

# NAACLS Guide to Accreditation

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10/2022, 4/2023

The logo for NAACLS features the acronym "NAACLS" in a large, bold, black sans-serif font. The letters are set against a light blue, semi-circular gradient background that resembles a rising sun or a horizon. The letters "N", "A", and "C" have a slight shadow effect, making them appear to float above the blue shape.

National Accrediting Agency  
for Clinical Laboratory Sciences

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 cytogenetic technologist (CG), doctorate in clinical laboratory science (DCLS), diagnostic molecular scientist (DMS), histotechnician (HT), histotechnologist (HTL), medical laboratory assistant (MLA), medical laboratory scientist (MLS), medical laboratory technician (MLT), pathologists' assistant (PathA) and phlebotomist (PBT) 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 one of three documents needed by programs going through the accreditation process, along with the **NAACLS Standards** and the **Standards Compliance Guide**. The Guide to Accreditation is designed to familiarize and assist you with the programmatic accreditation process. A separate Guide to Accreditation is available for the doctorate in clinical laboratory science (DCLS)

If you have questions, contact us at 773.714.8880 or [info@naaccls.org](mailto:info@naaccls.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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## **NAACLS Mission Statement**

The National Accreditation Agency for Clinical Laboratory Sciences (NAACLS) is committed to being the premier agency for international accreditation of educational programs in the clinical laboratory sciences and related health care disciplines.

## **Vision Statement**

Medical laboratories preferentially seek graduates of NAACLS programs to assure quality, value, innovation and safety for healthcare consumers.

## **Values**

Quality  
Education  
Innovation  
Collaboration  
Peer Review  
Global Accreditation

## **Confidentiality Policy on Programmatic Communications**

NAACLS maintains as confidential information submitted in the accreditation process (1) to NAACLS by accredited programs and accreditation applicant programs, and (2) by NAACLS to those same programs. This includes, without limitation, communication by telephone, email, US mail, private delivery service, and messaging, through website submission, and in person. NAACLS does not share confidential information with the public.

Exceptions to this confidentiality include (1) publication of Program information on the NAACLS public website, including, without limitation, Program awards decided by the NAACLS Board of Directors, and (2) disclosure of information as may be legally required.

Intrinsic to private accreditation is the promotion of candor within its process, which includes constructive criticism that leads to improvement in the educational quality of an educational program. Maintaining confidentiality within the accreditation process promotes candor. Personnel within educational programs are more forthright and candid because they trust (a) that the information they disclose to an accrediting agency during the accreditation process will be used solely within that process and will not be otherwise disclosed, and (b) that the candid evaluation sent by the accrediting agency to the educational program for the purpose of fostering improvement in the program will also not be disclosed outside the process.

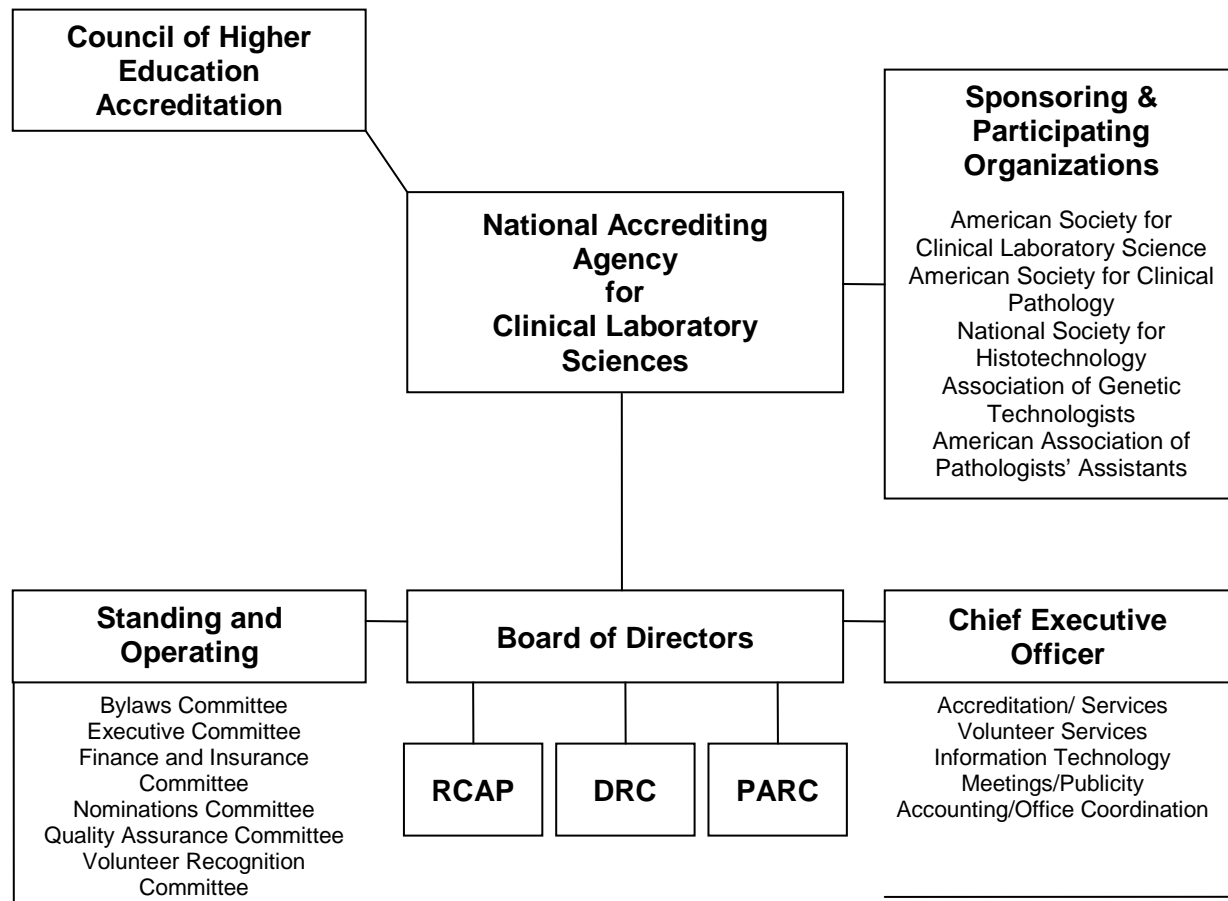
## **About NAACLS**

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) accredits cytogenetic technologist (CG), doctorate in clinical laboratory science (DCLS), diagnostic molecular scientist (DMS), histotechnician (HT), histotechnologist (HTL), medical laboratory assistant (MLA), medical laboratory scientist (MLS), medical laboratory technician (MLT), pathologists' assistant (PathA) and phlebotomist (PBT) 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 DCLS programs for accreditation. The Programs Accredited Review Committee (PARC) reviews PBT and MLA programs for accreditation. The Board of Directors functions as the governing unit of NAACLS and grants final accreditation awards. The executive office staff facilitates the accreditation 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 of clinical laboratory science education programs:



## Accreditation

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, (4) assessment of review committee evaluation by the Quality Assurance Committee, and (5) 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 elected by the Board of Directors for staggered terms to assure continuity on the committee. The chair, chair-elect, and vice chair 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. Programs that participate in the NAACLS programmatic accreditation process culminate in an associate's degree or higher upon completion. 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.

