

Dominican University Accreditation History

First accredited: September 2016

Next review: July 2030

Maximum class size: 30

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January 2026

The number of students in the Program Management Portal exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2023

Program Change: Increase in maximum entering class size. The commission **did not approve the program's proposed change**. The program is welcome to reapply.

September 2022

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

- **Standards C1.01b-c and f** (provided evidence the program has an ongoing self-assessment process that addresses b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum and f) sufficiency and effectiveness of principal and instructional faculty and staff).

No further information requested.

June 2022

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

September 2021

The commission **accepted the report** providing evidence of

- Changes in response to COVID-19. No further information requested.

June 2021

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

- **Standards A3.17a, c-d, f** (provided evidence student files include documentation a) the student has met published admission criteria, c) of student performance while enrolled, d) of remediation efforts and outcomes and f) that the student has met program completion requirements),
- **Standard A3.20a** (provided evidence principal faculty records include current job descriptions) and
- **Standard B4.01a** (provided evidence the evaluation of students related to the supervised clinical education components of the curriculum parallel the program's learning outcomes). No further information requested.

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The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

March 2021

The commission **acknowledged the report** providing evidence of

- Changes in response to COVID-19. No further information requested.

September 2020 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: September 2030. Maximum class size: 30.

Report due January 15, 2021 (*Standards*, 5th edition) -

- **Standards A3.17a, c-d, f** (lacked evidence student files include documentation a) the student has met published admission criteria, c) of student performance while enrolled, d) of remediation efforts and outcomes and f) that the student has met program completion requirements),
- **Standard A3.20a** (lacked evidence principal faculty records include current job descriptions) and
- **Standard B4.01a** (lacked evidence the evaluation of students related to the supervised clinical education components of the curriculum parallel the program's learning outcomes).

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

- **Standards C1.01b-c and f** (lacked evidence the program has an ongoing self-assessment process that addresses b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum and f) sufficiency and effectiveness of principal and instructional 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):

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur physicians who are specialty board certified in their area of instruction)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

June 2020

The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation in 2021; confirmation all students met all program and supervised clinical practice experience learning outcomes) due May 10, 2021.

March 2020

The commission **accepted the report** providing evidence of

- How the program assesses and assures student competency for learning outcomes documented as not observed by the preceptor. No further information requested.

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The program's PANCE pass rate percentage was 85% or less for its 2018 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

September 2019

The commission **accepted the report** addressing 4th edition

- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Additional report (narrative describing how the program assesses and assures student competency for learning outcomes documented as not observed by the preceptor) due October 31, 2019.

March 2019 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Final Provisional). The program is approved for up to 30 students in the third class.

Report due May 22, 2019 (*Standards*, 4th edition) -

- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

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

- **Standard C2.01b** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and results of critical analysis from the ongoing self-assessment)
- **Standard C2.01d** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and modifications that occurred as a result of self-assessment)
- **Standard C2.01e** (lacked evidence program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and self-identified program strengths and areas in need of improvement)

March 2017

The commission **accepted the reports** addressing 4th edition

- **Standard A3.14b** (provided evidence of plans for publication and making readily available to enrolled and prospective students the program's success in achieving its goals), and
- **Standard B3.03a-d** (provided evidence of clearly defined program expectations for supervised clinical practice experiences with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

September 2016

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Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 30 in the second class and 30 in the third class.

Report due October 17, 2016 (*Standards*, 4th edition) -

- **Standard A3.14b** (lacked evidence of plans for publication and making readily available to enrolled and prospective students the program's success in achieving its goals).

Due November 7, 2016 (*Standards*, 4th edition) -

- **Standard B3.03a-d** (lacked evidence of clearly defined program expectations for supervised clinical practice experiences with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).