SITE VISIT REPORT
Medical Laboratory Scientist

Name of Program: **Oregon Tech / Oregon Health & Science University**
City, State: **Wilsonville, Oregon**
Program Director: **Ms. Cara Calvo**

I. SPONSORSHIP

*If visiting a consortium program, please list what participating entities are visited:*  ☑NA

<table>
<thead>
<tr>
<th>Participating Entity</th>
<th>City/State</th>
<th>Consortium Education Coordinator</th>
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**CLINICAL AFFILIATES:**  ☐ None

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<thead>
<tr>
<th>Affiliate Name</th>
<th>City/State</th>
<th>Current Signed Agreement</th>
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</thead>
<tbody>
<tr>
<td>1. Adventist Health: Portland MC</td>
<td>Portland, Oregon</td>
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<tr>
<td>2. Adventist Health: Tillamook County General Hospital</td>
<td>Tillamook, Oregon</td>
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<tr>
<td>3. Asante Health: Rogue Valley MC</td>
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<td>4. Asante Health: Three Rivers MC</td>
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<td>5. Bay Area Hospital</td>
<td>Coos Bay, Oregon</td>
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<td>6. Cascade Health: St. Charles-Madras</td>
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<td>7. Cascade Health: St. Charles MC</td>
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<td>8. Columbia Memorial Hospital</td>
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<td>9. Curry General Hospital</td>
<td>Gold Beach, Oregon</td>
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<td>10. Grande Ronde Hospital</td>
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<td>11. Indian Health Service: Warm Springs Health</td>
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<td>12. Interpath Laboratory</td>
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<td>14. Legacy: Central Lab</td>
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<td>17. Legacy: Mt. Hood MC</td>
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<td>18. Mercy Medical</td>
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<td>19. Mid-Columbia MC</td>
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<td>20. Northern Nevada MC</td>
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| 21. Oregon Health & Science Univ. | Portland, Oregon  
| 23. Physicians' MC | McMinnville, Oregon  
| 24. Providence: Medford Regional MC | Medford, Oregon  
| 25. Providence: Milwaukie Hospital | Milwaukie, Oregon  
| 26. Providence: The Oregon Clinic | Portland, Oregon  
| 27. Providence Portland MC | Portland, Oregon  
| 28. Providence: Regional Core Lab Services | Portland, Oregon  
| 29. Providence: Seaside Hospital | Seaside, Oregon  
| 30. Providence: St. Vencent's MC | Portland, Oregon  
| 31. Providence: Willamette Falls MC | Oregon City, Oregon  
| 32. Renown Regional MC | Reno, Nevada  
| 33. St. Alphonsus Regional MC | Boise, Idaho  
| 34. St. Mary's Regional MC | Reno, Nevada  
| 35. Salem Clinic | Salem, Oregon  
| 36. Salem Hospital | Salem, Oregon  
| 37. Samaritan: Albany General Hospital | Albany, Oregon  
| 38. Samaritan: Good Samaritan Regional MC | Corvallis, Oregon  
| 39. Samaritan: Lebanon Community Hospital | Lebanon, Oregon  
| 40. Santiam Hospital | Stayton, Oregon  
| 41. Silverton Hospital | Stayton, Oregon  
| 42. Sky Lakes Regional MC | Klamath Falls, Oregon  
| 43. Southern Coos Hospital & Health Center | Bandon, Oregon  
| 44. Tualatin Community Hospital | Hillsboro, Oregon  
| 45. VAMC: Portland | Portland, Oregon  
| 46. VAMC: Roseburg | Roseburg, Oregon  
| 47. Willamette Valley MC | McMinnville, Oregon  

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**COMMENTS:**
1. The sponsoring institution (or at least one participating entity in the case of a consortium or joint venture) is accredited by recognized regional and/or national agencies.

   □YES □NO

The clinical and/or academic affiliates are accredited by recognized regional and/or national agencies.