NAACLS Accreditation:

1. Through a review process that includes a Self-Study Review and Site Visit, identifies for the public specialized degree and certificate programs 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 state, 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 Accredited Programs**

Programs that seek accreditation by NAACLS are evaluated by either the RCAP, PARC or DRC and by the Board of Directors.

## **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.

## **PARC Evaluation**

The Programs Accredited Review Committee (PARC) has representatives from laboratory education programs and administrators. The PARC evaluates programs seeking accreditation and forwards accreditation recommendations to the Board of Directors. . NAACLS notifies the sponsoring institution of the PARC's accreditation recommendation to the Board of Directors. The PARC 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.

## **Quality Assurance Assessment**

The Quality Assurance Committee reviews all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with Standards and accreditation policies. This review takes place before the sponsoring institution is notified of the Review Committee recommendations and before the recommendations are sent to the Board of Directors for final accreditation awards.

## **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 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, and includes a review of the Self-Study Report and the program's response,
2. The Site Visit process, which includes the visit itself, the Site Visit Report, and the program's response,
3. The review by the Program Review Committee,
4. The assessment of the review committee recommendation by the Quality Assurance 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.

As described above core of the NAACLS Accreditation Process is material provided by a program, a review conducted by content experts, and an opportunity to respond to any concerns identified in a review. Programs always have the chance to respond to a concern of non-compliance on a review. Examples of reviews programs receive may include, but is not limited to, the following:

- Application Packet Review
- Program Official Approval Review
- Self Study Review
- Site Visit Review
- Progress Report Review
- Five-Year Interim Report Review

After the application packet stage, NAACLS gives programs only one opportunity to respond to a document review. After NAACLS receives the program's review response, the review process moves forward. Board award decisions are rooted in compliance with all the standards met through this review and response process.

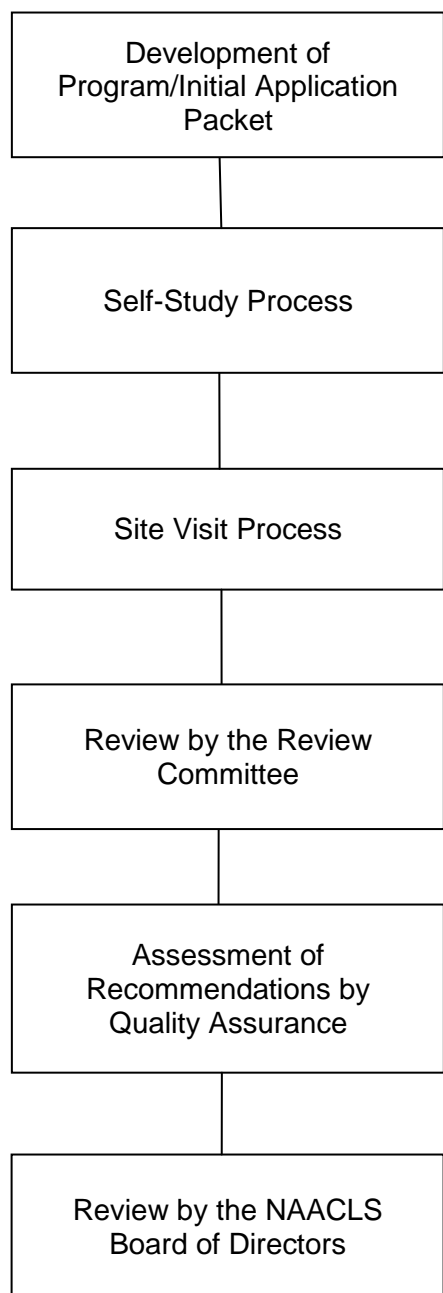
NAACLS requires a progress report for any program that fails to demonstrate compliance with Standard VI, the administrative standard. A progress report may not be required for Standard VI, but NAACLS will notify the program multiple times before it takes further action.

Probationary accreditation is awarded for programs that do not demonstrate compliance on their progress report or for programs that do not demonstrate compliance with Standard VI after multiple attempts by NAACLS Staff to resolve the issue. Programs awarded probationary accreditation, or administrative probationary accreditation, will have one opportunity to demonstrate compliance by a pre-determined due date.

If a program on probationary/administrative probationary accreditation cannot demonstrate compliance as required, the NAACLS Board of Directors will likely award Involuntary Withdrawal of Accreditation.

## Procedures for Review: Initial and Continuing Accreditation

### The Overall Accreditation Process



### **Development of Program Application Packet**

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. These individual requirements must be submitted in the Initial Accreditation Application Packet (available on the website).

### **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.naacls.org](http://www.naacls.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 information 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. Recommendations for assembling the Self-Study are found in the Standards Compliance Guide.

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

to review the adequacy of compliance. The program receives the Self-Study Review and is directed to develop a Response to the Self-Study Review. The Response attempts to clarify issues identified in the Self-Study 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 Self-Study 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.

## **Review by a Review Committee**

Based on the review of Self-Study Review, the Program's Response to the Self-Study Review, the Site Visit Report, and the Program's Response to the Site Visit Report, the appropriate Review Committee makes determinations as to the compliance, partial compliance or non-compliance of a program with the Standards, and recommends accreditation and actions to the NAACLS Board of Directors.

## **Quality Assurance Assessment**

The Quality Assurance Committee reviews all accreditation recommendations before the sponsoring institution is notified of the Review Committee recommendations and before the recommendations are sent to the Board of Directors for final approval of accreditation awards.

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

Based on the recommendations of the Review Committee, and with review of consistent application of the Standards to insure that decisions are not arbitrary, capricious, or inconsistent, the Board of Directors makes the final determination to award, withhold, or withdraw accreditation.

