San José State University
Clinical Laboratory Scientist (CLS) Training Program

CLS Training Program Handbook

Edition: July 2026

This handbook contains the official policies, procedures, and requirements governing the San José State University Clinical Laboratory Scientist (CLS) Training Program. It applies to all CLS students, Education Coordinators, Clinical Affiliates, and program leadership.

The handbook documents program governance, curriculum requirements, clinical training expectations, assessment and remediation processes, and accreditation compliance in accordance with NAACLS Standards and California Department of Public Health Laboratory Field Services (LFS) regulations.

Effective Date: November 2026
Supersedes: July 2026 edition

Student Handbook Revision History

February 2026 — Comprehensive Handbook Revision

The February 2026 edition represented a comprehensive modernization of the CLS Student Handbook to strengthen program governance, curriculum alignment, clinical competency assessment, student progression requirements, documentation practices, and accreditation readiness.

Major revisions included:

- Expanded Program Director and Education Coordinator responsibilities.
- Comprehensive review and relocation of learning objectives to Canvas LMS.
- Standardization of curricular terminology.
- Implementation of rotation-specific Clinical Rotation Competency Checklists and laboratory safety orientation documentation.
- Formalization of clinical remediation procedures and academic progression requirements.
- Introduction of mid-program and end-of-program Education Coordinator evaluations and attestations.
- Clarification of documentation responsibilities and electronic recordkeeping.
- Strengthened Continuous Quality Improvement (CQI) processes.
- Reorganization of appendices, forms, and handbook navigation.

July 2026 — Accreditation Response Updates

The July 2026 edition incorporated clarifications and documentation improvements arising from the NAACLS Self-Study review and ongoing program evaluation activities.

Major updates included:

- Enhanced documentation of program mission, goals, and outcome measures.
- Clarified course descriptions, academic units, grading structures, and course sequencing.
- Improved visibility of program leadership and instructional personnel contact information.
- Updated Appendix A — Faculty & Staff Roster.
- Clarified assessment and evaluation timelines.
- Improved handbook navigation, internal links, Table of Contents, and PDF bookmarks.

November 2026 — Program Governance, Assessment, and CQI Enhancements

This revision incorporates improvements identified during the 2026 CGMBS Student Handbook modernization project, subsequent CLS program review, and ongoing administrative and Continuous Quality Improvement activities.

Major revisions include:

Program Governance and Document Management

- Expanded and clarified Program Director and Education Coordinator responsibilities, emphasizing collaborative leadership, communication, oversight, and regulatory accountability.
- Established a formal controlled document management framework for annual review and maintenance of the Student Handbook, competency documentation, policies, procedures, and program forms.
- Standardized program terminology, document titles, and references to program leadership, Clinical Affiliates, and Trainers.

Curriculum, Competency Assessment, and Student Progression

- Strengthened alignment among learning objectives, clinical competency documentation, assessment methods, program outcomes, and accreditation standards.
- Refined competency assessment, remediation documentation, Student Progress Attestation processes, and student progression decision-making responsibilities.
- Clarified that trainees holding prior California CPT1 licensure may be exempt from the clinical phlebotomy rotation but must still pass the MICR 291G Phlebotomy Rotation Examination with a minimum score of 70%.
- Added Section 7.3 to clarify MICR 291G rotation examination timing when clinical rotation schedules do not align with the MICR 292 didactic sequence, while retaining the 70% minimum passing requirement.

Clinical Affiliate Oversight and Documentation

- Clarified Clinical Affiliate and Education Coordinator responsibilities for communication, clinical oversight, documentation maintenance, and annual handbook acknowledgment.
- Strengthened consistency among handbook policies, competency records, program forms, and operational procedures.

Program Outcomes and Continuous Quality Improvement

- Expanded documentation of the annual program evaluation and CQI cycle, including outcome data, benchmarks, stakeholder feedback, implementation of improvements, and evaluation of effectiveness.
- Updated measurable program outcomes and benchmark definitions for consistency with NAACLS reporting practices, Appendix E, and published program information.

Regulatory Compliance and Program Continuity

- Clarified Section 9.5, Program Closure and Teach-Out Policy, to require submission of a detailed teach-out plan to NAACLS within 30 days of an official announcement of permanent program closure, including arrangements for currently enrolled students and applicable LFS notifications.

Editorial and Organizational Improvements

- Improved consistency, readability, document organization, and integration of handbook sections while preserving established program policies and educational requirements.

Table of Contents

Student Handbook Revision History i

February 2026 — Comprehensive Handbook Revision i

July 2026 — Accreditation Response Updates i

November 2026 — Program Governance, Assessment, and CQI Enhancements ii

Table of Contents iv

1.0 Introduction and Welcome 1

1.1 Welcome Letter 2

1.2 Authority and Compliance 2

1.3 LFS Notification Policy for Handbook Revisions 3

2.0 Program Overview 3

2.1 Program Mission and Philosophy (NAACLS II.A) 3

Program Mission Statement 3

Program Philosophy 3

Program Goals 4

Program Outcome Measures 4

2.2 Program Structure and Training Period 4

2.3 Tuition & Fees 5

3.0 – Admissions Requirements & Application Process 5

3.1 Eligibility and Selection Criteria (NAACLS I.A, I.B) 5

3.2 Required Academic Prerequisites (LFS) 5

3.3 Application Procedure 6

3.4 Official University Admission (Cal State Apply) 8

3.5 Post Acceptance Contingencies 8

4.0 – Technical Standards & Essential Functions (NAACLS I.D.2) 9

4.1 Required Categories of Essential Functions 9

4.2 Reasonable Accommodations 11

5.0 Curriculum & Clinical Rotations (NAACLS VIII) 11

5.1 Program Structure and Duration 11

5.2 Required Academic Coursework 12

5.3 Clinical Training Requirements and Rotation Schedule (LFS) 13

5.4 Mandatory Health Insurance 15

5.5 Professional Certification Eligibility 15
6.0 – Safety & Infection Control 15
6.1 General Safety Requirements and Training (NAACLS IV.C; V.D) 15
6.2 Use of Personal Protective Equipment (PPE) 16
6.3 Exposure Control and Incident Reporting (OSHA; LFS Title 17 §1030.5) 16
6.4 Student Employment Policy 17
6.5 Regulatory Adherence 18
7.0 – Assessment, Competency & Grading Policies (NAACLS III.D; V.D; V.G) 18
7.1 Course Grading Summary 19
7.2 Clinical Performance Grading and Passing Standards (MICR 291) 19
7.3 Rotation Examination Timing 20
7.4 Professional Conduct and Behavioral Expectations 20
7.5 Remediation Policy and Limits (MICR 291) 21
7.6 Documentation of Clinical Deficiencies and Remediation (MICR 291) 22
7.7 Academic Performance Monitoring and Progression (MICR 292) 22
7.8 Criteria for Successful Program Completion 23
7.9 Academic Standards: Administrative-Academic Probation and Disqualification from the CLS and CGMBS Post Baccalaureate Certificate Programs 24
8.0 Student Rights, Conduct, and Due Process (NAACLS V.D) 26
8.1 Student Rights, Responsibilities, and Conduct 26
8.2 Due Process for Dismissal and Disciplinary Action 27
8.3 Grievance and Formal Complaint Procedures (Program-Specific) 27
9.0 Mandatory Attendance, Leave of Absence, Withdrawal, and Dismissal (NAACLS V.D & VII.G) 28
9.1 Mandatory Attendance and Makeup Policy (LFS Alignment) 28
9.2 Leave of Absence (LOA) Policy 29
9.3 Voluntary Withdrawal Policy 29
9.4 Involuntary Dismissal Policy 30
9.5 Program Closure Policy 31
10.0 Graduation, Certification, and Licensure 31
10.1 Program Completion Requirements 31
10.2 Certificate of Completion 32

10.3 Certification and Licensure Pathway 32
11.0 Education Coordinator Responsibilities and Compliance (NAACLS I.B.3 & VII.F) 33
11.1 Core Training and Operational Oversight 33
11.2 Compliance, Documentation, and Reporting 33
11.3 Corrective Action and Remediation 35
11.4 Continuous Quality Improvement (CQI) Cycle Participation (NAACLS VIII) 35
11.5 Program Documentation Distribution and Currency (NAACLS V) 36
12.0 Program Director Responsibilities (NAACLS I.B.3, VII.F, and VIII) 36
12.1 Administration and Resource Management (NAACLS I.B.3) 36
12.2 Curriculum and Instruction Oversight (NAACLS I.B.3 & VI.B) 37
12.3. Student Affairs and Records 37
12.4 Accreditation and Continuous Compliance (NAACLS VII.B & VIII) 38
13.0 Program Goals, Outcomes, and Continuous Quality Improvement (CQI) 39
13.1 Program Goals (Mission Statement) 39
13.2 Measurable Program Outcomes (NAACLS Standard VIII) 40
13.3 Continuous Quality Improvement (CQI) Cycle 40
14.0 Appendices Overview 41
14.1 Appendix Review Cycle 42
14.2 Appendix Index 42
14.3 Forms and Checklists (Referenced Documents) 43
Appendix A – Faculty & Staff Roster 44
Program Administration 44
Didactic Faculty and Guest Lecturers 44
Appendix B – Clinical Training Affiliates 46
Clinical Affiliate List 46
Appendix C – Tuition and Fees Schedule 47
Tuition and Fees Summary 47
Appendix D – Rotation Schedule Requirements (SJSU Program Schedule and California LFS Minimums) 48
Representative SJSU 52-Week Rotation Schedule 48
Relationship Between the SJSU Schedule and LFS Requirements 48
LFS Minimum Required Training (in Weeks) 49

Appendix E – NAACLS Program Outcomes and Benchmarks 50
NAACLS Required Outcome Measures 50
Program Benchmarks 50
Program Outcomes (Updated Annually) 50
Outcome Definitions 51
Appendix F – Accreditation Fact Sheet 52
Accreditation Agency Information 52
Program Accreditation Status 52
Compliance With NAACLS Standards (2024 Edition) 52
Student Complaint Procedure 53
Public Disclosure Requirement 53
Annual Review Statement 53
Appendix G – University Policy References 54
Nondiscrimination Policy 54
Students with Disabilities / ADA Accommodations 54
Student Grievance Procedures 54
Academic Integrity Policy 54
Student Conduct Code 54
Privacy and FERPA 54
Religious Accommodation Policy 55
CSU Systemwide Policies 55
Appendix H: Safety Incident – Action Guide (What to Do and Who to Tell) 56

1.0 Introduction and Welcome

The Clinical Laboratory Scientist (CLS) Training Program at San José State University (SJSU) is a post-baccalaureate professional training program housed within the College of Science, Department of Biological Sciences. The program integrates advanced didactic instruction with structured clinical training in approved hospital-based clinical laboratories that meet applicable state and federal regulatory requirements and is designed to prepare students for professional practice in accordance with California Department of Public Health – Laboratory Field Services (LFS) licensure standards.

This Student Handbook establishes the official policies, procedures, academic standards, clinical requirements, and governance framework of the CLS Training Program. It serves as the authoritative program document governing student expectations, progression standards, competency verification processes, and administrative oversight.

Students are responsible for reviewing and adhering to all policies contained herein. Failure to comply with program policies may result in academic probation, remediation, dismissal, or disqualification in accordance with Sections 7.0, 8.0, and 9.0 of this handbook.

This handbook is a dynamic governance document and may be revised as required to maintain compliance with regulatory agencies, NAACLS standards, university policies, and programmatic requirements. All students are bound by the most current approved version.

1.1 Welcome Letter

To Our New Students,

Welcome to the SJSU CLS Training Program. We are pleased to offer a rigorous and comprehensive 52-week program designed to prepare students for entry-level practice as Clinical Laboratory Scientists.

On behalf of the Clinical Affiliates, Faculty, and Staff associated with the SJSU CLS Training Program, we would like to welcome you. This program is designed to prepare students to work as Clinical Laboratory Scientists in clinical, research, and public health laboratories. You will have the opportunity to contribute greatly to the quality of patient care as part of the health care team.

This challenging profession will demand great concentration and effort, professionalism, and critical thinking. As a student, you will be taught the basic techniques and knowledge required for entry into the profession. You will also be taught basic management skills, communication, and teamwork skills. We hope that you feel a sense of accomplishment mastering new skill sets and acquiring the information you need to contribute to patient care.

This Student Handbook contains the policies and procedures relevant to the CLS Training Program. These are meant to augment the policies established by SJSU, our Clinical Affiliates, and the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS), and complement the information provided in the SJSU general catalog.

Students should also review the Program Notices section (Section 1.4), which includes important information on version control, accreditation, nondiscrimination, accessibility accommodations, and student grievance procedures.

Please know that we are a resource for you and will be happy to assist you during your training to a reasonable extent.

Sincerely,

Dr. Joshua Brown, PhD, CLS, MLS(ASCP)^{CM}, HCLD - Program Director

Amber Parmentier - Associate Program Director

Tara Earnest - Compliance Coordinator

Administrative Contact Information

Administrative contact information for the CLS Training Program, including the Program Director, Associate Program Director, Compliance Coordinator, and instructional personnel, is provided in Appendix A – Faculty & Staff Roster.