   □YES □NO □NA

All provisions of the agreement(s) are active (current) with written documentation of the following items:

   □NA

   A. General:
      1. Reason for agreement
         □YES □NO
      2. Responsibilities of the academic facility
         □YES □NO
      3. Responsibilities of the clinical facility
         □YES □NO
      4. Joint responsibilities
         □YES □NO

   B. Specific:
      1. Supervisory responsibilities for the students
         □YES □NO
      2. Student professional liability coverage
         □YES □NO
      3. Student health and safety policies
         □YES □NO
      4. Provision for renewal
         □YES □NO
      5. Termination clause providing for program completion of enrolled students
         □YES □NO

COMMENTS:

2. The educational program is established in a:

   □ College or University
   □ Hospital or medical center
   □ Medical laboratory
   □ Consortia or Joint Venture
   □ Other institution that meets comparable standards for education in clinical laboratory sciences

   COMMENTS:

3. The sponsor (and participating entities, in cases of consortia) assumes primary responsibility for:

   Planning curriculum
   □YES □NO
   Selecting course content
   □YES □NO
   Coordinating classroom teaching
   □YES □NO
   Coordinating applied education
   □YES □NO
   Appointing faculty to the program
   □YES □NO
   Receiving and processing applications for admission
   □YES □NO
   Granting the baccalaureate or higher degree, or certificate
   □YES □NO

COMMENTS:
3A. The sponsor (and participating entities, in cases of consortia) is responsible for providing assurance that the activities assigned to students in the clinical setting are educational. □ YES □ NO □ NA

COMMENTS:

3B. There is documented, active, ongoing communication between the sponsor (and participating entities, in cases of consortia) and the affiliate(s) to:

Exchange information □ NA
Coordinate the program □ YES □ NO

COMMENTS:

II. RESOURCES

4. Personnel resources of the program support the number of students admitted. □ YES □ NO

The instructor to student ratio is adequate to achieve the program goals. □ YES □ NO

COMMENTS:

5. Financial resources are adequate for the continued operation of the educational program. □ YES □ NO

The budget is institutionally approved, OR there is a written statement of continued financial support for the educational program from an executive officer of the sponsor (and participating entities, in cases of consortia). □ YES □ NO

COMMENTS:

6A. The classrooms/lecture areas are adequate. □ YES □ NO
The administrative offices are adequate. □ YES □ NO
The student laboratories are adequate. □ YES □ NO □ NA
The clinical facilities are adequate. □ YES □ NO □ NA

Student laboratories are equipped for safety. □ YES □ NO □ NA
Clinical facilities are equipped for safety. (Only required if the facility is not accredited by JCAHO, and/or CAP, and/or COLA) □ YES □ NO □ NA

COMMENTS:
MLS Site Visit Report

6B.

Students have access to modern equipment and supplies. ☑️ ☐

Students have experience with modern equipment and supplies. ☑️ ☐

COMMENTS:

6C. Students have access to information resources containing current editions of books, periodicals and other reference materials in contemporary formats related to all content areas of the curriculum. ☑️ YES ☐ NO

COMMENTS:

6D. Adequate instructional resources are available to facilitate each student's attainment of entry level competencies. ☑️ YES ☐ NO

COMMENTS:

6E. Students have access to and experience with contemporary computer technology. ☑️ YES ☐ NO

COMMENTS:

III. STUDENTS

7. Applicants and/or students are provided with a clear description of the program and its content. ☑️ YES ☐ NO

Announcements accurately reflect the program offered. ☑️ YES ☐ NO

Current publications include:

A. Program mission statement ☑️ YES ☐ NO
B. Program goals and competencies ☑️ YES ☐ NO
C. Course objectives ☑️ YES ☐ NO
D. Applied education assignments ☑️ YES ☘️ NA ☐ NO
E. Admission criteria both academic and non-academic ☑️ YES ☐ NO
F. A list of course descriptions ☑️ YES ☐ NO
G. Names and academic rank or title of Program Director ☑️ YES ☐ NO
and faculty
H. Tuition and fees with refund policy
I. Causes for dismissal
J. Rules and regulations, including appeal procedures
K. A listing of clinical facilities
L. Essential functions
M. Policies and procedures when applied
experience cannot be guaranteed
N. "AT LEAST ONE current outcomes measure
in the program's published materials. (Effective for
Self-Studies received September 1, 2012 or later)

COMMENTS:

8. Admissions policies and procedures are in accordance
with the clearly defined and published practices of the
institution.