## The Initial Accreditation Process Chart

STEP	ACTION	RESPONSIBLE PARTY	TIME FRAME FOR THE PROGRAM
<b>1. Download the Initial Accreditation Application Packet</b>	Access the Initial Accreditation Packet on the NAACLS Website.	CEO/President or other high ranking administrator of Sponsoring Institution	Starting point
<b>2. Provide all materials required by the Initial Accreditation Packet</b>	<p>Sponsoring Institution submits:</p> <p>Letter of Intent, signed by a designated institution official legally authorized to sign contractual agreements on behalf of the institution (DSA).</p> <p>Initial Accreditation Application Form (included in packet)</p> <p>Initial Accreditation Application Fee (see website)</p> <p>Preliminary Report (Requirements required in packet)</p>	Proposed Program Director/Department Chair	As soon as the program has completed all listed steps.
<b>3. Initial Accreditation Packet Approved *</b>	Program encouraged to proceed with the Self-Study process.	NAACLS	NAACLS Reviewers receive up to 2 months to review all submitted materials
<p><b><i>*A Program will not be considered for Accreditation unless the Initial Accreditation Packet has been accepted, stating that NAACLS is reasonably assured that the program will meet the standards. If the program enrolls students too early in the initial accreditation application process and NAACLS does not approve the program's Initial Accreditation Application Packet, the program may risk having students graduate from their program before the program is accredited.</i></b></p>			
<b>7. Self-Study submitted to NAACLS</b>	Submit Self-Study to NAACLS.	Program Director	Prior to graduation of first class
<b>8. Program receives "Serious Applicant Status"</b>	Once the Initial Accreditation Application Packet is approved and the Self-Study is received NAACLS grants "Serious Applicant	NAACLS	Immediately after the Initial Accreditation Application Packet is approved and the Self-Study is

	Status”		received
<b>9. Self-Study Review</b>	Self-Study is evaluated.	NAACLS	Self-Study Review forwarded to program typically within 2-3 months
<b>10. Response to Self-Study Review</b>	Response to Self-Study Review is submitted with supporting documentation	Program Director	Within 1 month of receipt of Self-Study Review
<b>11. 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>12. 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. Review Committee recommendations are reviewed by the QA Committee and sent to the NAACLS Board of Directors to determine Accreditation awards.*

### **Initial Accreditation Packet**

Institutional administrators submitting the Initial Accreditation Packet must include the following:

1. A letter of interest signed by the sponsoring institution's designated official legally authorized to sign contractual agreement on behalf of the institution, declaring the program's intent to start an accredited program.
2. The Application for Initial Accreditation to NAACLS.
3. Proof the Initial Accreditation Application Fee has been paid.
4. Required items for the Preliminary Report.

### **Preliminary Report Requirements**

The Preliminary Report is a general overview of the program and although not a full Self-Study Report it does form part of the foundation for the Initial Accreditation Self-Study Report. As such, the Preliminary Report must provide adequate evidence that the program will be able to meet the NAACLS Standards for Accreditation to be accepted as satisfactory. The Preliminary Report is submitted with all other required materials in the Initial Accreditation Application Packet.

### **Standard I. Sponsorship**

- Sponsoring Institution: Provide documents of current accreditation by a regional or national agency for the sponsoring institution.

- Affiliations: Provide letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites, as well as evidence that enough sites are available to accommodate projected numbers of students.

## **Standard II. Assessment and Continuous Quality Improvement**

- Program Evaluation: Summarize a documented plan for continuous and systematic assessment of program effectiveness with a plan for program modification and improvement.

## **Standard III. Resources**

- Physical Resources: Describe facilities, equipment, and supplies sufficient to achieve program goals.
- Budget Information: Provide a budget sufficient to achieve program goals or a letter of financial support.

## **Standard IV. Students**

- Program Mission, Goals and Outcomes: Provide program goals that will align, correlate, and support NAACLS entry levels competencies including both core and unique standards for the profession.

## **Standard V. Operational Policies**

- Recruitment: Describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program. Describe how admissions criteria and essential functions and student outcomes measures will be communicated to prospective students.

## **Standard VII. Faculty**

- A completed program official approval form with all required documentation and narratives included. Or, submit proof of NAACLS Approval of the Program Director. Submit additionally required documentation for Medical Director and/or Education Coordinator, if applicable.
- Personnel Plan: Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the number of students proposed in the program and to achieve the program goals. Provide a list of faculty and the courses they will be teaching if possible.
- Advisory Committee: Describe the membership of Advisory Committee which provides input into the program/curriculum to maintain current relevancy and effectiveness.

## **Standard VIII. Curriculum**

- Program and Course Descriptions: Provide a description of the proposed length of program and program tracks and rationale for course sequencing. In addition to the above description, provide a program of study that contains all required program courses in

recommended sequence, course syllabi, course descriptions and measurable student learning outcomes for all program specific courses.

- For one course, provide an example of a lecture and associated evaluation tools that align with identified program outcomes and will provide evidence of learning in the cognitive, affective and psychomotor domains Program course must include all of the instructional areas delineated in Standard VIII.A specific for the level of program.

Upon review of the Initial Accreditation Application Packet, if the committee is reasonably assured that the program will meet the Standards, NAACLS notifies the program director to begin the Initial Self-Study process. Additional documentation and clarification may be requested before a program is encouraged to proceed. Programs are allowed three (3) opportunities to submit requested items to achieve a satisfactory Initial Accreditation Application Packet Review. If the program is unable to achieve a satisfactory review upon the third submission, the program must begin the initial Accreditation process from the beginning, including submission of a new initial application and application fee.

Once the Initial Accreditation Application Packet is accepted as satisfactory, NAACLS staff will assign a Self-Study Report due date (and a site visit date for programs seeking accreditation). *Ideally*, the Self-Study Report due date is prior to graduation of the first class of students. The site visit date is typically no later than three months after the class graduates and within six months of the Self-Study Report due date.

1. Submit the Self-Study Report.

See the NAACLS Website for instructions on submission of the self-study report.

2. Achieve "serious applicant" status.

NAACLS considers a program a "serious applicant" for accreditation when it has achieved the following steps:

- a. Received approval for the Initial Accreditation Application Packet.
- b. Submitted 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 agencies for accredited programs:**

ASCP Board of Certification, 800-267-2727; [info@ascp.org](mailto:info@ascp.org)  
AMT, American Medical Technologists, 847-823-5169, [mail@americanmedtech.org](mailto:mail@americanmedtech.org)  
NHA, National Healthcareer Association, 800-499-9092, <https://info.nhanow.com/nha-email-form>  
NCCT, National Center for Competency Testing, 800-845-4404, [contactus@ncctinc.com](mailto:contactus@ncctinc.com)

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.