1.2 Authority and Compliance

The policies and procedures contained in this Student Handbook are mandatory for all students enrolled in the Clinical Laboratory Scientist (CLS) Training Program. This handbook serves as the

official governing document for the program and establishes the academic, administrative, and clinical training requirements necessary for successful completion of the program.

The CLS Training Program operates in accordance with applicable California Department of Public Health – Laboratory Field Services (LFS) requirements, National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) Standards, San José State University policies, and the policies and procedures of its approved Clinical Affiliates. Students are responsible for complying with all applicable university, program, and Clinical Affiliate policies throughout the training year.

1.3 LFS Notification Policy for Handbook Revisions

The CLS Training Program maintains an up-to-date Student Handbook to reflect current University, NAACLS, and LFS requirements.

Routine revisions, including updates to formatting, clarification of existing policies, or incorporation of current regulatory language, do not require prior approval from LFS.

The Program Director will notify LFS of substantive changes affecting program operation or compliance, including (but not limited to):

- Changes in program length, structure, or total training hours.
- Modifications to admission or graduation requirements that alter state minimum standards.
- Addition or removal of Clinical Affiliate.
- Appointment or replacement of key program personnel (Program Director, Education Coordinator, or Clinical Coordinator).
- Relocation of the program or change in institutional sponsorship.

A current version of the Student Handbook is maintained on file by the Program Director and is available to LFS and NAACLS upon request.

2.0 Program Overview

2.1 Program Mission and Philosophy (NAACLS II.A)

Program Mission Statement

The mission of the CLS Training Program is to prepare competent entry-level Clinical Laboratory Scientists who meet the needs of the healthcare community through high-quality education, training, and professional development.

Program Philosophy

The philosophy of the CLS Training Program is built on the integration of rigorous academic standards with intensive, hands-on clinical experience. We believe that professional success in

the clinical laboratory requires not only mastery of scientific principles and technical skills, but also the development of professionalism, ethical conduct, effective communication, and a commitment to continuous quality improvement (CQI).

Program Goals

The CLS Training Program has established the following goals:

1. Prepare graduates who demonstrate the knowledge, technical skills, and professional behaviors required for entry-level practice as Clinical Laboratory Scientists.
2. Provide high-quality didactic and clinical education that supports achievement of program learning outcomes and professional competency.
3. Support the workforce needs of healthcare organizations by preparing qualified laboratory professionals.
4. Foster professionalism, ethical conduct, effective communication, and commitment to lifelong learning and continuous quality improvement.
5. Maintain a culture of assessment and continuous quality improvement that supports program effectiveness and student success.

Program Outcome Measures

Program effectiveness is evaluated through ongoing review of:

- Graduation Rate
- Placement Rate
- ASCP Board of Certification Pass Rate
- Attrition Rate
- Graduate Satisfaction
- Employer Satisfaction
- Achievement of Program Learning Outcomes

2.2 Program Structure and Training Period

The CLS Training Program is a rigorous, continuous 52-week curriculum that includes both didactic instruction and supervised clinical practical training. This duration meets the minimum training requirement for California Clinical Laboratory Scientist licensure as established by California Department of Public Health – Laboratory Field Services (LFS).

The program structure and schedule are pre-approved and cannot be altered by the student or the Clinical Affiliate. Students must remain actively engaged in the program for the entire 52-week period, except for scheduled program holidays and approved leave.

2.3 Tuition & Fees

Current tuition and fee information for the CLS Training Program is maintained in Appendix C - Tuition and Fees Schedule. Tuition and fees are set by the California State University (CSU) system and SJSU and are updated annually.

Students are responsible for reviewing the most current cost information prior to the start of the program and for monitoring any updates issued by the University.

3.0 – Admissions Requirements & Application Process

3.1 Eligibility and Selection Criteria (NAACLS I.A, I.B)

Admission to the Clinical Laboratory Scientist (CLS) Training Program is competitive and is based on a comprehensive review of the applicant's academic record, professional experience, Statement of Intent, and interview performance (if selected).

To be considered for the program, applicants must meet the following minimum requirements:

- Baccalaureate Degree: Completion of a bachelor's degree from a regionally accredited institution is required.
- Minimum GPA: A cumulative GPA of 3.0 (on a 4.0 scale) or higher is required for all required science courses (listed in 3.2).
- California State Requirements: Applicants must meet all academic prerequisites required for the Clinical Laboratory Scientist (CLS) Trainee License issued by the California Department of Public Health – LFS.
- U.S. Citizenship or Legal Residence: Applicants must be legally eligible to work and train in the United States.

Meeting the minimum eligibility requirements establishes eligibility to apply but does not guarantee selection for interview or admission to the program.

3.2 Required Academic Prerequisites (LFS)

The following prerequisite coursework is required for all applicants seeking California Clinical Laboratory Scientist (CLS) licensure through the California Department of Public Health – Laboratory Field Services (LFS). A grade of "C" or better is required in all prerequisite courses.

Students must meet the following minimum semester or equivalent quarter credit hours, which must be verified through the LFS application process:

- 16 Semester or Equivalent Quarter Credit Hours of Chemistry, including:
  - Quantitative analysis or analytical chemistry; and
  - Clinical chemistry or biochemistry
- 16 Semester or Equivalent Quarter Credit Hours of Biological Science, including:
  - Medical, clinical, or pathogenic microbiology
  - Hematology; and

- Immunology
- 3 Semester or Equivalent Quarter Credit Hours of Physics, Mathematics, or Statistics.

Note: Applicants must apply for and be granted a valid LFS CLS Trainee License prior to beginning the Clinical Laboratory Scientist (CLS) Training Program and must maintain active trainee license status through the completion of all required clinical training. Official transcript evaluation and any LFS deficiency determinations are completed as part of the LFS trainee license application process. Failure to maintain an active trainee license during the training period will result in temporary removal from clinical training activities until license status is restored and may delay program completion.

3.3 Application Procedure

The CLS Program conducts two application cohorts a year. The Spring Cohort has an application deadline in mid-June for the cohort beginning the following February. The Fall cohort has an application deadline in mid-November for the cohort beginning the following August. Exact deadlines are found under the "Dates" tab on the program website.

Program Application

Due to the specific documentation and coordination required, the program uses a unique, sequential process centered around Google Workspace. Applicants must follow these steps precisely to ensure their application is considered complete.

1. Possess CLS Trainee License: You must possess a valid CLS Trainee License issued by LFS *before* submitting your intent to apply.
2. Ensure Google Workspace Access: You must have an email address that allows access and use of Google Workspace (Drive and Sheets).
3. Complete Readiness Assessment: Complete the CLS Application Readiness Assessment and review your score. Ensure you are eligible to apply.
4. Submit Intent to Apply: Send an email to cls-group@sjsu.edu with the subject line: INTENT TO APPLY - [Term and Year] - YOUR FIRST AND LAST NAME (e.g., INTENT TO APPLY - Fall 2026 - JANE DOE). The email body must include a PDF copy of your CLS Trainee license. (Reapplicants must indicate this in the email.)
5. Access Shared Folders: SJSU will then create and share a Google Drive Folder for secure document submission and a Google Sheet (spreadsheet) for application data entry (e.g., schools attended, recommender contacts).
6. Manage Recommendations:
    a. Enter the names of your recommenders on the shared Google Sheet.
    b. Send the official Confidential Recommendation Form to them.
    c. Recommenders must return the completed form directly to cls-group@sjsu.edu.

d. *Note: A mix of recommendations from supervisors/managers and academia are preferred. Recommendations from coworkers/friends are unacceptable.*

7. Upload Required Forms and Documents (PDF versions) - Drop the following documents into your shared Google Drive Folder:
    a. Technical Standards Form
    b. Personal Statement: Follow the directions on the Personal Statement Form and answer the essay prompt completely. (Standardized or generic statements will result in point deductions.)
    c. Transcripts: Unofficial copies of transcripts from every college/university attended are acceptable at this stage. International coursework requires a course-by-course WES (World Education Services) evaluation.
    d. Resume: Must be consistently formatted and free of errors.
    e. Related Licenses/Certificates: (e.g., MLT, CPT1, MLS certificates), if applicable.
8. Pay Application Fee: Pay the $110 application fee (instructions found on the shared Google Sheet) and drop the PDF receipt into the shared Google Folder.
9. Final Submission Confirmation: When all required documents are in your folder, send a final confirmation email to cls-group@sjsu.edu with the subject line: FOLDER COMPLETE - [Term and Year] (e.g., FOLDER COMPLETE - Spring 2027).

Selection and Matching Process

Following the completion of all document submissions, the application moves into the evaluation, interview, and matching phases:

- **Candidate Evaluation**: The program's Selection Committee evaluates all complete applications using a standardized rubric that assesses academic performance, experience, personal statement quality, and overall preparedness.
- **Interview Invitations**: The highest-ranked candidates are invited to the interview phase. The number of candidates invited is generally maintained at a 2:1 ratio to the total number of available training positions. This ratio ensures there are sufficient candidates to fill all available positions should any candidate decline a position.
- **Affiliate Interviews**: Candidates participate in interviews with representatives and Education Coordinators from the participating clinical training affiliates.
- **Candidate Ranking and Affiliate Preference**: Candidates return a form to the program indicating their preferred ranking of training affiliates. Concurrently, the Education Coordinators of each participating affiliate submit a form indicating which candidates they would be willing to train.

- **The Matching Process**: The CLS Training Program then initiates a formal matching process. Offers to train are extended by starting with the highest-ranked candidates (based on the initial application rubric score) and matching them against their preferences and the affiliates' willingness-to-train list until all positions are filled.
- **Offer Extension**: Matched candidates receive a formal offer from the CLS Program to train at the matched Clinical Affiliate.

3.4 Official University Admission (Cal State Apply)

This process is mandatory for official enrollment with SJSU and is only initiated after a candidate has been offered and has formally accepted a training position.

- **Invitation Code Required**: The program will provide accepted candidates with a unique invitation code.
- **Cal State Apply Application**: Candidates must then complete the application for official admission to SJSU through the Cal State Apply system.
- **Contingency**: Final University admission is contingent upon the successful completion of this step and all documentation required by the University Registrar.

3.5 Post Acceptance Contingencies

Acceptance into the program is contingent upon the successful completion of the following requirements prior to the official start date of the 52-week training period. Failure to complete these items may result in withdrawal of the acceptance offer.

Some requirements listed below are completed during the application process but remain conditions of final acceptance and clinical placement.

Health Screening and Immunizations

Students must submit current health screening forms, including proof of required immunizations (e.g., MMR, Varicella, Hepatitis B, Tdap, annual Flu shot) as mandated by the affiliated clinical training sites and SJSU.

Background Check and Drug Screening

A comprehensive criminal background check and a drug screening test may be required for accepted students as mandated by the affiliated clinical training sites. Clinical Affiliates mandate these checks to ensure patient safety and security.

- A negative drug screen and a satisfactory background check are essential.
- The discovery of a conviction history, including misdemeanors, may disqualify a student from placement at a Clinical Affiliate, thus preventing completion of the program.

Technical Standards Attestation (NAACLS I.D.2)

All applicants must review and sign the Technical Standards Attestation Form as part of the application process. This attestation acknowledges the essential physical, sensory, cognitive, and professional functions required to safely perform the duties of a Clinical Laboratory Scientist in a hospital laboratory setting.

The Technical Standards are provided to applicants in advance of selection to ensure informed decision-making regarding program eligibility and the ability to meet clinical training requirements, with or without reasonable accommodation. Applicants who are unable to meet the Technical Standards, even with reasonable accommodation, may be ineligible for placement at a hospital-based clinical training site and, therefore, unable to complete program requirements.

4.0 – Technical Standards & Essential Functions (NAACLS I.D.2)

Successful completion of the Clinical Laboratory Scientist (CLS) Training Program and subsequent state licensure requires that students possess the cognitive, psychomotor, affective, and professional skills necessary to perform the duties of an entry-level CLS. These Technical Standards define the essential functions students must be able to perform, with or without reasonable accommodation.

Students who cannot meet these standards may not be able to complete the program or obtain licensure. (NAACLS V.A)

4.1 Required Categories of Essential Functions

Students must be able to demonstrate proficiency in all four areas listed below:

Motor/Psychomotor Skills

Student must possess the physical and motor capabilities necessary to safely and accurately perform laboratory procedures. The students must be able to:

- **Mobility**: Traverse the clinical setting and laboratory areas, including standing and working at a laboratory bench for up to 8 hours per day.
- **Manipulation**: Perform precise, repetitive motions using fine motor skills (e.g., pipetting, inoculation, venipuncture, operating automated instrumentation).
- **Dexterity**: Sustain grasp and fine manipulation skills (e.g., transferring fluids, positioning samples, handling delicate tools like microscope slides).
- **Lifting**: Lift and move objects weighing up to 25 pounds (e.g., instrument reagents, water baths, sample containers).

Sensory/Observation and Communication Skills

Students must be able to observe, assimilate, and interpret visual, auditory, and tactile information accurately. The student must be able to demonstrate:

- **Visual Acuity**: Visually recognize cellular, structural, and microscopic detail (e.g., differentiating cell morphology, reading chemical reactions, observing precipitate formation).
- **Color Perception**: Distinguish minute differences in color hues, saturation, and intensity (e.g., reading Gram stains, interpreting biochemical reactions, identifying different blood components).
- **Hearing**: Hear and respond to equipment alarms, intercom pages, and verbal commands (e.g., monitoring centrifuges, responding to phone calls in a noisy environment).
- **Verbal Communication**: Effectively and clearly communicate verbally (in English) with patients, staff, and other healthcare professionals, including reporting critical laboratory values over the phone.
- **Documentation**: Accurately and legibly document all test results, quality control checks, and patient information in electronic and written formats.