Academic standards and essential functions required for
admission to the program are:

- Clearly defined
- Published
- Provided to prospective students
- Evidenced by signature page
- Made available to the public

COMMENTS:

9. Rules and regulations governing acceptable personal
and academic conduct for all academic and clinical
settings are:

- Clearly defined
- Provided to students upon entering the program

COMMENTS:

10. Student records are maintained according to any governmental
regulations and the regulations of any other accrediting agencies
for:

- Admissions
- Evaluation
- Counseling or advising sessions

Individual grades and credits for courses are recorded and
permanently maintained by the sponsor (and participating
entities, in cases of consortia).
 COMMENTS:

11. Students are informed of, and have access to the usual student health care services of the sponsoring institution.

☐ YES ☐ NO

The health and safety of students, faculty and patients associated with the educational activities are adequately safeguarded.

☐ YES ☐ NO

Emergency medical care is available for students while they are in attendance.

☐ YES ☐ NO

 COMMENTS:

12. Guidance is available:

To assist students in understanding and observing program policies and practices

☐ YES ☐ NO

For advising on professional and career issues

☐ YES ☐ NO

For providing counseling or referral for personal and financial problems that may interfere with progress in the program

☐ YES ☐ NO

Confidentiality and impartiality are maintained in dealing with student problems.

☐ YES ☐ NO

 COMMENTS:

13. Appeals procedures:

Are distributed to students upon entering the program.

☐ YES ☐ NO

Include provisions for academic types of grievances.

☐ YES ☐ NO

Include provisions for non-academic types of grievances.

☐ YES ☐ NO

Include a mechanism for neutral evaluation that ensures due process and fair disposition.

☐ YES ☐ NO

 COMMENTS:

IV. OPERATIONAL POLICIES
14A. Programmatic announcements accurately reflect the program offered.

Programmatic announcements include NAACLS' name, address and telephone number.

COMMENTS:

14B. Student recruitment and admission policies are non-discriminatory.

COMMENTS:

14C. Faculty recruitment and employment practices are non-discriminatory.

COMMENTS:

14D. Academic credits and costs are accurately stated, published and made known to all applicants.

COMMENTS:

14E. Policies and procedures for student withdrawal are published and made known to all applicants.

Policies and procedures for refunds of tuition and fees are published and made known to all applicants.

COMMENTS:

14F. If more than one level of clinical laboratory science program is offered by the sponsor, the sponsor demonstrates that each program is being conducted to assure appropriate instruction for the students at different educational levels.

COMMENTS:

14G. The program culminates in at least a baccalaureate degree or higher, or in a certificate for the student who otherwise completes the required degree.

Granting of the degree/certificate IS NOT contingent upon the students passing any type of external certification or licensure examination.

Academic standards for the program are acceptable to the institution that grants the degree.
COMMENTS:

14H. Records of formal student complaints and resolution are maintained. ☑YES ☐NO

COMMENTS:

14I. Program evaluation information is available to NAACLS. ☑YES ☐NO

COMMENTS:

V. PROGRAM EVALUATION

15. The program has a documented, formal evaluation plan for continually and systematically reviewing the effectiveness of the program. ☑YES ☐NO

COMMENTS:

16. Outcomes measures from the last three active years are:
   - documented ☑YES ☐NO
   - analyzed ☑YES ☐NO
   - used in program evaluation ☑YES ☐NO

COMMENTS:

17. A review of graduation rates is:
   - documented ☑YES ☐NO
   - analyzed ☑YES ☐NO
   - used in the program evaluation ☑YES ☐NO

A review of employment rates is:
   - documented ☑YES ☐NO
   - analyzed ☑YES ☐NO
   - used in the program evaluation ☑YES ☐NO

COMMENTS:

18. The results of program evaluations are:
   - documented ☑YES ☐NO
   - reflected in ongoing curriculum development and program modification ☑YES ☐NO
   - followed by an analysis of the effectiveness of any changes implemented ☑YES ☐NO