### **Continuing Accreditation Process Chart**

<b>STEP</b>	<b>ACTION</b>	<b>RESPONSIBLE PARTY</b>	<b>TIME FRAME FOR THE PROGRAM</b>
<b>1. Self-Study submitted to NAACLS</b>	Submit Self-Study to NAACLS.	Program Director	Submitted by due date listed on Notification of Renewal
<b>2. Self-Study Review</b>	Self-Study is evaluated.	NAACLS	Self-Study Review forwarded to program typically within 2-3 months
<b>3. Response to Self-Study Review</b>	Response to Self-Study Review is submitted with supporting documentation	Program Director	Within 1 month of receipt of Self-Study Review
<b>4. 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>5. 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. Review Committee recommendations are reviewed by the Quality Assurance Committee and sent to the NAACLS Board of Directors to determine accreditation awards.*



## **The Accreditation Process – The Self-Study**

Programs seeking initial accreditation turn in the self-study report as the last step to gaining “Serious Applicant Status”, while programs seeking continuing accreditation receive a Notification of Renewal from NAACLS approximately one year before the Self-Study Report is due.

### **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 Standards, the Guide to Accreditation and the Standards Compliance Guide. 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.

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

Recommended documentation for the Self-Study can be found in the Standards Compliance Guide. See the NAACLS Website for ways you can electronically submit your Self-Study report.

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 Review**

A Self-Study Review is an annotated abstract of the information provided in the Self-Study Report. After the program director submits the Self-Study Report to NAACLS, staff assigns a qualified reviewer who determines if the program has submitted all required information and if narrative and documentary materials clearly describe the program. Ultimately, determining compliance with the Standards is the function of the Board of Directors, upon recommendation by the appropriate review committee; however, the Self-Study Reviewer identifies missing information and/or documents, areas of concern, and any additional areas the site visitors and review committees should address.

NAACLS receives the Self-Study 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 Self-Study 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.

## **The Accreditation Process – Site Visit Process**

### **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**

NAACLS will request site visit dates after the Self-Study Report has been submitted. 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 through various resources.

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. NAACLS will provide the Self-study Report, Self-study Review and the Self-study Response to the assigned Site Visit Team.

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 site visit preparation 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.

### **Cycle Alignment Policy and Joint Review Process**

Sponsors that have multiple NAACLS accredited programs may request to have the programs' review cycles aligned for a joint review. All requests for cycle alignment should be made in writing (letter or email). Upon the request for a joint review, the NAACLS office will determine the feasibility for alignment and if submission of a Cycle Alignment Report is indicated. When the Cycle Alignment Report is approved, an extension will be made to align the cycles for the next accreditation review. The NAACLS office will determine the due date for the self-studies and schedule the site visit. The site visit is required for accredited programs and is optional for programs. The individual programs will submit separate self studies and will receive separate self-study review reports and site visit reports. One program coordinator will handle all site visit planning for the combined review. Each program will get individual site visit reviews, specific to the program type. The programs must submit responses to each site visit report separately. Programs that go through the joint review process will receive separate recommendations from the review committee(s) and separate awards from the Board of Directors.

## **The Accreditation Process – Review by Committee and Board of Directors.**

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

The Review Committees meet twice per year to discuss Recommendations for Accreditation. For each program, the committee reviews the Self-Study Review, the Self-Study 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 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 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 reviewed by the Quality Assurance Committee, then sent to the Board of Directors, who will make the final decision on all accreditation awards.

When determining accreditation recommendations, the review committee states that a program is in compliance, non-compliance or partial 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.

#### *Partial 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 partial 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 partial compliance and non-compliance determine the award recommended. Citations are counted as follows:

Standards	Number of possible citations
I.A/B/C, ID	2
II.A, II.B, II.C	3
III.A, III.B, III.C	3
IV.A, IV.B, IV.C	3
V.A-F	1
VI.A-G	1
VII.A, VII.B, VII.C, VII.D, VII.E, VII.F	6 (VII.E and VII.F may not apply to all programs)
VIII.A, VIII.B, VIII.C	3
<b>Total:</b>	<b>22</b>

## **Accreditation Categories**

### **Accreditation for Ten Years with an Interim Report**

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

1. No partial or non-compliance citations in the current review cycle.
2. No non-compliance citations and up to two partial citations in the previous review cycle.
3. No period of inactivity or probationary status during the last period of accreditation.

Accreditation for ten 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.

A “Year Five Interim Report” will be required upon entering the fifth year of the accreditation award. Documentation submitted for the “Year Five Interim Report” must be submitted electronically to the NAACLS office no later than the due date indicated in the accreditation award letter.

The Interim Report must include the following:

1. Summary of last five years of annual reporting
2. Provide a narrative summary of changes, if any, that occurred within the program since the previous award. These could include but are not limited to changes in resources, education delivery modes, relevant partnerships, and other.
3. Narrative on how outcomes measures are analyzed and used in program assessment and continuous quality improvement of the program (outcomes measures that cannot be quantitatively analyzed are to be included in this narrative). The results of program outcomes measures and assessment must include findings from graduate and employer feedback and be:
  - a. Reflected in ongoing curriculum development, resource acquisition/allocation, and program modification.
  - b. Analyzed to demonstrate the effectiveness of any changes implemented.

Programs that are required to provide an Annual Report Action Plan as part of NAACLS' Annual Reporting process (page 38) must submit additional required materials as part of the "Year Five Interim Report".

Members of a Review Committee will review the Year Five Interim Report to determine whether the materials provided are satisfactory. The program will receive a Year Five Interim Report review stating the review committee members' findings. If there are outstanding concerns with the Year Five Interim Report, the program will have one opportunity to provide additional materials. After these materials are submitted, the Review Committee will make their recommendation to the Board of Directors.

An unsatisfactory "Year Five Interim Report" would result in a requested Progress Report within six to twelve months, possible probationary accreditation, and possible elimination of a ten year accreditation award after the next review.

### Accreditation for Five Years

For programs seeking initial accreditation, the maximum length of accreditation awarded is five years. Any program switching program levels, e.g., HT to HTL, is considered an initial applicant.

1. No non-compliance citations in the current review cycle, or
2. The program received three or fewer partial compliance citations in the current review cycle

For initial programs, a Progress Report documenting compliance with Standards II.B (Outcome Measures) and II.C (Program Assessment and Modification) is required two years from the initial accreditation date.

For programs seeking continuing accreditation, five years may be awarded to programs with no full citations of noncompliance that do not otherwise qualify for the ten-year accreditation award:

3. The program received one or more partial compliance citations in the current review cycle, or
4. In the previous review cycle, the program received a noncompliance citation or more than two partial compliance citations, or
5. The program has had a period of inactivity or probationary status during the last period of accreditation.

If there are any citations, a Progress Report documenting the program's compliance with the cited Standards is required within one year.

### Accreditation for Less Than Five Years

For programs seeking continuing accreditation, two years' accreditation may be recommended for a program with one to three full citations of noncompliance, with or without citations of partial compliance.

For continuing programs, a Progress Report documenting the program's compliance with the cited Standards is required within one year. Accreditation may be extended for the balance of the full five years if the Progress Report demonstrates compliance with the cited Standards.