Cognitive and Intellectual Skills

Students must possess the intellectual capacity to measure, calculate, analyze, and synthesize large amounts of complex information. The student must be able to apply:

- **Critical Thinking**: Apply knowledge and critical thinking to troubleshoot malfunctioning instrumentation, validate test results, and recognize unexpected findings.
- **Analysis**: Perform mathematical calculations accurately and rapidly (e.g., dilutions, unit conversions, statistical analysis for quality control).
- **Synthesis**: Integrate data from multiple sources (patient history, clinical presentation, laboratory results) to formulate a valid laboratory diagnosis or interpretation.
- **Time Management**: Prioritize tasks, manage multiple tests simultaneously, and maintain concentration for extended periods (up to 8 hours) in a high-stress environment.

Behavioral and Professional Skills

Students must maintain professional decorum, emotional health, and ethical conduct consistent with the high standards required in a regulated laboratory environment. The student must exhibit:

- **Professionalism**: Maintain confidentiality, adhere to the highest ethical standards, and accept constructive criticism from instructors and clinical trainers.
- **Emotional Stability**: Manage personal stress and emotions, adapt to change, and function effectively under pressure, particularly when handling emergencies or high-risk situations (e.g., trauma STAT orders).
- **Interpersonal Skills**: Work collaboratively and professionally with diverse individuals (patients, doctors, nurses, and laboratory staff) as a productive member of a healthcare team.

- **Adherence to Safety**: Strictly comply with all laboratory safety protocols, infection control guidelines, and personal protective equipment (PPE) requirements at all times.

4.2 Reasonable Accommodations

In compliance with the Americans with Disabilities Act (ADA), the CLS Training Program will provide reasonable accommodations to students with documented disabilities who meet the Technical Standards. However, accommodations cannot fundamentally alter the nature of the program or jeopardize patient or staff safety. Students requiring accommodations must formally apply through the SJSU Accessible Education Center (AEC). (ADA; NAACLS V.A)

5.0 Curriculum & Clinical Rotations (NAACLS VIII)

The CLS Training Program is a rigorous, 52-week program combining didactic instruction and intensive practical clinical experience across all disciplines of the clinical laboratory. This structure is designed to meet and exceed the minimum training requirements set forth by LFS.

LFS requires a minimum of 52 continuous weeks of accredited training to qualify for the CLS generalist license.

Training Day Definition

- All Mondays are designated didactic training days.
- All Tuesdays through Fridays are designated clinical training days.
- The training schedule does not align with the SJSU academic calendar.

Typical Training Schedule

Each training day generally runs from 7:00 a.m. to 3:30 p.m. (8 hours including breaks), though specific start and end times may vary by Clinical Affiliate. Affiliates may adjust daily hours slightly to align with laboratory operations, provided the total weekly schedule meets or exceeds the full-time training requirement established by the LFS (approximately 32-40 hours per week). Students must follow the schedule established by their assigned Education Coordinator and always maintain punctual attendance.

5.1 Program Structure and Duration

The program is divided into two distinct components that run concurrently for the full 52-week duration:

- **Didactic Component (Theory)**: This occurs primarily on Mondays and is dedicated to theoretical instruction, case studies, laboratory management, and professional development seminars. Instruction will occur via approved virtual delivery methods.
- **Practical Component (Clinical Rotations)**: This occurs Tuesday through Friday at the assigned Clinical Affiliate. This is where students gain hands-on experience and perform

laboratory procedures under the supervision of qualified CLS trainers and Education Coordinators.

Total Duration: 52 continuous weeks.

Academic Calendar: The didactic and practical training do not follow the SJSU academic calendar. Students should adhere strictly to the schedule provided by the Program Director and the Education Coordinator.

Holidays: Holidays are granted at the discretion of your Education Coordinator and are based on the individual affiliate hospital's policies, not the University's holiday schedule.

5.2 Required Academic Coursework

Students enrolled in the SJSU CLS Training Program must register for designated university coursework that corresponds with the 52-week clinical training curriculum. These courses are required for program completion and for the awarding of the Certificate of Completion. All enrollments must occur through SJSU during each academic term of the traineeship.

Prerequisites:

- Baccalaureate degree in biological science or related field
- Valid CLS Trainee License (LFS)
- Admission to the CLS Training Program
- Official admission to SJSU through the CSU application process (Cal State Apply), as required for enrollment in university coursework

Course Descriptions:

The CLS Training Program curriculum consists of didactic instruction, laboratory operations and management activities, and supervised clinical fieldwork conducted across three academic terms.

MICR 291(A-F): Field Work in Clinical Laboratory Science
Units: 4 *| Grading: Credit/No Credit (CR/NC) | Repeatable for Credit | Fall: MICR 291AB, Spring: MICR 291CD, Summer: MICR 291EF*
Description: Supervised fieldwork in affiliated clinical laboratories as required for California licensure as a Clinical Laboratory Scientist (CLS). Provides structured experiential training and competency assessment across all required clinical laboratory disciplines.
Prerequisites: Concurrent enrollment in MICR 292

MICR 291G: Clinical Laboratory Management
Units: 4 *| Grading: Credit/No Credit (CR/NC) | Repeatable for Credit | Repeated every semester*
Description: Instruction in laboratory operations and management, including quality systems, regulation, workflow design, and rotation exam administration. This course integrates professional competencies aligned with NAACLS Standard VIII and prepares students for management concepts assessed on the ASCP MLS exam.
Prerequisites: Concurrent enrollment in MICR 292

MICR 292: Topics and Demonstrations in Clinical Laboratory Science
Units: 3 *| Grading: A-F | Repeatable for Credit |Repeated every semester*
Description: Presentations, demonstrations, and discussions covering theoretical concepts, specialty procedures, and interdisciplinary laboratory topics. Provides didactic instruction supporting all phases of clinical laboratory science training and clinical rotation activities.
Prerequisites: Concurrent enrollment in MICR 291G and MICR 291 Field Work (MICR 291AB, MICR 291CD, or MICR 291EF, as applicable).

Further descriptions of all courses, including detailed learning outcomes and assessment criteria, are available in the course syllabi issued each semester.

5.3 Clinical Training Requirements and Rotation Schedule (LFS)

The clinical rotations are the core of the program. Students are rotated through mandatory laboratory disciplines to gain competence in the required technical skills and principles.

Student competency during clinical training is assessed using rotation-specific Clinical Rotation Competency Checklists, which are performance-based tools used to verify minimum required clinical skills, professional practice competencies, and rotation outcomes for each clinical discipline. These assessments are administered and managed through the program's official Canvas course site.

LFS establishes minimum clinical training requirements for CLS programs in California (California Code of Regulations, Title 17 §1033.3).

The program's disciplinary hour requirements significantly exceed the minimums set by LFS (160 hours per core discipline). Specific details on the breakdown of these minimum training hours are provided in Appendix D: Rotation Schedule Requirements (LFS). Education Coordinators can use their discretion in determining how to distribute additional hours within the mandated 32-hour/week, 52-week program.

Rotation Sequencing and Placement

- **Affiliate Placement**: Each accepted student is matched with a single Clinical Affiliate (hospital laboratory) for the entire 52-week period. Rotation through multiple affiliates is not typically permitted. The current list of approved Clinical Affiliates is maintained in Appendix B: Clinical Affiliates.
- **Rotation Management**: The specific sequence and duration of rotations within the minimum hour guidelines are determined by the clinical Education Coordinator at the assigned affiliate site.

Phlebotomy Rotation Exception

Students who hold or previously held a California CPT1 or MLT license may be exempt from the clinical phlebotomy rotation. This exemption applies only to the clinical rotation experience and does not waive the Phlebotomy Rotation Examination administered through MICR 291G. All trainees, including those exempt from the clinical phlebotomy rotation, must complete and pass the Phlebotomy Rotation Examination with a minimum score of 70%.

Trainer Assignment and Oversight

Each student is assigned a qualified Clinical Laboratory Scientist (CLS) or other licensed professional designated as their Trainer for every clinical rotation. The Trainer provides direct oversight, instruction, and evaluation of the student's technical performance and professional development. The Clinical Education Coordinator at each affiliate site ensures that all Trainers meet program and site qualifications and that students receive consistent supervision throughout their clinical experience.

Core Competency Assessment

At the conclusion of each rotation (e.g. Clinical Chemistry, Hematology), the student must successfully demonstrate competency in all required skills for that department, as assessed using the applicable Clinical Rotation Competency Checklist accessed through the program's Canvas MICR 291G course site.

5.4 Mandatory Health Insurance

Students are required to carry health insurance for the entire 52-week training year.

- If the Clinical Affiliate does not provide health insurance, the student must obtain their own.
- Students may purchase insurance through the student health center at SJSU or through a private carrier (e.g., Covered California, Blue Cross, etc.). (Care at the student health center is only available on the SJSU campus.)

5.5 Professional Certification Eligibility

Upon successful completion of all didactic coursework and clinical rotation requirements of the CLS Training Program, graduates are eligible to sit for the American Society for Clinical Pathology (ASCP) Board of Certification (BOC) Medical Laboratory Scientist (MLS) examination. Successful completion of the program, along with passing the ASCP BOC exam, is a prerequisite for applying for the California Clinical Laboratory Scientist license.

6.0 – Safety & Infection Control

Safety and infection control are fundamental responsibilities of all students in the clinical laboratory. Students are responsible for strictly adhering to all federal, state, and facility-specific safety policies. Non-compliance with safety protocols is grounds for immediate disciplinary action and potential dismissal from the program.

6.1 General Safety Requirements and Training (NAACLS IV.C; V.D)

Students must comply with the safety and infection control policies of their assigned Clinical Affiliate. The program's emphasis on laboratory safety and infection control is integrated throughout all clinical rotations (Appendix D: Rotation Schedule Requirements).

- **Affiliate Orientation**: Each affiliate site provides site-specific training in safety and infection control during the initial orientation. Students are expected to comply fully with these affiliate policies.
- **Mandatory Training**: Prior to beginning any hands-on training, all students must complete the following mandatory training sessions provided by the Clinical Affiliate and/or the CLS Program:
    - Bloodborne Pathogen (BBP) Standard: Training compliant with the U.S. Occupational Safety and Health Administration (OSHA) BBP standard (29 CFR 1910.1030).
    - Chemical Hygiene Plan: Review and acknowledgment of the facility's chemical hygiene plan, including the location and proper use of safety data sheets (SDS).
    - Hazard Communication (HazCom): Training on recognizing and understanding physical and health hazards associated with chemicals in the workplace (GHS).

6.2 Use of Personal Protective Equipment (PPE)

General Safety Requirements include proper use of personal protective equipment (PPE), adherence to biosafety protocols, chemical hygiene, and safe handling of specimens, reagents, and equipment.

- **Lab Coats**: Must always be worn when working with patient specimens, chemicals, or infectious materials. They must be removed before leaving the laboratory work area.
- **Gloves**: Disposable gloves must be worn whenever handling specimens, chemical reagents, or contaminated surfaces. Gloves must be changed and hands washed between tasks, after removing gloves, and before leaving the laboratory.
- **Eye and Face Protection**: Safety glasses, goggles, or face shields must be worn when there is a potential for splashes, sprays, or aerosolization of hazardous materials.
- **Leg protection**: Full-length pants or other leg coverings
- **Footwear**: Closed-toe, non-porous shoes are always required in the laboratory.

6.3 Exposure Control and Incident Reporting (OSHA; LFS Title 17 §1030.5)

Students must follow exposure control policies related to bloodborne pathogens and other biohazards, including immediate reporting and management of injuries or exposures.

- **Reporting**: All incidents (e.g., needlesticks, chemical exposures, or other laboratory accidents) must be reported immediately to the student's Trainer or immediate supervisor and the designated Clinical Affiliate safety office. Students must follow the Clinical Affiliate's exposure control, incident reporting, and medical evaluation procedures before notifying CLS Program leadership (Program Director, Associate Director, or Compliance Coordinator). Program leadership should be notified as soon as possible after the Clinical Affiliate has been informed and initial response procedures have been initiated.

- **Needlestick/Sharps Protocol**: In the event of an injury from a contaminated sharp, the student must wash the wound thoroughly, immediately notify the Trainer or immediate supervisor, and follow the Clinical Affiliate's protocol for post-exposure evaluation and follow-up without delay. The Education Coordinator and CLS Program leadership must be notified as soon as practical following the Clinical Affiliate's required reporting procedures.
- **Chemical Spill/Exposure**: Procedures for handling spills must be followed as detailed in the affiliate's Chemical Hygiene Plan and SDS.

Environmental Health & Safety Oversight

While students are primarily training at affiliate sites, the program maintains responsibility to ensure compliance with university-wide Environmental Health & Safety standards. Any incident with broader institutional implications may be reviewed in coordination with the University's Environmental Health & Safety Office. Additional institutional health and safety policies are referenced in Appendix G: University Policy References.

