# NAACLS DCLS SITE VISIT REPORT

**Program Sponsor:**

**Sponsor Type:**

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

# Standard I.A: Sponsorship – Sponsoring Institution [ ] NA

|  |  |
| --- | --- |
| **A. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **A.** **Site Visit Question:** Accreditation status of sponsor is provided. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard I.B: Sponsorship – Consortium Sponsor [ ] NA

|  |  |
| --- | --- |
| **B. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **B. Site Visit Question:** At least one member of the consortium meets requirements of a sponsoring institution specified in I.A. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

**Standard I.C: Sponsorship – Multi-location Sponsor**  [ ] **NA**

|  |  |
| --- | --- |
| **C. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **C.** **Site Visit Question:** Accreditation status of sponsor is verified | [ ] YES [ ] NO**\*\*** |
| **C.** **Site Visit Question:** Proof of minimum of certificate of completion given upon program completion | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard I.D: Sponsorship – Responsibilities of the Sponsor

|  |  |
| --- | --- |
| **D. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **D. Site Visit Question:** Documentation of ongoing communications between several clinical/academic sites and sponsor for exchange of information and coordination of the program have been verified. | [ ] YES [ ] NO**\*\*** [ ] NA |
| **D.**  **Site Visit Question:** Signed affiliation agreements that cover all provisions required by standards have been verified. | [ ] YES [ ] NO**\*\*** [ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard II.A: Assessment and Continuous Quality Improvement – Systematic Assessment

|  |  |
| --- | --- |
| **A. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **A.** **Site Visit Question:** Evidence of mechanism for continually and systematically reviewing the effectiveness of the program has been provided. | [ ] YES [ ] NO**\*\*** |
| **A.** **Site Visit Question:** Additional supportive documentation demonstrating data collection, review and evaluation that results in program improvement and/ or documentation that links program improvement to changes made as a result of program review and evaluation provided. | [ ] YES [ ] NO**\*\***[ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard II.B: Assessment and Continuous Quality Improvement – Outcome Measures

|  |  |
| --- | --- |
| **B. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA[ ] NA (initial program) |
| **B.** **Site Visit Question:** Results of any other outcome measures used by the program that is not provided in the self-study provided. | [ ] YES [ ] NO**\*\***[ ] NA (initial program) |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard III.A: Resources – General Resources

|  |  |
| --- | --- |
| **A. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **A.** **Site Visit Question:** Program evaluation information/data used to evaluate resource adequacy as part of continuous program evaluation provided.. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

#

# Standard III.B: Resources – Financial Resources

|  |  |
| --- | --- |
| **B. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **B.** **Site Visit Question:** Financial resources for the continued operation of the program are sufficient to achieve program goals. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard III.C: Resources – Physical Resources

|  |  |
| --- | --- |
| **C. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard III.D: Resources – Institutional Resources

|  |  |
| --- | --- |
| **D. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard IV.A: Students – Publications and Disclosures

|  |  |
| --- | --- |
| **A. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard IV.B: Students – Student Records

|  |  |
| --- | --- |
| **B. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **B.** **Site Visit Question:** Evidence that student records are maintained and contain the materials required by Standard IV.B has been verified. | [ ] YES [ ] NO**\*\*** |
| **B.** **Site Visit Question:** Transcripts/student records for individuals including legal names, grades and credits, and dates of admission and completion are permanently maintained information. | [ ] YES [ ] NO**\*\***  |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

#

# Standard IV.C: Students – Health and Safety

|  |  |
| --- | --- |
| **C. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **C.** **Site Visit Question:** The health and safety of students, faculty, and patients during educational activities are adequately safeguarded. | [ ] YES [ ] NO**\*\*** |
| **C.** **Site Visit Question:** Documentation has been verified that students receive biohazard and safety training. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

#

# Standard IV.D: Students – Admissions

|  |  |
| --- | --- |
| **D. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **D.** **Site Visit Question:** Documentation for individuals including legal name that individuals meet requirements for admission has been verified. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard V: Operational Policies – Fair Practices

|  |  |
| --- | --- |
| **V.A-F. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# 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

|  |  |
| --- | --- |
| **A. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **A.** **Site Visit Question:**  Evidence provided that the director has input into the budget preparation | [ ] YES [ ] NO**\*\*** |
| **A.** **Site Visit Question:** Evidence exists that the program director has regular and consistent contact with students, faculty, and program personnel. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard VII.B: Program Administration – Site Program Coordinator (required for Multi-location only, assigned to each participating site)

|  |  |
| --- | --- |
| **B. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **B.** **Site Visit Question:** The Site Program Coordinator is responsible for the required aspects of the program. | [ ] YES [ ] NO**\*\*** [ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

#

# Standard VII.C: Program Administration – Faculty and Clinical Liaison

|  |  |
| --- | --- |
| **C. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **C.** **Site Visit Question:** Evidence of adequate knowledge and proficiency of the faculty in their content areas was verified. | [ ] YES [ ] NO**\*\*** |
| **C.** **Site Visit Question:** A sample of faculty evaluation forms have been provided for review. | [ ] YES [ ] NO**\*\***  |
| **C.** **Site Visit Question:** Evidence of professional development of the didactic faculty was verified. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard VII.D: Program Administration – Advisory Committee

|  |  |
| --- | --- |
| **D. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **D.** **Site Visit Question:** Members of the advisory committee are made available for a discussion. | [ ] YES [ ] NO**\*\***  |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard VIII.A for Accredited Programs: Curriculum Requirements – Instructional Areas

|  |  |
| --- | --- |
| **A. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **A.** **Site Visit Question:** Evidence of where the items in Standard VIII.A are included in the curriculum is provided. | [ ] YES [ ] NO**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard VIII.B for Accredited Programs: Curriculum Requirements – Learning Experiences

|  |  |
| --- | --- |
| **B. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# Standard VIII.C for Accredited Programs: Curriculum Requirements – Evaluations

|  |  |
| --- | --- |
| **C. Concern from Self-Study Review:**  | [ ]  Resolved in response to self-study review; verified on site**\*\***[ ]  Resolved on site**\*\***[ ]  Unresolved**\*\***[ ] NA |
| **C.** **Site Visit Question:** Policies and procedures for course and student evaluation are available. | [ ] YES [ ] NO**\*\***  |
| **C.** **Site Visit Question:** Documentation of programmatic curriculum improvements and changes made as a result of systematic program review. | [ ] YES [ ] NO**\*\*** |
| **C.** **Site Visit Question:** Verification is 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**\*\*** |
| \*\***COMMENTS** *(Explain how any concerns from the self-study were resolved or left unresolved, or explain reasoning behind “no” answer on site visit question)***:**       |

# 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:**

t

**Areas of Strength:**

**Concerns Identified in the Self-Study Review Report:**  **This table has been removed, and all concerns that existed from the Self-Study Review must now be addressed within this Site Visit Report under the appropriate Standard.**

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

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

# NAACLS DCLS SITE VISIT REPORT

**SIGNATURE PAGE**

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

**Program Sponsor:**

**Program Type Visited:**

**Dates:**

**Team Coordinator**

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Email:

Signature: Date:

**Team Member**

Name and Title:

Institution:

Address:

City/State/Zip:

Telephone/Email:

I concur with the Site Visit Report. [ ] YES [ ] NO

Signature: Date:

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