For programs seeking initial accreditation, two years' accreditation may be recommended for a program with one to three full citations of noncompliance, with or without citations of partial compliance.

For initial programs, a Progress Report documenting the program's compliance with the cited Standards is required within one year. Additionally, a Progress Report documenting compliance with Standards II.B (Outcome Measures) and II.C (Program Assessment and Modification) 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

Probationary Accreditation of six months to one year is awarded to a program with:

1. Four or more full citations of noncompliance  
The number of citations indicates a program has deficiencies that may jeopardize an acceptable educational experience for students. A Progress Report documenting the program's compliance with the cited Standards is required. Accreditation may be extended for the balance of five years if the Progress Report demonstrates compliance.
2. A Progress Report found to be unsatisfactory  
A program whose Progress Report on previously cited Standards is unsatisfactory due to concerns at the noncompliance level will be placed on probation for six (6) months. A program whose progress report on previously cited Standards is unsatisfactory due to concerns at the "partial compliance" level will be placed on probation for one (1) year.
3. A Year Five Interim Report found to be unsatisfactory due to concerns raised from the program's Annual Report Action Plan.

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 21 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

A program may voluntarily withdraw from accreditation at any time for any reason. Once notified of the program's intent, NAACLS Staff will request a letter on letterhead signed by a designated signed authority. This letter should state the last date a class will graduate during the program's current accreditation award period and the reason for withdrawal.

### Involuntary Withdrawal of Accreditation

Programs that fail to demonstrate compliance though the review process may have their accreditation involuntary withdrawn by the NAACLS Board of Directors.

Should a program receive citations on a standard by the Board of Directors, they will be given a chance to respond in the form of a progress report. Programs that submit an unsatisfactory progress report will be awarded Probationary Accreditation.

Programs that are unable to demonstrate compliance with Standard VI, the administrative standard, will be awarded Administrative Probation. The CEO is the only NAACLS Staff member to award Administrative Probation accreditation.

Programs awarded probationary accreditation, or administrative probationary accreditation, will have one opportunity to demonstrate compliance by a pre-determined due date, whether that be a probationary progress report, or specific materials required for Standard IV.

If a program on probationary/administrative probationary accreditation cannot demonstrate compliance as required, the NAACLS Board of Directors will likely award Involuntary Withdrawal of Accreditation.

### 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 any requirement defined in Standard VI.

**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 ten years of accreditation at the next review.

## **Quality Assurance Assessment**

The Quality Assurance Committee reviews all accreditation recommendations from the review committees for accuracy, objectivity, and consistency with Standards and accreditation policies. This review takes place before the sponsoring institution is notified of the Review Committee recommendations and before the recommendations are sent to the Board of Directors for final approval of accreditation awards. Quality Assurance may recommend actions directly to the review committees and/or the Board of Directors.

## **Due Process**

Once the Quality Assurance Committee and the appropriate review committees have approved a recommendation for a program, the recommendation is then sent to the program prior to submission to the Board of Directors. The program has the option to accept the recommendation (no action required) or to request reconsideration of the recommendation (see Due Process procedures).

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

The Board of Directors receives the recommendations of the 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 actions, including granting, continuing and withdrawing accreditation.

## **Program Director Approval**

Standard VII.A requires that a NAACLS Accredited program must have a NAACLS approved program director in place at all times. A program director approved temporarily also satisfies the standard. NAACLS temporarily approved program directors can fall into three categories, Acting Program Director, Program Supervisor, and Consultant. Specific definitions of these categories are available on the Program Official Approval Form. The Program Director Approval Form is only available by contacting the NAACLS Staff.

Educators that have yet to be hired by an institution, and have not been NAACLS approved, may participate in the review process and be approved before a direct association with a program. Interested parties should contact NAACLS Staff for more details.

## **Program Director Vacancy Policy**

NAACLS understands that a vacancy in the program director position may happen at an inopportune time to find an immediate replacement.

NAACLS must be immediately alerted when there is a program director change. Standard VI.C requires programs to inform NAACLS of a change in program director within 30 days. The program must identify a dean/laboratory administrator as the contact person. This person will be the primary contact for the program by both NAACLS and the public.

After the notification, a program has six months to provide a qualified candidate to NAACLS for review. If a program cannot find a qualified candidate in that time frame, the program must submit evidence of an active search process. This evidence includes, but is not limited to, job listings, offer letters, etc. Should the program not provide proof of an active search, NAACLS will cite the program under standard VII.A.

If a program provides evidence of an active search, NAACLS will grant an additional six months for the program to find a qualified candidate for the program director position. Should the program still not find a qualified candidate after this additional six months of search time, NAACLS will cite the program under standard VII.A.

Programs cited under VII.A have six months to respond to this citation with a progress report in response to the citation. If NAACLS finds the progress report unsatisfactory, NAACLS will award the program probationary accreditation.

NAACLS allows probationary programs to demonstrate compliance with outstanding citations in a probationary progress report.

Programs unable to demonstrate compliance with the standards in their probationary progress report could face involuntary withdrawal.

This policy also applies to programs that utilize Education Coordinators (HT/HTL, Path A), Medical Directors (Path A) and Site Program Coordinators (Multi-Location Only) to comply with Standard VII. Programs must fill those vacancies according to the above Program Director Vacancy Policy and timeline.

## **Annual Reporting**

NAACLS' Standards require annual reporting from NAACLS accredited programs, including significant program changes and outcomes measures statistics compared to NAACLS approved benchmarks detailed in the Standards Compliance Guide.

### **Programs Accredited for Ten Years**

#### ***Year 1-4***

NAACLS will review annual reports to determine if they are satisfactory. Should reports contain any concerns during the review process, NAACLS may request that the program present an Annual Report Action Plan within six months detailing the program's plan to manage the concern. In addition to the Annual Report Action Plan, programs that submit outcomes which do not meet NAACLS' benchmarks will also be required to submit the following materials for one course in the curriculum:

- *Syllabus*
- *Course goals*
- *Measurable objectives in the cognitive, psychomotor, and affective domains*
- *Evaluation systems that correlate with objectives*

The Annual Report Action Plan (and course materials, if necessary) will be reviewed by the appropriate review committee, and the program will be provided feedback. Results from the program's Annual Report Action Plan must be provided and analyzed in the "Year Five Interim Report".

#### ***Year 5-10***

NAACLS will review annual reports to determine if they are satisfactory. Should reports contain any concerns during the review process, NAACLS may request that the program present an Annual Report Action Plan within six months detailing the program's plan to manage the concern. In addition to the Annual Report Action Plan, programs that submit outcomes which do not meet NAACLS' benchmarks will also be required to submit the following materials for one course in the curriculum:

- *Syllabus*
- *Course goals*
- *Measurable objectives in the cognitive, psychomotor, and affective domains*
- *Evaluation systems that correlate with objectives*

The Annual Report Action Plan (and course materials, if necessary) will be reviewed by the appropriate review committee, and the program will be provided feedback. Results from the program's Annual Report Action Plan must be provided and analyzed in the next Self-Study.