Program Notification and Follow-Up

Following immediate site-level reporting and response, the Education Coordinator and/or student must notify program leadership (Program Director, Associate Director, or Compliance Coordinator) of any safety incident or exposure. Program leadership will document notification and coordinate follow-up as appropriate, including communication with institutional offices when required. Clinical Affiliate procedures remain the primary authority for incident management at the site of occurrence.

Medical Follow-Up and Insurance

Incidents occurring during applied learning at Clinical Affiliate sites are not covered under university workers' compensation. Students are required to maintain personal health insurance throughout the training year. After immediate site-level reporting and response, students are responsible for seeking any necessary medical evaluation or follow-up through their personal healthcare provider or as directed by the Clinical Affiliate. The program does not provide medical care or medical coverage.

For a quick reference on what to do and who to notify following a safety incident, see Appendix H: Safety Incident Action Guide – What to Do and Who to Tell.

6.4 Student Employment Policy

Students in the CLS Training Program may not be employed by a Clinical Affiliate in a capacity that interferes with their training responsibilities. Student employment cannot substitute for program training requirements. Clinical rotation hours must be educational in nature and supervised by designated Trainer.

Any employment, whether at the affiliate site or elsewhere, must adhere to the following strict guidelines:

- **Outside of Scheduled Training Hours**: Employment must occur outside of scheduled clinical and didactic training hours.
- **Voluntary and Non-Compulsory**: The employment opportunity must be voluntary and in no way compulsory or a requirement of the CLS Program.
- **Clearly Distinguished**: Employment duties and educational activities must be clearly separated and distinguished.
- **Labor Compliance**: Employment must follow the affiliate's human resources policies and all applicable state/federal labor laws.

6.5 Regulatory Adherence

Students are expected to comply with all standards, regulations, and policies established by laboratory accreditation and regulatory agencies applicable to their training site. Examples of such regulatory agencies include:

- **OSHA**: Occupational Safety and Health Administration.
- **CLIA**: Clinical Laboratory Improvement Amendments.
- **CAP**: College of American Pathologists.
- **TJC (The Joint Commission)**: Hospital accreditation standards.

Students must utilize the affiliate facility's official safety manuals and policies as their primary safety reference documents.

7.0 – Assessment, Competency & Grading Policies (NAACLS III.D; V.D; V.G)

Student progress in the Clinical Laboratory Scientist (CLS) Training Program is evaluated using multiple assessment methods designed to ensure that each student demonstrates the academic knowledge, technical skills, and professional behaviors required to meet NAACLS entry-level competencies.

Assessment methods include written examinations, practical laboratory assessments, rotation-specific Clinical Rotation Competency Checklists, Education Coordinator evaluations, and rotation competency examinations. These assessment tools collectively support academic grading, documentation of clinical competency, and determination of readiness for program completion.

Successful completion of the program certifies the student's eligibility to sit for the national certification examination (ASCP Board of Certification) and to pursue licensure as a Clinical Laboratory Scientist in the State of California. Program learning outcomes and required

competencies are maintained within the program's official Learning Management System (Canvas), where they are organized by instructional area and aligned with didactic instruction, clinical learning experiences, and assessment methods.

7.1 Course Grading Summary

The Clinical Laboratory Scientist Training Program utilizes distinct grading standards based on course type:

- Letter Grades (MICR 292)
  Didactic coursework is graded using letter grades. A minimum final grade of B is required for successful completion.
- Credit / No Credit (MICR 291A-F)
  Practical clinical training courses are graded Credit (CR) or No Credit (NC) based on successful completion of required clinical rotations. Determination of Credit is based on documented completion of Clinical Rotation Competency Checklists, overall Rotation Outcome determinations of Competent (Meets Expectations) or higher, and completion of any required remediation, when applicable.
- Percentage Score (MICR 291G)
  Final rotation competency examinations are graded using percentage scores. A minimum score of 70% is required for successful completion.

7.2 Clinical Performance Grading and Passing Standards (MICR 291)

The practical clinical training courses (MICR 291A-F) are graded Credit (CR) or No Credit (NC) based on the student's documented performance and successful completion of required clinical rotations. Evaluation of clinical performance is based on rotation-specific Clinical Rotation Competency Checklists, Rotation Outcome determinations, and Education Coordinator evaluations.

Technical competency during each rotation is documented using Clinical Rotation Competency Checklists that assess level of supervision (LOS) for required skills and activities. At the conclusion of each rotation, an overall Rotation Outcome is determined by the trainer in consultation with the Education Coordinator and documented on the Clinical Rotation Competency Checklist. Rotation Outcomes are designated as Competent (Meets Expectations), Exceeds Expectations, or Needs Remediation / Repetition.

Passing Standard (MICR 291A-F – Practical Rotations):

To receive a Credit (CR) grade for a practical rotation, the student must successfully complete all required rotation competencies and achieve an overall Rotation Outcome of Competent (Meets Expectations) or higher. Students who receive a Rotation Outcome of Needs Remediation / Repetition must successfully complete required remediation, as outlined in a Corrective Action / Remediation Plan, prior to receiving Credit for the rotation. Failure to successfully complete

required remediation may result in a No Credit (NC) grade and may impact progression or program completion.

Passing Standard (MICR 291G – Rotation Examinations):

Successful completion of the rotation competency examinations (MICR 291G) requires a minimum passing score of 70% on all required examinations. The Phlebotomy Rotation Examination is required for all trainees, including those who are exempt from the clinical phlebotomy rotation based on prior California CPT1 or MLT licensure; exemption from the clinical rotation does not waive the examination requirement. Failure to meet the required passing standard will result in an Incomplete (I) grade for MICR 291G and will initiate the remediation process.

7.3 Rotation Examination Timing

Rotation examinations are administered through MICR 291G and assess the knowledge associated with each clinical rotation and the corresponding didactic instruction.

Because clinical rotation schedules at affiliate sites do not always occur in the same sequence as the MICR 292 didactic curriculum, the timing of a rotation examination may vary.

For each required rotation examination:

- If the corresponding didactic content has been completed before or during the clinical rotation, the examination should be completed by the last day of that rotation.
- If the corresponding didactic content has not yet been completed, the examination must be completed by the end of the academic semester in which that content is presented.
- Students may choose to take an examination earlier if they feel prepared to do so.

Students are responsible for keeping their planned examination dates current and completing each examination within the required timeframe. The program tracks rotation end dates, expected didactic coverage, planned examination dates, and examination completion.

If circumstances prevent a student from completing an examination within the expected timeframe, the student must contact the program promptly. Requests involving missed deadlines, exceptions, or academic concerns will be reviewed by program leadership.

All required rotation examinations must be completed within the applicable program timelines and before completion of the CLS Training Program. A minimum score of 70% is required on each rotation examination for successful completion of MICR 291G.

7.4 Professional Conduct and Behavioral Expectations

Professional conduct is an essential component of clinical training. Students are expected to demonstrate professionalism, ethical behavior, effective communication, accountability, and adherence to laboratory policies and procedures throughout the training program.

Professional behavior is assessed continuously during clinical rotations through direct observation, feedback from trainers and Education Coordinators, and documentation within Clinical Rotation Competency Checklists and evaluation processes. Concerns related to professionalism, safety, or conduct may result in initiation of a Corrective Action / Remediation Plan, regardless of technical competency status.

7.5 Remediation Policy and Limits (MICR 291)

Due to the fixed and intensive nature of the 52-week clinical training program, opportunities for remediation during clinical rotations are limited. Remediation is intended to support student success when deficiencies are identified early and can reasonably be addressed within the remaining program timeframe. Remediation is not guaranteed and is contingent upon program feasibility and Clinical Affiliate agreement.

Eligibility for Clinical Rotation Remediation

A student may be considered for remediation of a clinical rotation when performance deficiencies are identified through Clinical Rotation Competency Checklists, Rotation Outcome determinations, or documented concerns related to technical competency, professionalism, or patient safety.

Eligibility for remediation is determined by the program and is contingent upon:

- The nature and severity of the deficiency;
- The student's overall performance and progression to date;
- The amount of time remaining in the training program; and
- The Clinical Affiliate's willingness and ability to provide additional supervised training.

If a Clinical Affiliate does not agree to provide remediation or retraining for a failed rotation, the student may be unable to complete program requirements and may be subject to dismissal.

Remediation Process

When remediation is approved, a Corrective Action / Remediation Plan is initiated in accordance with Section 7.5. The plan documents the identified deficiencies, required corrective actions, method of reassessment, and expected timeline. Remediation timelines are determined on a case-by-case basis and must be feasible within the program's overall training schedule.

Successful completion of remediation requires demonstration of clinical competence at the level of Competent (Meets Expectations) or higher.

Limits and Consequences

The following limits apply to clinical rotation remediation:

- A student is permitted no more than one remediation opportunity per clinical rotation.

- Failure to successfully complete approved remediation may result in a No Credit (NC) grade for the affected rotation and may have an impact on the student's ability to complete program requirements.
- Multiple or repeated deficiencies, failure to demonstrate improvement, or concerns involving patient safety or professionalism may result in dismissal from the program.

Decisions regarding remediation, progression, or dismissal are made by CLS Program leadership in consultation with the student's Education Coordinator and Clinical Affiliate, as appropriate.

7.6 Documentation of Clinical Deficiencies and Remediation (MICR 291)

When concerns arise regarding a student's clinical performance, technical competence, professionalism, or adherence to laboratory policies during clinical rotations, the Education Coordinator (EC), in consultation with the training supervisor and program leadership as appropriate, must initiate formal documentation and remediation procedures.

Clinical remediation is based on documented performance during clinical training and is not tied to didactic course grades.

The remediation process includes the following steps:

Deficiency Identification
The Education Coordinator, in consultation with the training supervisor, identifies the specific clinical skill, knowledge application, professional behavior, or safety-related deficiency based on direct observation, Clinical Rotation Competency Checklist documentation, or Rotation Outcome determinations.

Corrective Action / Remediation Plan
The Education Coordinator completes the Corrective Action / Remediation Plan using the program's standardized remediation template maintained as a referenced program document. This plan documents the identified deficiency, required remedial activities, method of reassessment, and expected timeline for improvement.

Acknowledgment and Signatures
The Corrective Action / Remediation Plan must be reviewed and acknowledged by the student, the Education Coordinator, and a designated program representative. Copies of the completed plan are provided to the student and retained in the student's clinical training record.

Concerns related to academic performance in didactic coursework (MICR 292) are addressed through university academic policies and program faculty and are managed separately from clinical training remediation.

7.7 Academic Performance Monitoring and Progression (MICR 292)

Academic performance in didactic coursework (MICR 292) is monitored by program faculty and the Program Director. Students are required to maintain a minimum cumulative grade point average (GPA) of 3.0 across all MICR 292 coursework for successful program completion.

A student may earn a semester GPA below 3.0 in a single semester without immediate dismissal, provided that:

- the student does not earn semester GPAs below 3.0 in two consecutive semesters, **and**
- the student can restore and maintain a cumulative MICR 292 GPA of at least 3.0 in subsequent coursework.

A student who earns semester GPAs below 3.0 in two consecutive MICR 292 semesters will be dismissed from the program, regardless of cumulative GPA projections.

In addition, successful completion of the program requires a final cumulative MICR 292 GPA of at least 3.0. A student whose cumulative GPA falls below 3.0 at the conclusion of the final MICR 292 semester has not met program completion requirements and will not be recommended for program completion or graduation.

When a student's academic performance indicates risk of falling below required standards, the Program Director may communicate directly with the student to discuss academic progress, identify potential concerns, and review available academic support strategies. Such academic monitoring and support do not constitute formal remediation.

Responsibility for successful completion of MICR 292 coursework rests with the student. Education Coordinators and Clinical Affiliates are not involved in the evaluation or discussion of didactic academic performance.

7.8 Criteria for Successful Program Completion

A student will graduate from the program and be recommended for the Clinical Laboratory Scientist licensure examination only upon meeting the following non-negotiable criteria:

- Successful completion of the full 52-week clinical training program, consisting of approximately four days per week at eight hours per day (or equivalent scheduling), including completion of all required clinical rotations as defined by the program.
- Final grade of Credit (CR) for all practical rotation courses (MICR 291A-F), based on documented completion of all required clinical rotations, achievement of overall Rotation Outcomes of Competent (Meets Expectations) or higher, and completion of any required remediation.
- Successful completion of MICR 291G (Rotation Examinations), which requires a minimum passing score of 70% on all individual exams.
- Final cumulative letter grade of B or higher for all didactic theory courses (MICR 292).
- Successful demonstration of required clinical competencies for all rotations, as documented in the applicable Clinical Rotation Competency Checklists.
- No unresolved remediation or disciplinary actions on file at the time of program completion.
- Completion of all required program evaluations and documentation.

7.9 Academic Standards: Administrative-Academic Probation and Disqualification from the CLS and CGMBS Post Baccalaureate Certificate Programs

The following Administrative-Academic Probation and Disqualification policy was approved by the San José State University Academic Disqualification & Reinstatement Review Committee (ADRRC) on April 22, 2024. In accordance with University requirements, the policy is reproduced below exactly as approved.

The approved policy begins below.

