



**CLINICAL LABORATORY TRAINING PROGRAM SELF
STUDY DOCUMENT FOR PROGRAMS NOT NATIONALLY ACCREDITED**

Name of Facility: _____

TP #: _____

Address: _____
(Street and Number) (Apt. Number)

(City) (State) (Zip)

Contact Person: _____

Date: _____

Signature: _____

1. Describe the admission procedures for students including a policy on nondiscrimination.

2. Do you keep a file on each student? [] Yes [] No If yes, describe the minimum content of a student file.

3. Where in your curriculum is the student taught procedures for handling blood and body fluid/tissues so as to safeguard the student, staff and patients?

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4. What systematic procedures do you employ for assessing learning outcomes, and the affective, cognitive and psychomotor domains? Attach a copy of the evaluation instrument.

5. What state-of-the-art instructional aides and methodologies for teaching the affective, cognitive and psychomotor domains do you employ? (e.g., practice specimens, student slides, special kits, etc.)

6. What procedures are in place to modify your program after evaluation?

7. What computer instruction and use is given to students?

8. What continuing education resources does your facility sponsor for your training program faculty?

9. Describe physical facilities used by your program. (e.g., classroom, library, student laboratory, etc.)

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10. What equipment do you have that is solely for student use?

11. Does your facility have a program for grievances and appeals?

12. Attach a list of objectives, course descriptions, course outlines and the assessment tool for determining the outcome of courses.