### **Programs Accredited for Five Years or less**

NAACLS will review annual reports to determine if they are satisfactory. Should reports contain any concerns during the review process, NAACLS may request that the program present an Annual Report Action Plan within six months detailing the program's plan to manage the concern.

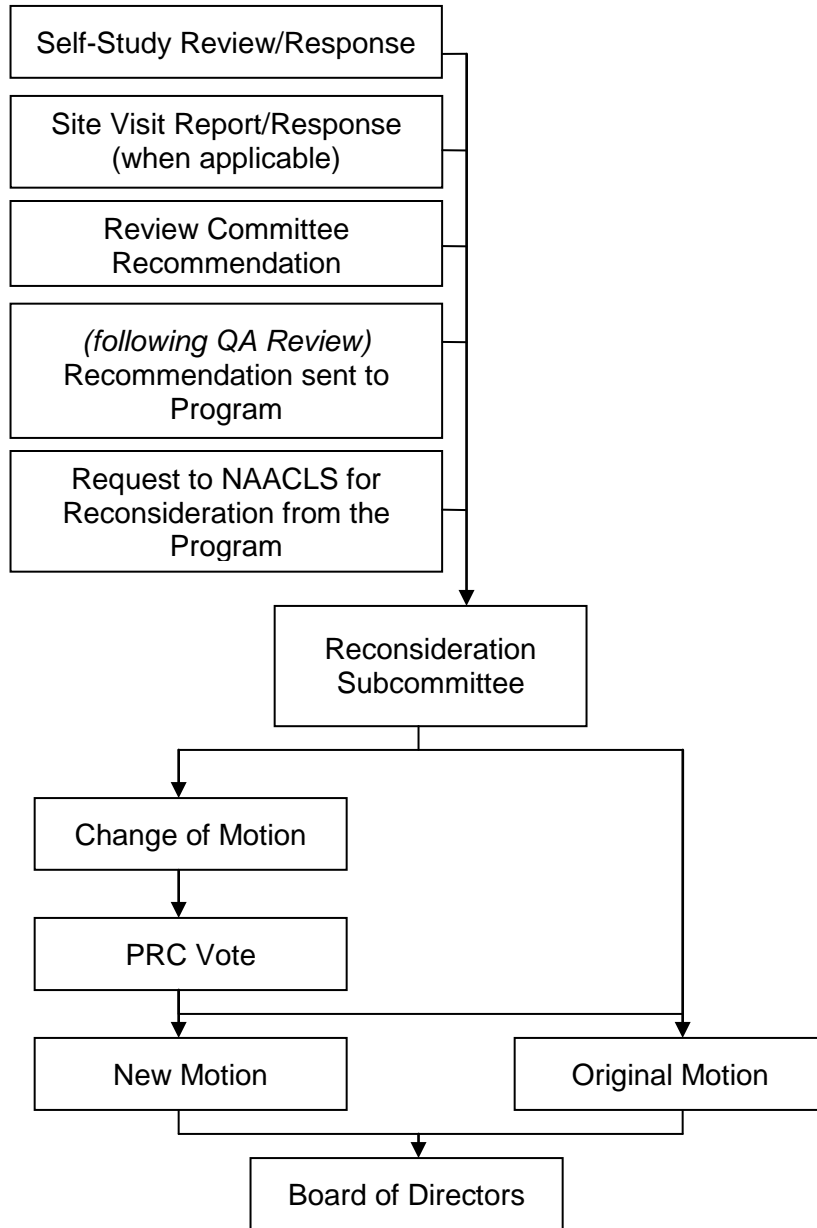
In addition to the Annual Report Action Plan, programs that submit outcomes which do not meet NAACLS' benchmarks will also be required to submit the following materials for one course in the curriculum:

- *Syllabus*
- *Course goals*
- *Measurable objectives in the cognitive, psychomotor, and affective domains*
- *Evaluation systems that correlate with objectives*

The Annual Report Action Plan (and course materials, if necessary) will be reviewed by the appropriate review committee, and the program will be provided feedback. Results from the program's Annual Report Action Plan must be provided and analyzed in the next Self-Study.

## 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 **21 days** from receipt of the

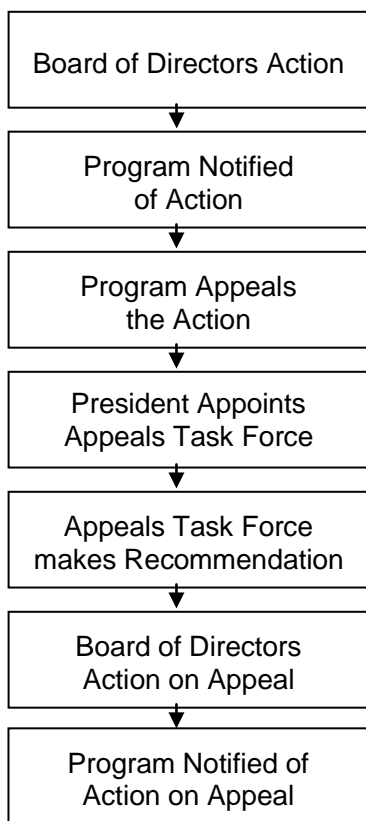
review committee's notification, the program must provide in writing to NAACLS a request for Reconsideration of the committee's recommendation. The request must be based on the non-application or mis-application of Standards and/or inconsistency with established procedures.

The program must have completed all previous steps in the accreditation process. These include responding to the Self-Study Review (and Site Visit Report, when applicable) 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 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



decision related to the appeal. A program may appeal a specific accreditation action only once.