COMMENTS:
VI UNIQUE STANDARDS

Resources

20A1. Program Director Faculty Fact Sheet is complete. □YES □NO

COMMENTS:

20A2. The Program Director is responsible for program:
  Organization
  Administration
  Periodic review
  Planning
  Development
  Evaluation
  General effectiveness

The program director has input into budget preparation. □YES □NO

COMMENTS:

20A3. The program director's qualifications are:
  Nationally certified clinical laboratory scientist/medical technologist
  Master's or doctoral degree
  At least three years of experience in clinical laboratory science education
Date approved by NAACLS: 7/5/12

Experiences in clinical laboratory science education include:
  Teaching courses
  Conducting and managing learning experiences
  Evaluating student achievement
  Providing input into curriculum development
  Formulating policies and procedures
  Evaluating program effectiveness

COMMENTS:

The program director has knowledge of education and administration. □YES □NO

The program director has knowledge of current
accreditation and certification procedures.

COMMENTS:

20A4. The program director has a faculty appointment at the sponsoring institution or at each affiliated academic institution.

COMMENTS:

20B1. There is an advisory committee from the community of interest who have knowledge of clinical laboratory science education.

COMMENTS:

20B2. Advisory committee meeting minutes verify that it has input into any aspects of the program/curriculum that relate to its current relevancy and effectiveness.

COMMENTS:

21A. Faculty responsibilities include participation in:
   - Teaching courses
   - Supervising applied laboratory learning experiences
   - Evaluating student achievement
   - Developing curriculum
   - Formulating policy and procedures
   - Evaluating program effectiveness

COMMENTS:

21B. Faculty demonstrate adequate knowledge and proficiency in their content areas.
   Faculty demonstrate the ability to teach effectively at the appropriate level.

COMMENTS:

21C. There is documentation of ongoing professional development to fulfill the instructional responsibilities of:
   - Didactic faculty
   - Clinical faculty (Only required if the facility is not accredited by JCAHO, and/or CAP, and/or AABB, and/or COLA)

COMMENTS:

21D1. If a participating entity of a consortium program, the consortium education coordinator is responsible for:
   - Coordinating classroom teaching and applied education

COMMENTS:
21D2. If a participating entity of a consortium program, the consortium education coordinator’s qualifications are:

Nationally recognized certification equivalent to that required of program director
Academic degree appropriate to program level
At least one year of experience in clinical laboratory science education

Curriculum

22A. Instruction:
Follows a planned curriculum or sequence of courses that documents a structured curriculum
Includes applied (clinical/laboratory) education
Includes course schedules
Includes clinical significance and correlation
Has clearly written program goals and competencies
Has syllabi which include individual course goals and behavioral objectives.

Course objectives show progression to the level consistent with entry into the profession.
### MLS Site Visit Report

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<thead>
<tr>
<th>Hematology</th>
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<tr>
<th>Psychomotor Objectives</th>
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<th>At the appropriate taxonomic level?</th>
<th>Contain measurable action verbs and outcomes?</th>
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<tr>
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<td>Phlebotomy</td>
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Affective objectives are present

**COMMENTS:**

22B. Instructional Areas:
1. Scientific content includes the following areas:
   - Anatomy/physiology
   - Immunology
   - Genetics/molecular biology
   - Microbiology
   - Organic/biochemistry
   - Statistics

   [YES NO]

2. Each area of the curriculum includes pre-analytical, analytical, and post-analytical components of laboratory services.