Approved by Academic Disqualification & Reinstatement Review Committee (ADRRC) 4/22/24

Link for relevant SJSU policies

Link for relevant ASCP guidelines for ethical behavior

Link for relevant ASCLS Code of Ethics

Rationale:

The only mechanism at SJSU for academic disqualification of post-baccalaureate or certificate students is failure to achieve a term GPA of 3.0 in each successive semester after having been put on academic probation (until a cumulative GPA of 3.0 is reestablished).

Sometimes there are students who are failing to progress in their training rotations despite maintaining an adequate GPA. Examples include students who are not able to perform clinical testing as expected or who exhibit behavior that violates professional standards.

The CLS and CGMBS Training Program recommends that the Program enact the following policy:

Academic Standards: Administrative-Academic Probation and Disqualification from the CLS and CGMBS Post Baccalaureate Certificate Programs

Administrative-Academic Probation:

In addition to the SJSU requirement that all post-baccalaureate or certificate students maintain a cumulative GPA of 3.0, the CLS and CGMBS Training Programs will place students on Administrative-Academic Probation under the following conditions:

1. The student has not complied with all policies outlined in course syllabi and the Student Handbook and has received at least two written warnings from the Compliance Coordinator and/or Program Director.

2. The student has violated clinical training site policies and has received at least two written warnings from the Education Coordinator and/or Program Director.

3. The student has failed a specific clinical training rotation. Failure is evidenced by an incomplete Rotation Competency Checklist at the scheduled end of the rotation and/or an unsatisfactory Education Coordinator Mid-Year Student Progress Attestation at any point during a clinical rotation.

4. The student has exhibited unethical behavior as determined by the Program Director, in consultation with the Biology Department Chair and/or Associate Dean of Academics in the College of Science, using the standards in the American Society for Clinical Pathology (ASCP) Guidelines for Ethical Behavior and the American Society for Clinical Laboratory Science (ASCLS) Code of Ethics.

Conditions for Removal from Administrative-Academic Probation:

For each of the situations above, there will be a specific set of conditions for removal from probation, as indicated below:

1. The student successfully complies with all policies outlined in course syllabi and the Student Handbook without any warnings from the Compliance Coordinator or Program Director for one full semester.

2. The student successfully complies with all clinical training site policies without any written warnings from the Education Coordinator or Program Director for one full semester.

3. The student passes all training rotations as scheduled, evidenced by satisfactory Rotation Competency Checklists and Education Coordinator Mid-Year Student Progress Attestation as scheduled at the training site, for one full semester. This is contingent upon the Clinical Affiliate agreeing to retrain the student in the specific training rotation that was failed. If the Clinical Affiliate does not agree to retrain, the student is immediately disqualified from the program. In addition, if, during the next semester, the student fails to successfully complete any rotation (either by earning an unsatisfactory Rotation Competency Checklist or Education Coordinator Mid-Year Student Progress Attestation), they will be immediately disqualified from the program.

4. The student corrects their unethical behavior in line with the standards in the ASCP Guidelines for Ethical Behavior and the ASCLS Code of Ethics immediately. Within two weeks of the incident, the student completes two online ethics training activities provided by the Program Director, with scores of at least 80% after a maximum of two attempts on each associated exam.

Administrative-Academic Disqualification from the CLS and CGMBS Training Program:

If the student has not satisfied the conditions for removal from Administrative-Academic probation within the period specified, the student will be disqualified from the CLS and CGMBS Training Program. In addition, if a student is placed on Administrative-Academic probation twice for the same reason, they will be disqualified immediately from the CLS and CGMBS Training Program and San José State University.

If a student is dismissed from their training site, this will result in immediate disqualification from the CLS or CGMBS Training Program and San José State University, with no preceding requirement for academic probation.

Notification:

Students will be notified in writing when they are placed on Academic-Administrative Probation, when they have met the conditions for removal from Academic-Administrative Probation, and if they are subject to Administrative-Academic Disqualification.

Reinstatement:

Reinstatement to the CLS and CGMBS Training programs: The CLS and CGMBS training programs do not reinstate students who have been disqualified.

Appeal:

Per University Policy S16-16 Section IV, appeal of Administrative-Academic Probation or Disqualification should follow the procedure outlined for review by the Academic Disqualification & Reinstatement Review Committee (ADRRC).

End of approved ADRRC policy.

Related References: *Current versions of the University policies and professional standards referenced in the approved policy are maintained in Appendix G: University Policy References.*

8.0 Student Rights, Conduct, and Due Process (NAACLS V.D)

8.1 Student Rights, Responsibilities, and Conduct

Students are expected to uphold the highest standards of academic integrity and professional behavior throughout the program.

Academic Integrity: Cheating, plagiarism, falsification of records, or other forms of academic dishonesty are strictly prohibited. Violations will result in disciplinary action up to and including dismissal from the program. (University Policy; NAACLS V.D)

Professional Conduct: Professional conduct is required in both the classroom and clinical settings. Students must consistently demonstrate respect, ethical behavior, and compliance with

all institutional and affiliate policies. Students will not replace paid laboratory personnel during clinical training. (NAACLS V.D)

Student Rights: Students are protected by SJSU's official non-discrimination and grievance policies. Official policies and procedures are available in Appendix G: University Policy References.

8.2 Due Process for Dismissal and Disciplinary Action

Any student facing disciplinary action, academic probation, or dismissal from the CLS Training Program is entitled to due process.

Written Notification: The student will be provided with written notice of the proposed action (e.g., probation, suspension, or dismissal), including the specific policy violation and supporting evidence.

Opportunity to Respond: The student will be granted a mandatory meeting with the Program Director and/or the Advisory Committee to present their defense, evidence, and witnesses (if applicable).

Appeals: Should the Program decide to proceed with disciplinary action or dismissal, the student may appeal this decision using the three-step Grievance Procedure outlined in Section 8.3, starting at Step 2: Program Director Review.

Note: For issues pertaining to harassment, discrimination, or university-wide policy violations, students may also utilize the official SJSU Student Affairs & Enrollment Services procedures as published in the University Catalog.

8.3 Grievance and Formal Complaint Procedures (Program-Specific)

The CLS Training Program is committed to resolving student concerns, grievances, and complaints in a fair, timely, and confidential manner. These procedures are intended for issues specific to the CLS Program's policies, instruction, or clinical environment. Students are encouraged to resolve concerns informally whenever possible.

If informal resolution is unsuccessful, the formal process must be followed sequentially:

Step 1: Informal Resolution (Initial Contact)

Component	Detail
Action	The student must first attempt to discuss the issue directly with the person directly involved (e.g., Clinical Trainer, Education Coordinator, or Instructor) within five (5) business days of the incident or knowledge of the issue.
Documentation	The student should document the date, people involved, and outcome of this informal discussion.

Step 2: Program Director Review (Formal Grievance)

Component	Detail
Action	If Step 1 is unsuccessful, the student must submit a formal, written grievance to the Program Director within ten (10) business days of the failure of Step 1. The grievance must include: A detailed description of the issue; Specific dates and locations; Evidence of the attempt at informal resolution (Step 1); and the specific remedy or outcome requested by the student.
Timeline	The Program Director will investigate and provide a written response to the student within ten (10) business days of receipt of the formal grievance.

Step 3: Department Chair Appeal (Final Program Level)

Component	Detail
Action	If the student is dissatisfied with the Program Director's written response, the student may appeal, in writing, to the Department Chair of the Biology Department at SJSU within five (5) business days of receiving the Program Director's decision.
Outcome	The Department Chair will review all documentation and issue the final decision on behalf of the Program. This decision concludes the Program's internal grievance process.

9.0 Mandatory Attendance, Leave of Absence, Withdrawal, and Dismissal (NAACLS V.D & VII.G)

This section outlines the policies governing changes to a student's enrollment status during the Clinical Laboratory Scientist (CLS) Training Program.

9.1 Mandatory Attendance and Makeup Policy (LFS Alignment)

Due to the LFS 52-week mandatory requirement, all students must maintain the full training schedule. Therefore, any time missed for the following reasons must be made up (added to the end of the student's scheduled 52-week period) to ensure compliance with LFS standards:

- **Sick Leave**: All days taken as sick leave, including days taken under the program's defined Sick Leave policy.
- **Personal Leave/Time Off**: Any days taken for non-approved absences.
- **Extended Leave**: Any days taken during an approved Leave of Absence.

Note on Holidays: Designated hospital holidays, when the training facility is closed, are the only days considered approved, non-remediable time off. All other missed training days must be made up.

Excessive Absence: If a student's cumulative absences (sick leave, personal leave, or unexcused absences) exceed twenty (20) days during the 52-week period, the Program Director or Associate Director, in consultation with the Education Coordinator, reserves the right to initiate the dismissal process under Section 9.3 for failure to meet the program's essential training requirements.

9.2 Leave of Absence (LOA) Policy

Students may request a Leave of Absence (LOA) for compelling reasons, such as serious medical conditions, military duty, or documented extreme personal hardship. An LOA is subject to approval by the Program Director.

LOA Requirements and Procedure

Written Request: A formal, written LOA request, including the reason for the leave and the proposed start and end dates, must be submitted to the Program Director.

Documentation: Supporting documentation (e.g., physician's notes, military orders, police report) is required for the request to be considered.

Maximum Duration: The maximum duration for an approved LOA is one (1) calendar year. Leaves exceeding one year will result in mandatory withdrawal and require reapplication to the program if the student wishes to return.

Program Re-Entry: Students returning from an LOA must demonstrate competency and readiness to resume training. Depending on the length of the leave, changes in the curriculum, or the student's prior progress, the Program Director may require the student to repeat certain training rotations, didactic modules, or successfully pass a competency assessment before re-entry.

Financial and Enrollment Impact

Tuition/Fees: The student is responsible for following all SJSU policies regarding refund schedules and fee assessments for the term in which the LOA is initiated.

Clinical Placement: The Program cannot guarantee the original clinical placement site upon return from an LOA. Placement will be subject to availability at Clinical Affiliate sites when the student re-enters the active cohort.

9.3 Voluntary Withdrawal Policy

A student may voluntarily withdraw from the CLS Training Program at any time by formally notifying the Program Director in writing, in accordance with applicable SJSU enrollment and withdrawal procedures.

- **Notification and University Compliance**: The student must submit a signed letter or email to the Program Director explicitly stating their intention to withdraw, the effective date of

withdrawal, and the reason for withdrawal. The student must also follow all official SJSU withdrawal procedures.

- **Documentation**: Documentation related to the student's withdrawal, including the stated reason for withdrawal when provided, will be maintained in the student's educational record.
- **Exit Interview**: The Program Director may request that the student participate in an exit interview to complete necessary administrative and academic paperwork, which may include forms related to the Clinical Affiliate.
- **Reapplication**: Students who voluntarily withdraw and later wish to re-enroll must meet all current admissions requirements. Admission is not guaranteed and is contingent upon available program capacity and successful completion of the competitive admissions process.

9.4 Involuntary Dismissal Policy

The Program reserves the right to involuntarily dismiss a student at any time based on one or more of the following grounds. All dismissals are subject to the Due Process Procedures outlined in Section 8.2. (NAACLS V.D; Program Policy)

Academic Dismissal

Dismissal will occur if a student fails to meet the minimum academic standards of the Program, including, but not limited to:

Failure to maintain a minimum cumulative grade point average (GPA) of 3.0 (or equivalent letter grade of 'B') in all CLS didactic courses.

Receiving a failing grade (below 'B') in any two separate didactic courses or clinical rotation periods.

Failure to pass the final comprehensive examination required for graduation.

Professional Conduct and Ethical Dismissal

Dismissal will occur if a student demonstrates a severe or repeated breach of professional standards, including:

- Gross Negligence: Committing an act of clinical or patient care negligence that results in harm or potential harm to a patient, staff, or affiliate property.
- Ethical Violations: Documented breaches of patient confidentiality (HIPAA), falsification of records, or academic dishonesty (e.g. cheating, plagiarism).
- Unprofessional Behavior: Repeated failure to comply with the professional conduct standards outlined in Section 8.1, despite written warning and probation.
- Compliance Failure: Failure to comply with the Technical Standards after receiving accommodation and corrective action plans.

Financial or Administrative Dismissal

The Program may dismiss a student for failure to complete administrative requirements necessary for enrollment or continuation, including:

Failure to pay required tuition or fees by the specified university deadlines.

Failure to obtain or maintain mandatory health and liability insurance, current immunization records, or satisfactory background clearance.

Reinstatement After Dismissal

Students dismissed for cause are not eligible for reinstatement to the Program. However, they may reapply for admission to a future cohort at the discretion of the Program Director, who will consider the nature of the violation and evidence of rehabilitation.

9.5 Program Closure Policy

In the event of a temporary or permanent program closure, the CLS Training Program will take reasonable steps to ensure students are able to complete their course of study.

Temporary Closure

In the event of temporary closure (e.g., natural disaster, campus disruption), students will be reassigned to alternate training sites or temporary instructional formats until normal operations resume.

Permanent Closure

In the event of permanent program closure, the Program Director, in coordination with the Department of Biological Sciences and University administration, will develop and submit a detailed teach-out plan to NAACLS within 30 days of the official announcement of program closure. The plan will identify arrangements with Clinical Affiliates and/or other approved CLS training programs to allow affected students to complete their educational requirements whenever feasible. The Program Director will coordinate any required notifications to California Department of Public Health – Laboratory Field Services (LFS) in accordance with applicable requirements.