### Appeals Process

Programs have the opportunity to appeal decisions of the Board of Directors related to their accreditation status. Within **21 days** from receipt of the board letter stating the action, the program must notify the executive director of 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 requesting Reconsideration if the BOD award is the same as the review committee recommendation) and responding to the Self-Study Review (and Site Visit Report, when applicable) 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



## Options and Processes for Programmatic Accreditation

### Operational Characteristics of Sponsor Types

The differences between the different types of sponsorship can be seen in how the responsibilities listed under Standard 1D are met:

<b>Responsibility listed under Standard 1D</b>	<b>Who is responsible?</b>				
	<b><u>Sponsoring Institution</u></b>  (i.e. college, hospital, medical center, etc.)	<b><u>Consortium Sponsor:</u></b>  A separate and distinct entity with MOU containing elements listed in Standard 1B.		<b><u>Multi-Location Sponsor:</u></b>  A specified location of an entity that controls a system of campuses, colleges, hospitals, etc.	
		<i>Consortium in its entirety</i>	<i>At least 1 member of consortia</i>	<i>The location seeking accreditation</i>	<i>The controlling entity</i>
Having a formal affiliation agreement with all other entities that are involved in the education of the students, which describes the relationship, the roles, the responsibilities of the sponsor and that entity, and the assurance for completion of students assigned clinical requirements in the event that an affiliation is discontinued	X	X		X (either)	X (either)
Supporting curriculum planning and course selection by program faculty and staff	X	X			X
Appointing faculty and staff	X	X		X	
Maintaining student transcripts permanently	X	X		X	
Granting the degree and/or certificate documenting satisfactory completion of the educational program	X		X		X
Ensuring that appropriate personal safety measures are addressed for students and faculty	X	X		X	
Ensuring that all provisions of the Standards are met	X	X		X	
Ensuring that graduates of the program have obtained or will obtain the minimum degree and/or certificate upon completion of the program	X	X		X	
Ensuring that the activities assigned to students in the clinical setting are educational	X	X		X	
Maintain documented ongoing communication between the sponsor and its affiliates for exchange of information and coordination of the program	X	X		X	

## **Sponsoring Institution**

In cases where the sponsoring institution is an academic institution, other academic institutions may serve as academic affiliates. If the Sponsoring Institution is a single location of an accredited entity that controls a system of locations, other locations within the entity may serve as affiliates.

## **Consortium Sponsor**

A Consortium Sponsor is a distinct entity that exists for the purpose of operating an educational program, has a legally established governing body with a formal memorandum of understanding between its members that contains the elements listed in Standard 1B, and is solely eligible for a single NAACLS Accreditation Award.

## **Multi-Location Sponsor**

A Multi-Location Sponsor delivers the NAACLS Accredited Program in its entirety, is a specified location of an entity that controls a system of locations, and is eligible for a consolidated review that includes 1) a combined Self-Study with other accredited locations in the system, and 2) a condensed site visit process. Each location is eligible for its own accreditation award.

## **Accreditation Process for Multi-Location Sponsors**

### Preliminary Review

1. Initial Accreditation Application Packets must be submitted for each location seeking accreditation.
2. The controlling entity is also responsible for the submission of the Multi-Location Proposal Report. The Multi-Location Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Multi-Location sponsor as detailed in the chart on page 40. The Multi-Location Proposal Report will be reviewed by the Review Committee with the application packets, and if approved, a Self-Study due date will be determined.

### Self-Study Submission

The controlling entity is responsible for submission of a combined Self-Study for all Multi-Location Sponsors. Each Multi-Location Sponsor at which instruction occurs should submit Self-Study documentation to the controlling entity as required.

### Site Visit

Depending upon size and coordination required, a two or three day visit consisting of two or three site visitors will be scheduled for all geographically local locations. Distant locations will be verified during a separate site visit.

### Recommendations and Awards

1. Each Multi-Location Sponsor receives separate accreditation recommendations and awards.
2. All Multi-Location Sponsors must have their accreditation cycles aligned. In cases where one or more Multi-Location Sponsors receives an award that is less than an award given to another Multi-Location Sponsor, an interim report will be required from the Multi-Location Sponsors that received the lesser award in order to realign the accreditation cycles. If multiple Multi-Location Sponsors fail to meet standards, then the accreditation status of all Multi-Location Sponsors underneath that particular controlling entity may be impacted.

## **Other Processes for Consortium and Multi-Location Sponsors**

### **Two or more existing NAACLS Accredited Programs that choose to form a Consortium**

All parties will be responsible for the submission of the Consortium Proposal Report. The Consortium Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Consortium Sponsor as detailed on page 40. The Consortium Proposal Report will be reviewed by the appropriate review committee, and if approved, the new consortium’s accreditation award will be created by averaging the length of years remaining between the former sponsors.

### **Adding entities to an existing Accredited Consortium**

Both parties will be responsible for the submission of the Consortium Proposal Report as it relates to the new participating entity. The Consortium Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Consortium Sponsor as detailed on page 40. The Consortium Proposal Report will be reviewed by the appropriate review committee, and if approved, the consortium will maintain their current accreditation award. In the case that the newly added entity was an existing accredited NAACLS program, Withdrawal of Accreditation will be scheduled.

### **Seeking Accreditation for Multi-Location Sponsors that have the same controlling entity as other Multi-Location Sponsors**

Since each Multi-Location sponsor under a controlling entity receives separate accreditation recommendations and awards, adding a new Multi-Location sponsor requires the following steps to be:

1. Request from NAACLS information regarding the accreditation process. Review of a program is undertaken only when authorized by the new Multi-Location Sponsor’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.
2. Submit the Application for Initial Accreditation to NAACLS, along with an updated Multi-Location Proposal Report. The new sponsor and the controlling entity is also responsible for the submission of the Multi-Location Proposal Report. The Multi-

Location Proposal Report is a general overview of the program, and should consist of documentation that details how the program meets the “Operational Characteristics” of a Multi-Location sponsor as detailed on page 40. The Multi-Location Proposal Report will be reviewed by the appropriate review committee

### 3. Pay the Initial Application Fee.

Once the Letter of Intent, Initial Application, and Initial Application Fee have been received, and the updated Multi-Location Proposal Report is approved, NAACLS staff will request that the new Multi-Location Sponsor submit a Self-Study (a preliminary report may also be requested, depending on the projected timeline of accreditation). The materials will be reviewed, and a review will be sent to the new sponsor, which will be given a chance to respond to any concerns.

If an accredited program, the new sponsor will also be required to have a one day site visit. Following the Site Visit, the new sponsor will be given a chance to respond to any concerns, and will be placed on the agenda of the next review committee meeting. The review committee will then make an accreditation award recommendation to the Board of Directors, who will review the recommendation at their next meeting.

## **Transferring Sponsorship**

The following procedures outline the steps for transfer of program sponsorship from one institution to another.

The chief executive officer of the institution relinquishing sponsorship, or an official designee, provides NAACLS with a notice of intent to transfer the program.

The chief executive officer of the new sponsoring institution, or an official designee, completes and forwards the NAACLS application for transfer of sponsorship of the program, together with a summary of the pertinent statements and exhibits as outlined below:

- A. Statements and appropriate exhibits fulfilling the general characteristics of a sponsoring institution. A sponsoring institution or consortium:
  1. Demonstrates evidence of sound financial support of the educational program on a current and continuing basis.
  2. Appoints personnel to the program based on established criteria for eligibility, including professional and academic qualifications.
  3. Assumes primary responsibility for curriculum planning and selection of course content, in consultation with representatives of affiliating institutions, if any.
  4. Exercises primary responsibility in coordination of classroom or online teaching and supervised clinical experience in simulated as well as in actual clinical facilities.
  5. Receives and processes applications for admission to the program.
  6. Accepts applicants who are then enrolled as full or part-time students with all customary privileges for use of available student services and facilities.
  7. Grants a degree or certificate, or other official evidence of completion of the program.

