and other officials.**

**Program Sponsor:**

**City, State:**

**Dates of Visit:**

**Type of Program(s) Visited:**

[ ]  Clinical Assistant

[ ]  Cytogenetic Technologist

[ ]  Diagnostic Molecular Scientist

[ ]  Histotechnician

[ ]  Histotechnologist

[ ]  Medical Laboratory Scientist

[ ]  Medical Laboratory Technician

[ ]  Phlebotomy

[ ]  Pathologists’ Assistant

**Areas of Strength:**

**Remaining Concerns Identified by the Site Visit Team:**

|  |  |
| --- | --- |
| **Standard #** | **Concern** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

**Message to Program Director: Please review the report carefully and respond in writing to all concerns found in the body of the report and on the summary page. A written acknowledgment of receipt of this report must be received by NAACLS within 30 days, even if there are no concerns included in this report.**

# **NAACLS SITE VISIT REPORT**

**SIGNATURE PAGE**

**This page must be attached as the last page of the Site Visit Report.**

**Program Sponsor:**

**Sponsor Type:**

**Program Type:**

**Program Location (City, ST):**

**Name, Title and Credentials of Program Director:**

**Name Medical Director (if applicable):**

**Team Coordinator**

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Email:

I can affirm and agree with the site visit report findings. [ ]  YES [ ]  NO

Date:

**Team Member**

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Email:

I can affirm and agree with the site visit report findings. [ ]  YES [ ]  NO

Date:

**Educator Generalist**

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Email:

I can affirm and agree with the site visit report findings. [ ]  YES [ ]  NO

Date:

***If a team member does not concur with the report, a minority report describing disagreements must be submitted to NAACLS.***