10.0 Graduation, Certification, and Licensure

This section details the requirements for successful completion of the CLS Training Program and outlines the independent pathways for national certification and California state licensure.

10.1 Program Completion Requirements

To successfully complete the SJSU CLS Training Program, students must fulfill all academic, clinical, and professional requirements. (NAACLS III.D)

Graduation from the Program requires successful completion of the following:

- **Satisfactory Completion of All Didactic Coursework**: Successful completion of all required CLS courses with a cumulative GPA of 3.0 or higher.

- **Successful Demonstration of Clinical Competencies**: Achievement of a satisfactory or better rating in all required clinical rotation areas, as documented in the applicable Clinical Rotation Competency Checklists maintained through the program's official Learning Management System (Canvas).
- **Adherence to Professional and Ethical Standards**: Compliance with all professional conduct and attendance policies outlined in Section 8.1.
- **Final Examination**: Successful completion of the comprehensive final program examination, which assesses the full range of CLS knowledge.

10.2 Certificate of Completion

Upon verification by the Program Compliance Coordinator and Program Director confirming that all didactic, clinical, and professional requirements have been satisfactorily met, the student will be issued a Certificate of Completion from SJSU.

Disclaimer Regarding External Outcomes

The awarding of the Certificate of Completion is based solely on satisfactory completion of program requirements and is not contingent upon passing any external certification or licensure examination.

While graduates are eligible to sit for the ASCP Board of Certification MLS exam and apply for California CLS licensure, those outcomes are independent of program completion.

10.3 Certification and Licensure Pathway

Graduates are eligible for the following pathway, which is required to legally work as a Clinical Laboratory Scientist in California:

- **ASCP MLS Board of Certification Exam**: Graduates are eligible to sit for the American Society for Clinical Pathology (ASCP) Board of Certification (BOC) examination for Medical Laboratory Scientists (MLS). (ASCP BOC)
- **California CLS Licensure (LFS)**: Graduates who successfully pass the ASCP MLS certification examination and meet all requirements of LFS are eligible to apply for licensure as a Clinical Laboratory Scientist (CLS) in California. (LFS Title 17)

The licensure pathway is:

Program Completion (SJSU CLS Certificate)

↓

ASCP MLS Board of Certification Exam

↓

California CLS Licensure (LFS)

11.0 Education Coordinator Responsibilities and Compliance (NAACLS I.B.3 & VII.F)

This section outlines the responsibilities, expectations, and mandatory communication procedures for Education Coordinators affiliated with the SJSU CLS Training Program.

The Education Coordinator serves as the primary liaison between the SJSU CLS Training Program and the Clinical Affiliate. This role is formalized within the Affiliation Agreement to ensure the consistent application of program policies and high-quality student training across all affiliated hospitals.

11.1 Core Training and Operational Oversight

The Education Coordinator is responsible for the direct supervision and management of students during their clinical rotation period. This includes:

- **Orientation & Safety:** Introducing students to Clinical Affiliate-specific policies, security protocols, and safety procedures. Ensuring students have access to required Personal Protective Equipment (PPE), necessary instruments, and laboratory information systems.
- **Scheduling:** Developing and maintaining student rotation schedules in accordance with the official SJSU training calendar. The Education Coordinator must communicate schedule updates, adjustments, anticipated downtime, or other significant changes affecting the student's training schedule to the Program Director promptly.
- **Instruction and Supervision:** Assigning qualified, licensed Clinical Laboratory Scientists (CLS) as trainers to supervise and evaluate student performance. The Education Coordinator must confirm that all trainers understand their evaluation and documentation responsibilities as outlined in this Handbook.
- **Resource Management:** Ensuring students are never substituted for paid staff and that all training activities are educational in nature and focused exclusively on meeting program competencies.

11.2 Compliance, Documentation, and Reporting

The Education Coordinator is responsible for safeguarding program records, ensuring student adherence to ethical and legal policies, and providing accurate, timely reporting to the SJSU CLS Program Director.

Substantive Change Reporting (LFS Alignment)

The Education Coordinator must immediately notify CLS Program leadership (Program Director, Associate Director, or Compliance Coordinator) of any substantive changes related to the training site that may impact the program’s ability to meet State of California (LFS) requirements. This includes changes to:

- The Affiliate's laboratory accreditation status (e.g. CAP, COLA).

- Key laboratory personnel involved in student training.
- The laboratory's physical location or scope of service delivery.

Confidentiality and Security

The Education Coordinator must ensure that all student records (including performance evaluations, competency checklists, and disciplinary documentation) are handled in strict compliance with FERPA (Family Educational Rights and Privacy Act). All student actions during training must adhere to HIPAA (Health Insurance Portability and Accountability Act) standards for protected health information.

Education Coordinators are responsible for maintaining the confidentiality, security, and integrity of all program documentation maintained at the Clinical Affiliate and for ensuring that required program records are retained and submitted in accordance with program policies.

Mandatory Forms and Submission Timeline

The Education Coordinator is responsible for the timely completion, review, and submission of required program documentation related to clinical oversight, while students are responsible for initiating, tracking, and ensuring upload of required documentation to their designated SJSU Google Drive folders.

Education Coordinator communication with the program is conducted via email, while student program documentation is submitted and maintained exclusively within SJSU-provided Google Drive folders to ensure documentation integrity, accessibility, and audit readiness.

Required Documents:

- **Rotation Competency Checklist:** Documentation of technical competency and Rotation Outcome determination for each clinical discipline. (At the end of each clinical rotation)
- **Education Coordinator Mid-Year Student Progress Attestation**: Documents the student's overall progress at the midpoint of the training year, identifies concerns requiring follow-up, and verifies that training is progressing appropriately. *(Midpoint of training year)*
- **Education Coordinator End-of-Year Student Progress Attestation**: Documents the student's successful completion of all required clinical training requirements and attests that the student has satisfactorily completed the program's clinical component. *(End of training year)*
- **Annual Affiliate Feedback Form**: Collection of affiliate feedback to support Program Continuous Quality Improvement (CQI). (Annually)

Education Coordinators are expected to review the current CLS Student Handbook annually and acknowledge their understanding of program policies, responsibilities, and expectations by completing the Education Coordinator Student Handbook Acknowledgment Form prior to supervising students during each training year.

Students are responsible for initiating, tracking, and ensuring submission of all required clinical documentation to their designated SJSU Google Drive folder in accordance with program timelines.

11.3 Corrective Action and Remediation

If a student exhibits deficiencies in technical competency, professional conduct, or adherence to laboratory policies during clinical training, the Education Coordinator will take the following steps:

- **Immediate Notification**: The Education Coordinator must notify CLS Program leadership (Program Director, Associate Director, or Compliance Coordinator) promptly, preferably within 24 hours, if a student is not meeting minimum expectations or if a significant safety incident or professionalism concern occurs.
- **Corrective Action / Remediation Plan**: The Education Coordinator will initiate a Corrective Action / Remediation Plan in consultation with the Program Director. The plan will outline specific performance concerns, required corrective actions, timelines, and reassessment procedures.
- **Documentation**: All remediation activities, communications, and supporting documentation must be maintained in the student's shared SJSU Google Drive folder as part of the student's official program record. Failure to meet the objectives outlined in the Corrective Action / Remediation Plan may result in dismissal, in accordance with the program's dismissal policies.

11.4 Continuous Quality Improvement (CQI) Cycle Participation (NAACLS VIII)

The Education Coordinator plays an integral role in the program's Continuous Quality Improvement (CQI) process by providing structured feedback from the Clinical Affiliate, participating in ongoing evaluation of program effectiveness, and contributing to continuous improvement of the clinical training experience. Education Coordinator participation includes the following responsibilities:

- **Submit Annual Affiliate Feedback**: Complete and submit the Annual Affiliate Feedback Form on behalf of the clinical training site, providing input on program communication, curriculum alignment, student preparedness, and overall training experience. Submitted feedback is reviewed by CLS program leadership and incorporated into CQI activities.
- **Advisory Committee Participation (as applicable)**: Selected Education Coordinators may serve as representatives on the CLS Advisory Committee, which meets annually to review program outcomes (e.g., certification pass rates, graduation rates, placement data) and provide stakeholder input. Advisory Committee composition includes representation from multiple affiliated training sites in accordance with program and NAACLS expectations; attendance by all Education Coordinators is not required.
- **Review and Provide Feedback on Competency Tools**: Provide feedback to the program regarding the Rotation Competency Checklists and related clinical training tools, particularly when content accuracy, feasibility, or alignment with current laboratory practice is identified as an issue. Education Coordinator feedback supports periodic review and revision of competency documentation as part of the CQI process. Recommendations for revisions are reviewed by CLS Program leadership and, when appropriate, incorporated into future revisions of competency documentation and related program materials.

11.5 Program Documentation Distribution and Currency (NAACLS V)

The Clinical Laboratory Scientist (CLS) Training Program maintains a single Student Handbook that applies to all program stakeholders, including students, Education Coordinators, faculty, and instructional staff. Separate role-specific handbooks are not maintained.

To ensure consistent communication of program expectations and requirements, the CLS Training Program distributes the current version of the Student Handbook annually to all Education Coordinators and instructional personnel. In addition, current program learning objectives and clinical rotation competency checklists are distributed and made available to Education Coordinators and clinical training sites.

Students are provided with access to the Student Handbook and related program policies at the start of the training year and are required to complete a Student Handbook Acknowledgment confirming review and agreement to comply with all program requirements, professional standards, and applicable University and Clinical Affiliate policies.

Education Coordinators are responsible for ensuring that clinical training and evaluation practices align with the most current program learning objectives and competency requirements. The Program Director, Associate Director, and Compliance Coordinator are responsible for maintaining the accuracy, currency, and official distribution of program documentation.

Updates to program policies, learning objectives, or competency checklists are communicated as revisions occur and are incorporated into the next scheduled annual distribution cycle.

12.0 Program Director Responsibilities (NAACLS I.B.3, VII.F, and VIII)

The Program Director is the chief administrative officer of the SJSU CLS Training Program. The Program Director is responsible for the overall leadership, administration, curriculum oversight, assessment, clinical education, regulatory compliance, and continuous quality improvement of the program, ensuring compliance with all NAACLS standards, California Department of Public Health Laboratory Field Services (LFS) requirements, and applicable San José State University policies.

The Program Director serves as the official point of contact for all regulatory and affiliating agencies. The Program Director works collaboratively with the Associate Director, Compliance Coordinator, Education Coordinators, Clinical Affiliates, faculty, and the Advisory Committee to support program quality, student success, and continuous improvement.

12.1 Administration and Resource Management (NAACLS I.B.3)

The Program Director is responsible for the sound financial and administrative management of the program, including:

- **Affiliation Agreements**: Initiating, negotiating, and maintaining current, formalized Affiliation Agreements with all Clinical Affiliates, ensuring compliance with all institutional legal requirements.
- **Program Budget**: Managing the program's budget, including didactic laboratory needs, faculty resources, and necessary operational expenses.
- **Resource Allocation**: Ensuring adequate physical facilities, equipment, library resources, and administrative support are available to meet program objectives.
- **Faculty Oversight**: Recruiting, onboarding, mentoring, supporting, and evaluating didactic faculty and guest lecturers to ensure instructional quality and curriculum consistency.
- **Controlled Document Management**: Maintaining current versions of the Student Handbook, competency documentation, policies, procedures, and other controlled program documents to ensure consistency, version control, regulatory compliance, and effective program administration.
- **Program Communications:** Ensuring timely communication of program policies, procedural updates, and operational changes to students, Education Coordinators, faculty, and Clinical Affiliates.

12.2 Curriculum and Instruction Oversight (NAACLS I.B.3 & VI.B)

The Program Director maintains ultimate responsibility for the integrity, quality, and continuous evaluation of the educational program across both the academic and clinical phases, ensuring that curriculum content, instructional methods, and clinical training remain current, effective, and aligned with program outcomes, accreditation standards, and regulatory requirements, including:

- **Curriculum Design**: Designing, reviewing, and updating the curriculum to ensure it meets current entry-level competencies required of a Medical Laboratory Scientist (MLS) and aligns with the CLS Scope of Practice in California.
- **Instructional Coordination**: Coordinating and integrating didactic coursework with clinical rotation requirements to ensure a cohesive learning experience.
- **Trainer Qualification**: Confirming that all individuals involved in student instruction, both on-campus and at clinical affiliates, are academically and professionally qualified for their roles.

12.3. Student Affairs and Records

The Program Director maintains primary responsibility for the student lifecycle, from initial recruitment through post-graduation documentation:

- **Admissions:** Establishing, maintaining, and publishing clear, equitable, and non-discriminatory admission criteria; overseeing the annual applicant screening, interview,

selection, and placement processes; and ensuring that admissions policies are applied consistently.

- **Advising**: Providing academic and program advising to students, monitoring academic and clinical progress, coordinating appropriate interventions when needed, and certifying eligibility for graduation.
- **Discipline and Due Process**: Overseeing all student disciplinary actions, appeals, and due process procedures as detailed in Section 9.0.
- **Record Maintenance:** Ensuring that all student records (academic performance, clinical evaluations, competency documentation, remediation records, and graduation files) are accurately maintained, securely stored, and handled in compliance with FERPA (Family Educational Rights and Privacy Act), HIPAA (Health Insurance Portability and Accountability Act), and applicable University record retention requirements.