B. Reasonable assurances that the Standards will continue to be met. These will include, but not be limited to:

1. Organizational chart:

- a. If transfer of sponsor **includes** a change in the organizational chart, include an organization chart identifying the program's position within the organizational structure and all key personnel by name and title.
- b. If transfer of sponsor **does not include** a change in the organizational chart, include narrative indicating no change to organizational chart, and assurances that the program's position within the organizational structure has not changed.

2. Program personnel:

- a. If transfer of sponsor **includes** change in program personnel, include curriculum vitae of the program director, the clinical coordinator (optional) and the medical advisor/medical director (if applicable).
- b. If transfer of sponsor **does not include** change in program personnel, include narrative indicating existing program personnel will continue in their roles under the new sponsor.

3. Resources:

- a. If transfer of sponsor **involves** program relocation, include institutional support resources to include: space, library facilities, etc.
- b. If transfer of sponsor **does not involve** program relocation, include narrative indicating existing resources (space, library facilities, etc.) will continue to be utilized under the new sponsor.

4. Submit an institutionally approved budget or a written statement of financial support.

5. Curriculum:

- a. If transfer of sponsor **involves** curriculum and principal faculty changes, include a curriculum outline and a list of principal faculty and lecturers with their qualifications.
- b. If transfer of sponsor **does not involve** curriculum and principal faculty changes, include narrative indicating existing curriculum and principal faculty will continue to be utilized.

6. Clinical and Academic Affiliates:

- a. If transfer of sponsor **involves** changes to clinical and academic affiliates, include identification of all clinical and academic affiliates along with copies of formal affiliation agreements.
- b. If transfer of sponsor **does not involve** changes to clinical and academic affiliates, include narrative indicating existing clinical and academic affiliates will continue to be utilized.

C. NAACLS acknowledges receipt of these letters and exhibits. If the materials submitted indicate that the program continues to be in compliance with the Standards NAACLS approves the transfer of sponsorship and an appropriate accreditation category and length. The length of accreditation recommended for the newly sponsoring institution is usually the

amount of time remaining in the program's last award. NAACLS also determines applicable fees and informs the new sponsor of these fees.

- D. The program must remain fairly constant in the transfer process with similar personnel, affiliations and curriculum. Major changes may result in consideration of the program as an initial applicant.
- E. The length of accreditation recommended will depend upon when this action takes place. If the action occurs at the end of an accreditation cycle, the program may be recommended for the maximum eligible period of continuing accreditation. This action requires two separate motions on the part of the review committee:
  - 1. Voluntary Withdrawal of Accreditation, naming the discontinued sponsor.
  - 2. Motion recommending appropriate action.
- F. Should the information and exhibits provided by the new sponsor be found less than adequate, NAACLS may:
  - 1. Require modification and submission of the most recent Self-Study Report with specific deadline date; or
  - 2. Require a new Self-Study Report (by date), and/or
  - 3. Recommend that accreditation be withheld from the new sponsor for reasons stated. This recommendation may or may not be based on a special, modified site visit.

### **Inactive Status**

A program is considered inactive if it does not enroll students in the professional sequence for a full academic year. This does not include multiple year programs that may have students for one year's class but not the other. An inactive program has the following responsibilities:

- 1. Notification to NAACLS as soon as it is known that there will be no enrollment of students
- 2. Payment of NAACLS' full annual accreditation fees
- 3. Notification of any changes in program director during the inactive period

A program may request inactive status for a maximum period of two years. At the end of the two year period, the program must do one of the following:

- 1. Reactivate the program by enrolling students and following the reactivation process, or
- 2. Submit a letter from the administrative officer requesting Voluntary Withdrawal of Accreditation; the effective date of closure and the reasons for this action must be included.

Failure to initiate one of these options before the inactive period expires will result in NAACLS placing the program on Administrative Probationary Accreditation.

### **Reactivation**

If an inactive program reactivates and the Self-study due date has elapsed, a Self-study will be due shortly after notifying NAACLS of reactivation. The reason for inactivity, and reactivation, resolution of issues which led to program inactivity and a description of a formal evaluation plan for continually and systematically reviewing the effectiveness of the program must be included in the report.

If an inactive program reactivates and the Self-Study Report due date has not elapsed, then a

Progress Report for Reactivation is required. The Progress Report must include the following:

### **Standard I. Sponsorship**

- Sponsoring Institution: Provide documents of current accreditation by a regional or national agency for the sponsoring institution.
- Affiliations: Provide letters of intent (or good faith) or signed affiliation agreements from proposed clinical sites, providing evidence that enough sites are available to accommodate projected numbers of students.

### **Standard II. Assessment and Continuous Quality Improvement**

Program Evaluation: Summarize a documented plan for continuous and systematic assessment of program effectiveness with a plan for program modification and improvement.

### **Standard III. Resources**

- Budget Information: Provide a budget sufficient to achieve program goals or a letter of financial support.
- Physical Resources: Describe facilities, equipment, and supplies sufficient to achieve program goals.

### **Standard IV. Students**

- Program Mission, Goals and Outcomes: Provide program goals that will align, correlate, and support NAACLS entry levels competencies including both core and unique standards for the profession.

### **Standard V. Operational Policies**

- Recruitment: Describe student recruitment, processing of applications, and selection of students appropriate to the size and scope of the program. Describe how admissions criteria and essential functions and student outcomes measures will be communicated to prospective students.

### **Standard VII. Faculty**

- Submit proof of NAACLS Approval of the Program Director. Submit additionally required documentation for Medical Director and/or Education Coordinator, if applicable.
- Personnel Plan: Describe the faculty/personnel plan (additional faculty positions if appropriate) adequate to support the number of students proposed in the program and to achieve the program goals. Provide a list of faculty and the courses they will be teaching if possible.
- Advisory Committee: Describe the membership of Advisory Committee which provides input into the program/curriculum to maintain current relevancy and effectiveness.

### **Standard VIII. Curriculum**

- Program and Course Descriptions: Provide a description of the proposed length of program or program tracks, courses, course descriptions with measurable student learning outcomes and sequencing and syllabi for each course. For one course, provide an example of a lecture and associated evaluation tools that align with outcomes and will provide evidence of learning. Program courses must include all of the instructional areas delineated in Standard VIII.A specific for the level of program.

This Progress Report will receive a preliminary review to determine if all required information is present. It will then be presented to the Review Committee at the next regular meeting. The review committee will vote on the acceptability of the report, and the program will be notified of the committee's decision.