



**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?

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

Name of Facility \_\_\_\_\_

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.

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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.)

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

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

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

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

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Name of Facility \_\_\_\_\_

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

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

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\_\_\_\_\_

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