12.4 Accreditation and Continuous Compliance (NAACLS VII.B & VIII)

The Program Director leads all activities related to continuous quality assurance and regulatory compliance:

- **Regulatory Liaison**: Serving as the official communication contact for NAACLS, LFS, and all institutional compliance offices.
- **Substantive Change Reporting**: Immediately reporting any substantive program changes to NAACLS and LFS that affect the program's ability to meet required standards (e.g., changes in Program Director, program location, or clinical affiliations).
- **Outcomes Tracking**: Collecting, analyzing, and publicly reporting program outcomes data, including certification examination pass rates, graduation rates, and graduate placement rates, as required by NAACLS.
- **Continuous Quality Improvement (CQI)**: Developing, implementing, and regularly reviewing the Program Assessment and Continuous Quality Improvement Plan and CQI cycle; evaluating program outcomes, stakeholder feedback, and assessment data; and using the results to guide curriculum, policy, competency documentation, and operational improvements.

Summary of Program Director Required Annual Activities:

Maintain Clinical Affiliation Agreements
Timeline: Ongoing
Reference: Section 3.1

Lead Annual Program Evaluation Review
Timeline: Annually (Advisory Committee)
Reference: Section 13.0

Submit NAACLS Annual Report (Outcomes)
Timeline: Annually
Reference: NAACLS Standard VIII

Review and Update Controlled Program Documents *(Student Handbook, competency documentation, policies, and forms)*
Timeline: Annually
Reference: Sections 12.1 & 12.4

Review Competency Documentation and Assessment Tools
Timeline: Annually
Reference: Section 7.0 / Appendix D

Review Education Coordinator Student Handbook Acknowledgment Forms
Timeline: Annually
Reference: Section 11.2

13.0 Program Goals, Outcomes, and Continuous Quality Improvement (CQI)

This section defines the goals of the SJSU CLS Training Program and describes the formal process used for continuous quality improvement (CQI). All program policies, resources, and curriculum are measured against these goals to ensure sustained excellence and compliance with NAACLS Standards.

13.1 Program Goals (Mission Statement)

The primary mission of the SJSU CLS Training Program is to prepare highly competent, entry-level Clinical Laboratory Scientists for practice within diverse clinical settings in California. To fulfill its mission, the CLS Training Program has established the following educational goals, which guide curriculum development, student assessment, and continuous quality improvement activities:

- **Clinical Competence**: Graduates demonstrate proficiency in the theoretical knowledge, technical skills, critical thinking, and professional judgment necessary to perform, evaluate, and troubleshoot complex laboratory procedures across all required disciplines, including Clinical Chemistry, Hematology, Microbiology, Immunohematology, and Immunology.
- **Licensure and Certification**: Ensure graduates meet the necessary requirements to sit for the National Certification Examination (e.g., ASCP Board of Certification) and meet the educational and training standards required for the California CLS License.
- **Professional Development**: Develop graduates who demonstrate professionalism, ethical conduct, effective communication, accountability, cultural humility, lifelong learning, and the ability to function as collaborative members of the healthcare team while adhering to all laboratory safety and regulatory standards (e.g., HIPAA, CLIA, CAP).

13.2 Measurable Program Outcomes (NAACLS Standard VIII)

The CLS Training Program evaluates measurable program outcomes as part of its Continuous Quality Improvement (CQI) process. Outcome data are collected, analyzed, and reviewed annually to assess program effectiveness, monitor achievement of established benchmark goals, identify opportunities for improvement, and ensure continued compliance with NAACLS Standards. When appropriate, outcome measures are reported using three-year rolling averages in accordance with NAACLS reporting practices.

The program evaluates its overall effectiveness by tracking and analyzing specific, measurable student and program outcomes. The program has established the following benchmark goals for key outcome measures:

Outcome Metric	Benchmark Target	Definition and Measurement
Certification Exam Pass Rate	≥ 75%	Percentage of graduates who pass the ASCP Board of Certification (BOC) Medical Laboratory Scientist (MLS) examination on the **first attempt** within the first year of graduation.
Graduation Rate	≥ 75%	Percentage of students who begin the final half of the program and successfully complete all program requirements, consistent with NAACLS reporting definitions.
Graduate Placement Rate	≥ 75%	Percentage of graduates who secure employment as Clinical Laboratory Scientists (CLS) or in related laboratory fields, or who enroll in advanced education programs, within one year of graduation, among those seeking placement.
Graduate Satisfaction	≥ 80%	Percentage of graduates surveyed reporting being satisfied or very satisfied with the program's quality and their preparedness for entry-level practice.
Employer Satisfaction	≥ 80%	Percentage of employers surveyed reporting being satisfied or very satisfied with the graduate's overall technical skill and professionalism.

13.3 Continuous Quality Improvement (CQI) Cycle

The Continuous Quality Improvement (CQI) process is the formal mechanism for evaluating program effectiveness and using outcome data to guide improvements in curriculum, clinical education, student assessment, program administration, and overall program quality. The CQI

cycle ensures the program remains current, effective, and responsive to changes in professional practice, regulatory requirements, and stakeholder needs.

Data Collection Sources

Data is systematically collected from all stakeholders throughout the academic year, including:

- **Student Data**: Course grades, competency checklist completion, end-of-rotation evaluations, and program exit surveys.
- **Clinical Affiliate Data**: Annual Affiliate Feedback Forms, Education Coordinator Student Progress Attestations, Education Coordinator Student Handbook Acknowledgment Forms, and observations regarding student performance and program effectiveness.
- **Post-Graduation Data**: ASCP Board of Certification (BOC) examination results, one-year graduate placement surveys, and employer satisfaction surveys.

Annual Review and Analysis

CLS Program leadership, in collaboration with the CLS Advisory Committee and other appropriate stakeholders, meets at least annually to review program outcome data, benchmark performance, stakeholder feedback, and opportunities for program improvement. This review process includes:

- **Benchmark Analysis:** Comparing the collected data against the established benchmark targets defined in Section 13.2.
- **Trend Identification**: Identifying recurring strengths or areas for improvement across curriculum components, clinical rotations, and administrative processes.
- **Action Plan Development**: Developing specific, measurable, achievable, relevant, and time-bound SMART (Specific, Measurable, Achievable, Relevant, and Time-bound) recommendations to support continuous quality improvement.

Implementation and Follow-Up

The Program Director is responsible for implementing the approved Action Plan. Approved action items may include revisions to curriculum, competency documentation, policies, procedures, assessment methods, or other program operations. Significant changes are documented, communicated to appropriate stakeholders, implemented according to established timelines, and evaluated during subsequent CQI review cycles to assess effectiveness.

14.0 Appendices Overview

The following appendices provide essential supporting information and operational documentation for the Clinical Laboratory Scientist (CLS) Training Program. To ensure accuracy and ease of updates, appendices are maintained as separate, controlled documents. Students,

Education Coordinators, and Faculty should always refer to the most current version of each appendix, available through the program's official internal website.

14.1 Appendix Review Cycle

All appendices are formally reviewed at least annually and updated as substantive changes occur to ensure continued alignment with SJSU policy, NAACLS accreditation standards, and LFS requirements.

Appendices listed below are official program documents maintained in controlled format and incorporated by reference into this handbook. These documents are maintained within the program's official document repository to ensure version integrity, accuracy, and consistent implementation across all instructional and clinical affiliate settings.

14.2 Appendix Index

Appendix	Description
Appendix A	Faculty & Staff Roster – Current program faculty, staff, and advisory board members.
Appendix B	Clinical Affiliates – Current and complete list of all affiliated clinical training sites.
Appendix C	Tuition & Fees Schedule – Official tuition and fee structure, updated annually by SJSU.
Appendix D	Rotation Schedule Requirements (CA LFS) – Minimum clinical training hours by discipline as required by LFS.
Appendix E	**NAACLS Program Outcomes & Benchmarks** – Formal report detailing program success metrics (Pass Rate, Graduation Rate, Placement Rate)
Appendix F	Accreditation Fact Sheet – Key accreditation details for NAACLS compliance and public disclosure.
Appendix G	University Policy References – Key SJSU policies (grievance, ADA, nondiscrimination, etc.).
Appendix H	Safety Incident Action Guide

For internal use, program staff maintain an Appendix Overview Map which tracks the update cycles, responsible parties, and latest revision dates for each appendix. This tool is available for NAACLS reviewers upon request.

14.3 Forms and Checklists (Referenced Documents)

The following standardized forms and checklists are used across the Clinical Laboratory Scientist (CLS) Training Program and Clinical Affiliates. These documents are not standalone appendices and are not embedded within this handbook. They are maintained as controlled, referenced program documents through the program's official Learning Management System (Canvas) and/or secure program document repositories to ensure version control, timely updates, and consistent use across all Clinical Affiliates.

Forms and checklists include, but are not limited to:

- Student Handbook Acknowledgment
- Technical Standards Attestation
- Education Coordinator Evaluation and Attestation to Student Performance (mid-year and end-of-year)
- Corrective Action Plan Template
- End-of-Year Program Evaluation Form
- Annual Affiliate Feedback Form
- Clinical Rotation Competency Checklists (rotation-specific, aligned to approved learning objectives for each clinical discipline, including Laboratory Safety & Practice Orientation)

These documents are incorporated into program assessment, competency evaluation, and continuous quality improvement processes and are made available to students, faculty, and affiliates as appropriate.

Appendix A – Faculty & Staff Roster

San José State University CLS Training Program

Program Administration

Program Director	Josh Brown, PhD, CLS, MLS(ASCP)CM, HCLD	Josh.Brown@sjsu.edu
Associate Director	Amber Parmentier	Amber.Parmentier@sjsu.edu
Compliance Coordinator	Tara Earnest	Tara.Earnest@sjsu.edu

General Program Inquiries: cls-group@sjsu.edu

Didactic Faculty and Guest Lecturers

Name	Credentials	Instructional Areas
Josh Brown	PhD, CLS, MLS(ASCP)CM, HCLD	Hematology / Molecular Biology
Jing Jin*	CLS, MLS(ASCP)	Hemostasis / Coagulation
Obadia Mfuh Kenji	PhD, HCLD (ABB), MLS(ASCP)	Microbiology / Immunology
Thy Nguyen	CLS, MLS(ASCP)CM, CPI (NCCT)	Clinical Chemistry
Elizabeth St. Lezin	MD	Immunohematology / Transfusion Services
Stephen Wong*	MS, CLS, MLS(ASCP)	Laboratory Operations / Management
Jedidiah Ordinario*	MS, CLS, MLS(ASCP)	Laboratory Operations / Quality Systems

Sivly Ray*	MS, CLS, MLS(ASCP)	Laboratory Operations / Education & Leadership

*Guest Lecturer

Appendix B – Clinical Training Affiliates

The following hospital laboratories serve as clinical training affiliates for the San José State University Clinical Laboratory Scientist (CLS) Training Program. All affiliates are approved by the State of California Laboratory Field Services (LFS) to provide the full set of required CLS rotations and maintain active affiliation agreements with SJSU.

Education Coordinator information for each affiliate is maintained internally and updated annually or as needed to ensure accuracy in accordance with NAACLS Standards.

Clinical Affiliate List

- Adventist Health Bakersfield
- Adventist Health Hanford
- Adventist Health Lodi Memorial
- Adventist Health and Rideout Marysville
- Antelope Valley Medical Center in Lancaster
- Bakersfield Memorial Hospital
- Dignity Health Sacramento
- Dominican Hospital in Santa Cruz
- El Camino Hospital in Mountain View
- Enloe Medical Center in Chico
- Fairchild Medical Center in Yreka
- Feather River Hospital in Paradise
- Hoag Memorial Hospital in Newport Beach
- Kaiser Permanente Santa Clara
- Kaiser Permanente San José
- Kaiser Permanente South Sacramento
- Marian Medical Center in Santa Maria
- Mercy Medical Center in Redding
- Mercy Medical Center in Merced
- Natividad Medical Center in Salinas
- Oroville Hospital
- Ridgecrest Regional Hospital
- Riverside Community Hospital
- Salinas Valley Memorial Hospital
- Santa Clara Valley Medical Center in San José
- St. Joseph's Medical Center in Stockton
- Shasta Regional Medical Center in Redding
- Stanford Medical Center in Palo Alto
- Stanford Healthcare ValleyCare in Pleasanton
- Washington Hospital in Fremont

Appendix C – Tuition and Fees Schedule

The following Tuition and Fees Schedule is provided to outline the anticipated costs associated with the Clinical Laboratory Scientist (CLS) Training Program at San José State University. All tuition and fees are updated annually and are subject to change by the California State University system, San José State University, or program-specific requirements.

Tuition and Fees Summary

Item	Amount / Notes
University Tuition (per semester / per unit)	$397 starting Fall 2026
Mandatory CSU Fees (Student Union, Health Services, etc.)	$75
Application Fee	$110
Background Check / Drug Screen	Varies
Immunization Costs	Varies
Books / Learning Materials	$500
Supplies / Personal Protective Equipment	Varies
Parking / Transportation	Varies
Estimated Total Program Cost	$20,000

Note: All fees are subject to change without notice. Students are responsible for checking the most current tuition and fee information through San José State University and the CLS Program.

This appendix is reviewed and updated annually or as needed.