   [YES NO]
The curriculum includes:

- Principles and methodologies
- Performance of assays
- Problem-solving/Troubleshooting
- Interpretation of clinical procedures and results
- Statistical approaches to data evaluation
- Continuous assessment of laboratory services

The curriculum also includes:

<table>
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<tr>
<th>3.</th>
<th>Principles and practices of quality assurance/quality improvement</th>
<th>Objectives Present</th>
<th>Evaluations Present</th>
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<tr>
<td>4.</td>
<td>Application of safety and governmental regulations and standards</td>
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<td>5.</td>
<td>Principles of interpersonal and interdisciplinary communication and team-building skills</td>
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<td>6.</td>
<td>Principles and applications of ethics and professionalism</td>
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<td>7.</td>
<td>Education techniques and terminology</td>
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<td>8.</td>
<td>Knowledge of research design and practice</td>
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<td>9.</td>
<td>Concepts and principles of laboratory operations include:</td>
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<td>a. critical pathways and clinical decision making</td>
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<td>b. performance improvement</td>
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<td>c. dynamics of healthcare delivery systems as they affect laboratory service</td>
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<td>d. human resource management</td>
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<td>e. financial management</td>
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COMMENTS:

22C. Learning Experiences:
Experiences are educational and balanced so that entry level competencies can be achieved

Instruction provides properly sequenced learning experiences

Learning experiences include appropriate:
- Instructional material
- Classroom presentations
- Discussions
- Demonstrations
- Laboratory sessions
- Supervised practice and experience

Experiences at different clinical sites are comparable
and appropriate to enable all students to achieve entry level competencies.

Policies and processes by which students may perform service work are:
  - Published
  - Distributed to students
  - Distributed to clinical affiliates

After demonstrating proficiency, students may be permitted to perform procedures under qualified supervision.

Objectives are present for any learning experiences outside of normally scheduled hours.

Service work by students in clinical settings outside of academic hours is non-compulsory.

COMMENTS:

22D. Evaluations:

Written criteria for passing, failing and progression in the program are:
  - Documented
  - Given to each student at the time of entry into the program

<table>
<thead>
<tr>
<th>Evaluation of Cognitive Objectives</th>
<th>Evaluations are present?</th>
<th>Test items correlate with written objectives and competencies?</th>
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**Microbiology:**

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**Evaluation of Psychomotor Objectives**

<table>
<thead>
<tr>
<th>Evaluation of Psychomotor Objectives</th>
<th>Evaluations are present?</th>
<th>Test items correlate with written objectives and competencies?</th>
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<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Hematology</td>
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<tr>
<td>Phlebotomy</td>
<td>x</td>
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</table>

Evaluation systems are employed frequently enough to:

- Provide students and faculty with timely indications of a student's academic standing and progress
- Serve as a reliable indicator of the effectiveness of instruction and course design

Affective evaluations are present and correlate with written objectives.

**COMMENTS:**

(Standards adopted: 2001)
(Changes Approved: April 2009)
(Released: June 2009)
(Change Approved: September 2011)
Summary Page

Important Notice:
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.

NOTE: This page 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.

Areas of Strength:

1. Performance of the graduates on the ASCP BOC Exam. The Site Visit Team requested and reviewed the program's ASCP BOC Program Performance Report for the years spanning 2010 to 2014. In all of these years, the class average pass rate exceeded the national pass rate. The class average composite scores far exceeded the national average composite scores with impressively high individual categorical scores. In fact, the top student in the 2010 class achieved a composite score of 820 on the ASCP BOC Exam and according to the ASCP Program Performance Report, this was the highest composite score in the nation among the 2,276 examinees.

2. Exceptionally high retention rate of students in the program. This program's retention rate from the years of 2007 to 2012 was 93.8%.

3. Strong employment rate (100%) within one year of graduation as indicated by the 2013 Oregon Tech Institutional Research graduate survey and strong employee satisfaction of the graduates of this program as indicated by interviewees with representatives of regional hospitals conducted by the Site Visit Team.

4. Impressive program recruitment and expansion while maintaining exceptional quality. In 2007 the program had 55 applicants and in 2013 the program had 125 applicants competing for 50 positions.

5. Caring, highly dedicated, highly specialized faculty. During the visit, the Site Visit Team conducted interviews with the current students and graduates of this program and all of these individuals expressed that they were thankful for the caring attitude of the faculty in this program. The graduates of this program all expressed the fact that they felt very well prepared for both the ASCP BOC Exam and their new careers as medical laboratory scientists. All interviewees spoke very highly of this program and its faculty.

