

Mississippi State University-Meridian Accreditation History

First accredited: September 2020

Next review: July 2035

Maximum class size: 30

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January 2026

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

- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.

Additional information (updated job description and CV for medical director) due April 3, 2026.

No additional information required for 5th edition:

- **Standard C2.01c** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

The commission **accepted** the report addressing the observations for 5th edition standards:

- **Standard B1.01d** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B4.01a** (provided 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 and that align with what is expected and taught)
- **Standard B4.01b** (provided 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 and that allow the program to identify and address any student deficiencies in a timely manner)

and noted 0 areas of noncompliance with the *Standards*.

Report due March 16, 2026:

- Update personnel tab and tuition and fees data in the program management portal.
- Update Graduation Rate Table on the program website.

September 2025

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

- Updated Details and Personnel tabs in Program Management Portal.

June 2025 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. The commission noted 3 areas of noncompliance with the *Standards* and XX new observations by the commission.

Next Comprehensive Evaluation: July 2035. Maximum class size: 30.

Report due August 22, 2025:

- Update Details and Personnel tabs in Program Management Portal.

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Report due August 22, 2025 (*Standards*, 5th edition):

- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due January 16, 2026 (*Standards*, 5th edition) modified self-study report:

- **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)

Observation response due August 22, 2025 (*Standards*, 5th edition):

- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **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 and 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 and that allow the program to identify and address any student deficiencies in a timely manner)

March 2025

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2024

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

- **Standard B1.03g** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, methods of student assessment/evaluation)
- **Standard B4.01b** (provided evidence that 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)

No further information requested.

June 2023 (following Provisional Monitoring review)

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Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: June 2025 (Final Provisional). Maximum class size: 30.

Report due February 1, 2024 (*Standards*, 5th edition):

- **Standard B1.03g** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, methods of student assessment/evaluation)
- **Standard B4.01b** (lacked evidence that 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)

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

- **Standard A3.11** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2021

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

- **Standard B3.03d** (provided evidence of defined learning outcomes related to medical care for conditions requiring pre-operative and post-operative surgical management) and
- **Standard B4.01a** (provided evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel all the program's required learning outcomes). No further information requested.

September 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

The program is approved for up to 20 students in the first class of students, 30 in the second class and 30 in the third class.

Report due December 16, 2020 (*Standards*, 5th edition) -

- **Standard B3.03d** (lacked evidence of defined learning outcomes related to medical care for conditions requiring pre-operative and post-operative surgical management) and
- **Standard B4.01a** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel all the program's required learning outcomes).