Appendix D – Rotation Schedule Requirements (SJSU Program Schedule and California LFS Minimums)

California Department of Public Health – Laboratory Field Services (CDPH-LFS) establishes minimum clinical training requirements for approved Clinical Laboratory Scientist (CLS) training programs in California (Title 17, §1033.3). Approved CLS training programs must provide a minimum of 52 weeks of clinical training. Within those 52 weeks, LFS specifies minimum required clinical training for individual laboratory disciplines. The SJSU CLS Training Program meets and exceeds these requirements through its 52-week clinical training model. While affiliated laboratories may organize rotation schedules differently to meet local operational needs, all schedules must satisfy both the overall 52-week training requirement and the applicable LFS minimum discipline requirements.

Representative SJSU 52-Week Rotation Schedule

Discipline	SJSU Weeks	Notes
Chemistry	12 weeks	Exceeds LFS minimum
Hematology	8 weeks	Includes coagulation
Microbiology	9 weeks	Includes bacteriology, parasitology (where offered), virology, mycology
Immunology / Serology	4 weeks	—
Transfusion Services	4 weeks	Immunohematology
Urinalysis / Body Fluids	4 weeks	Included in LFS Chem/Heme categories
Phlebotomy	1 week*	For trainees without prior CPT1 or MLT licensure
Allocated Clinical Training	8 weeks	Allocated by the affiliate to reinforce competency development, provide additional clinical experience, and accommodate review or remediation as needed
Total Program Length	52 weeks	SJSU program requirement

*A 1-week phlebotomy rotation is recommended for CLS trainees who have not previously been licensed as a California CPT1 Phlebotomist or MLT. This optional rotation provides exposure to pre-analytical workflow, patient identification, venipuncture observation or practice (site-dependent), specimen labeling, tube selection, order of draw, and collection-related errors. This training is not required by LFS or NAACLS but supports NAACLS pre-analytical competencies.

Relationship Between the SJSU Schedule and LFS Requirements

The representative schedule above illustrates one approach to organizing a 52-week CLS training program. Affiliates are not required to adopt this exact distribution of weeks. Rotation lengths and sequencing may be adjusted to best accommodate local workflow, available testing, staffing resources, and student learning needs, provided all LFS minimum requirements, program competencies, and the 52-week minimum training requirement are satisfied.

The following table summarizes the minimum discipline-specific clinical training requirements established by CDPH-LFS. These minimums total 27.5 weeks; however, California-approved CLS training programs must provide a minimum of **52 weeks** of clinical training. The remaining clinical training time may be allocated by the affiliate, in accordance with SJSU program

requirements, to reinforce competency development, provide additional clinical experience, accommodate review or remediation when needed, and ensure successful achievement of all required program competencies.

LFS Minimum Required Training (in Weeks)

Discipline	Minimum Weeks (LFS)	Notes
Chemistry	7.5 weeks	Includes urinalysis
Hematology & Coagulation	5 weeks	Combined under LFS
Microbiology	5 weeks	Includes parasitology where performed
Blood Bank / Immunohematology	5 weeks	—
Immunology / Serology	5 weeks	—
Required Discipline Minimums	27.5 weeks	LFS minimum required exposure
Allocated Clinical Training	24.5 weeks	Allocated by the affiliate to reinforce competency development, provide additional clinical experience, and accommodate review or remediation as needed.
Minimum Program Length	52 weeks	California CLS program requirement

Appendix E – NAACLS Program Outcomes and Benchmarks

This appendix summarizes the outcome measures required under NAACLS Standards II (Assessment and Continuous Quality Improvement) and IV.A (Publications and Disclosures), including certification examination pass rates, graduation rates, placement rates, attrition, and satisfaction metrics. Outcome data are reviewed annually as part of the program's continuous quality improvement process. Numerical data are updated each reporting cycle while the handbook narrative text remains unchanged.

Reporting Year: July 1 – June 30

Outcome data reflect graduates from the reporting year cohort and are calculated in accordance with NAACLS reporting definitions.

NAACLS Required Outcome Measures

- ASCP Board of Certification (BOC) Exam Pass Rate
- Graduation Rate
- Placement Rate
- Attrition Rate
- Graduate Satisfaction
- Employer Satisfaction

Program Benchmarks

The program evaluates its effectiveness through established benchmark goals. The following benchmarks guide the program's continuous quality improvement process:

- BOC Pass Rate Benchmark: ≥ 75%
- Graduation Rate Benchmark: ≥ 80%
- Placement Rate Benchmark: ≥ 70% within one year of graduation
- Attrition Benchmark: ≤ 20%
- Graduate Satisfaction Benchmark: ≥ 80% "satisfied" or higher
- Employer Satisfaction Benchmark: ≥ 80% "satisfied" or higher

Program Outcomes (Updated Annually)

Outcome Measure	Benchmark	2022-23	2023-24	2024-25	Met?
BOC Pass Rate	≥ 75%	100%	95%	100%	Yes
Graduation Rate	≥ 80%	100%	98%	100%	Yes
Placement Rate	≥ 70%	100%	95%	100%	Yes
Attrition Rate	≤ 20%	0%	2%	0%	Yes
Graduate Satisfaction	≥ 80%	100%	100%	100%	Yes

Employer Satisfaction	≥ 80%	Data Collection Begins 2026–2027	Data Collection Begins 2026–2027	Data Collection Begins 2026–2027	Implementation Begins 2026–2027

Outcome Definitions

BOC Pass Rate

Percentage of graduates who pass the ASCP Board of Certification (BOC) examination within one year of graduation.

Graduation Rate

Percentage of students who begin the final half of the program and successfully complete all program requirements, including didactic coursework and clinical training .

Placement Rate

Percentage of graduates who obtain employment in the field (or closely related field) or continue their education within one year of graduation.

Attrition Rate

Percentage of students who leave the program without completing all program requirements.

Graduate Satisfaction

Measured through the End-of-Year Program Evaluation Survey administered at program completion. Aggregate results are reviewed annually as part of the program's continuous quality improvement process.

Employer Satisfaction

Beginning with the 2026–2027 reporting cycle, employer satisfaction will be measured through an annual Education Coordinator Survey. Results will be incorporated into program assessment and continuous quality improvement processes and reported once sufficient data are available.

This appendix is reviewed and updated annually to ensure compliance with NAACLS Standards II (Assessment and Continuous Quality Improvement) and IV.A (Publications and Disclosures) and to support ongoing program evaluation and improvement.

Appendix F – Accreditation Fact Sheet

The San José State University Clinical Laboratory Scientist (CLS) Training Program is accredited by the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS). NAACLS accreditation verifies that the program meets nationally recognized standards for quality in clinical laboratory science education and demonstrates ongoing program effectiveness.

Accreditation Agency Information

National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)
5600 N River Road, Suite 720
Rosemont, IL 60018
Phone: 773-714-8880
Website: www.naacls.org

Program Accreditation Status

Program Name: Clinical Laboratory Scientist (CLS) Training Program
Institution: San José State University
Program Level: Post-Baccalaureate Certificate

The Clinical Laboratory Scientist (CLS) Training Program at San José State University is accredited by NAACLS under the Clinical Laboratory Scientist/Medical Laboratory Scientist (CLS/MLS) program category.

Accreditation Status: Continuing Accreditation
Award Length: Ten (10) Years
Date of Current Award: October 2016
Next Scheduled Review: 2026

Compliance With NAACLS Standards (2024 Edition)

The program maintains compliance with the NAACLS Standards for Accredited Programs (Adopted October 2024), which include:

- Standard I – Sponsorship
- Standard II – Assessment and Continuous Quality Improvement
- Standard III – Resources
- Standard IV – Students
- Standard V – Operational Policies
- Standard VI – Administrative Responsibilities
- Standard VII – Program Administration
- Standard VIII – Curriculum Requirements

Student Complaint Procedure

Students may submit complaints related to the program's compliance with NAACLS Standards directly to NAACLS using the procedure described on the agency's website:

www.naacls.org → Accreditation → Complaints

Complaints must relate specifically to alleged non-compliance with NAACLS Standards and not to individual academic or personnel matters.

Public Disclosure Requirement

As required by NAACLS, the program publishes the following information on its public website:

- Current NAACLS accreditation status and award length
- Three years of outcome measures (BOC pass rates, graduation rates, placement rates)
- NAACLS contact information

Website: www.sjsu.edu/biology/programs/cls/index.php

Program outcome data are updated annually and reflect the most recent three reporting years. Outcome data are calculated in accordance with NAACLS reporting definitions.

Annual Review Statement

This appendix is reviewed and updated at least annually to ensure that all accreditation information remains accurate and consistent with current NAACLS requirements.

Appendix G – University Policy References

This appendix provides references to key San José State University (SJSU) and California State University (CSU) systemwide policies relevant to student rights, responsibilities, accommodations, and protections. These policies apply to all CLS students as San José State University students.

The policies listed in this appendix are incorporated by reference throughout this handbook. Students are responsible for complying with all applicable University and CSU policies in addition to the requirements of the CLS Training Program.

Official SJSU policies are available at: www.sjsu.edu/policies/

Nondiscrimination Policy

CSU Executive Order 1097 – Nondiscrimination, Sexual Misconduct, and Title IX Policy
Covers protections regarding discrimination, harassment, retaliation, and sexual misconduct.
SJSU Title IX Office: www.sjsu.edu/titleix/

Students with Disabilities / ADA Accommodations

Accessible Education Center (AEC)
Provides accommodations in accordance with ADA and Section 504.
Website: www.sjsu.edu/aec/
Email: aec-info@sjsu.edu

Student Grievance Procedures

SJSU Student Grievance Policy (University Policy S14-5)
Provides formal procedures for resolving student grievances.
Policy: www.sjsu.edu/policies/s14-5.php

Academic Integrity Policy

University Policy F15-7 – Academic Integrity
Defines expectations and violations related to academic honesty.
Policy: www.sjsu.edu/policies/f15-7.php

Student Conduct Code

California Code of Regulations, Title 5, Section 41301 – Standards for Student Conduct
Outlines CSU behavioral expectations and disciplinary procedures.
Policy: calstate.policystat.com/policy/8919100/latest/

Privacy and FERPA

Family Educational Rights and Privacy Act (FERPA)
Student educational records are protected under FERPA.
Information: www.sjsu.edu/registrar/ferpa/

Religious Accommodation Policy

University Policy S16-7 – Accommodations for Religious Holidays or Observances
Policy: www.sjsu.edu/senate/docs/S16-7.pdf

CSU Systemwide Policies

All CSU policies governing students can be found at: calstate.policystat.com/

Links to University Student Support Resources

- Writing Center: www.sjsu.edu/writingcenter/
- Peer Connections (Tutoring & Mentoring): www.sjsu.edu/peerconnections/
- Student Wellness Center: www.sjsu.edu/wellness/
- Counseling and Psychological Services (CAPS): www.sjsu.edu/counseling/
- SJSU Police Department: www.sjsu.edu/police/
- Report a Concern (Student Conduct & Safety): www.sjsu.edu/up/mycareer/employee-labor-relations/misconduct/student-conduct.php
- SJSU Cares (Basic Needs Support): www.sjsu.edu/sjsucares/
- IT Service Desk: www.sjsu.edu/it/services/support/it-service-desk/index.php
- Student Ombudsperson: www.sjsu.edu/ombudsperson/
- Student Success Centers: www.sjsu.edu/studentsuccess/

This appendix is reviewed and updated annually to ensure that all policy references remain accurate and reflect current SJSU and CSU systemwide requirements.

Appendix H: Safety Incident – Action Guide (What to Do and Who to Tell)

This appendix provides quick guidance for students and Education Coordinators on what to do if an injury, exposure, spill, or other safety incident occurs during applied learning at a Clinical Affiliate site.

STEP 1: Report It Immediately at the Clinical Affiliate

If an incident occurs:
• Stop and report it right away
• Notify your Trainer or immediate supervisor
• Follow the Clinical Affiliate's instructions for first aid, medical care, and reporting.

Always follow the Clinical Affiliate's procedures first. Do not wait and do not leave the site without reporting. Do not resume clinical training activities until authorized by the Clinical Affiliate and any required follow-up has been completed.

STEP 2: Notify the CLS Program

After the site has been notified and initial steps are taken:
• The student and/or Education Coordinator must notify CLS Program leadership (Program Director, Associate Director, or Compliance Coordinator)
• Notification should occur as soon as possible, even if the incident seems minor

CLS Program leadership will document the incident, provide guidance and support, and coordinate follow-up as appropriate.

Medical follow-up is the responsibility of the student and/or Clinical Affiliate. Students are required to maintain personal health insurance during the training year.

Education Coordinator Responsibilities

Education Coordinators should:
• Confirm the student followed site reporting procedures
• Notify CLS program leadership
• Support communication and follow-up if requested

Education Coordinators are not expected to investigate or manage incidents.

Important Reminders

• Report all incidents and exposures
• When in doubt: report first, ask questions later
• Do not handle safety issues alone
• Reporting an incident will not result in disciplinary action

Where to Find More Information

- Student Handbook Section 6.3: Exposure Control and Incident Reporting
- Appendix G: University Policy References
- CLS Program leadership if you are unsure what to do

Bottom line: Report the incident at the Clinical Affiliate first. Then notify the CLS Program. This ensures student safety, appropriate follow-up, and required program documentation.