6. Strong administrative support for this program. The newly appointed Dean, Ms. LeAnn Maupin, has extensive experience in accreditation process and an appreciation of the effort involved in accreditation maintenance. The Associate Provost, Dr. Mateo Aboy, emphasized the important instruction in all program in his institution and expressed his unwavering support of this program during interviews with the Site Visit Team.
7. Impressive facilities including student laboratories.

**Concerns noted by the Paper Reviewer:** (List and detail by the appropriate Standards number)

<table>
<thead>
<tr>
<th>Standard #</th>
<th>Concern</th>
<th>Action Taken by the site visit team</th>
</tr>
</thead>
<tbody>
<tr>
<td>STD 1</td>
<td>&quot;All information for each site appears complete but a few of the affiliation agreements have expired or will expire soon. It appears that the Bay Area Hospital affiliation agreement expired 6/12. Interpath will expire 6/30/14 Kaiser expired 8/13. The agreement states that the contract can be renewed by mutual agreement but should there be paperwork stating that it has been renewed? The Legacy contract is scheduled to expire 7/31/14 but can be renewed. The Mid-Columbia MC will need to be renewed 6/30/14. It appears that the Santiam Hospital agreement expired 10/12. Is there an amendment extending this? It looks like the contract with Southern Coos hospital will expire 6/30/14. It is not clear if the VAMC: Portland agreement has been extended.&quot;</td>
<td>The Site Visit Team reviewed all of the clinical contracts and all contracts are current with valid expiration dates and all meet the requirements of STD 1. All contracts contain the following termination clause: &quot;In case of termination for any reason, trainees already in training at the facility shall be allowed by the facility to complete their current clinical experience.&quot;</td>
</tr>
<tr>
<td>STD 7M</td>
<td>&quot;I may not be reading this clearly. It looks like the number of sites available is greater than the number of students accepted but the students are not guaranteed an interview or placement to a clinical training site?&quot;</td>
<td>The Site Visit Team confirmed the fact that the program maintains a number of clinical training sites that is greater than the number of students admitted into the program so that clinical placement is reasonably guaranteed for each student.</td>
</tr>
<tr>
<td>STD 22B</td>
<td>&quot;It is not clear where the students gain experience or training in human resource management or financial management.&quot;</td>
<td>The Site Visit Team carefully reviewed all of the course materials for the program and confirmed the fact that each MLS student does gain training in human resource management and financial management.</td>
</tr>
</tbody>
</table>
### Concerns of the Site Visit Team: (List and detail by the appropriate Standards number)

<table>
<thead>
<tr>
<th>Standard #</th>
<th>Concern</th>
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<tr>
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<td>The Site Visit Team has no concerns whatsoever about this program.</td>
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SIGNATURE PAGE

***Please complete and attach as the last page of the Site Visit Report***

Please print or type the following information.

Name of Program: Oregon Tech / Oregon Health & Science University
City, State: Wilsonville, Oregon

Program Level: MLS Date: 10/23/14

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<tr>
<th>I. Team Coordinator:</th>
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<tr>
<td>Name/Title:</td>
<td>Dr. Bill Engle, Chair, Medical Laboratory Science Department</td>
</tr>
<tr>
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<td>Lincoln Memorial University</td>
</tr>
<tr>
<td>Address:</td>
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</tr>
<tr>
<td>City/State/Zip:</td>
<td>Harrogate, Tennessee 37752</td>
</tr>
<tr>
<td>Telephone:</td>
<td>423-869-6471 Email: <a href="mailto:billy.Engle@LMU.net.edu">billy.Engle@LMU.net.edu</a></td>
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<tbody>
<tr>
<td>Name/Title:</td>
<td>Dr. Cheryl L. Conley, Program Director, Clinical Laboratory Science</td>
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<tr>
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<td>Wright State University</td>
</tr>
<tr>
<td>Address:</td>
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</tr>
<tr>
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<td>Dayton, OH 45435</td>
</tr>
<tr>
<td>Telephone:</td>
<td>937-775-2306 Email: <a href="mailto:cheryl.Conley@wright.edu">cheryl.Conley@wright.edu</a></td>
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If a team member does not concur with the report, a minority report describing disagreements is needed. (See Volunteer Manual)