

Carlow University Accreditation History

First accredited: March 2022

Next review: October 2026

Maximum class size: 44

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August 2025

Accreditation-Administrative Probation. Delinquent in paying annual accreditation fees. Administrative Probation removed post receipt of fees.

June 2025

The commission **reviewed and requested additional information** of the report addressing 5th edition

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)
- **Standard A1.11a** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.12** (provided evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A2.18b** (provided evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.12b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.12f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard A3.15f** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)

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- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (evidence the institution and program has hired the additional 1.0 FTE administrative staff position or provide an update, compelling reason for the use of physicians who were not board certified in their area of instruction, SCPE expectations for each required rotation, document(s) necessary to verify the program has a means to determine whether each student has met each component of the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected and in a timely manner) due by December 8, 2025.

The commission **accepted** the report addressing 5th edition

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)

September 2024

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institution's provision to the program with sufficient principal faculty and administrative staff to operate the educational program, comply with *Standards*, and fulfill obligations to matriculating and enrolled students.
- The program's evidence of its effectiveness in meeting published program website goals.
- The program's methods of assessment align with what is expected and taught in the didactic and clinical curriculum.
- The program's methods of assessment in supervised clinical practice experiences monitored and documented the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes in a timely manner.
- A self-assessment process that provided evidence of performance of critical analysis of data and applying results of analysis leading to conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis and linked the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- Submission of the continuing application and associated documents as required.
- Maintenance of program's information in the ARC-PA Program Management Portal.

The commission noted 16 areas of noncompliance with the *Standards*. A focused probation visit will occur in conjunction with the final provisional visit in advance of the September 2026 commission meeting. The program's maximum class size remains 44. The program did not appeal the commission's decision.

Report due January 11, 2025 (*Standards*, 5th edition):

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)

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- **Standard A1.11a** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.12f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard A3.15f** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Additional report due January 11, 2025 (*Standards*, 5th edition):

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

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- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.03** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2022

The commission **accepted** the report addressing 5th edition

- **Standard B4.01b** (provided evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)

No further information requested.

March 2022

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2024 (Provisional Monitoring). The program is approved for up to 44 students.

Report due May 15, 2022 (*Standards*, 5th edition) -

- **Standard B4.01b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)