

St. Ambrose University Accreditation History

First accredited: March 2014

Next review: January 2029

Maximum class size: 30

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January 2026

Program Change: Change in program length from 14 to 16 months preclinical and change in SCPE phase from 15 to 13 months, effective August 26, 2026, and September 2026, respectively. The commission **approved the program's proposed change**. No further information requested.

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 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 2023

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** addressing 5th edition

- **Standard A3.12b** (provided evidence the program defines and publishes evidence of its effectiveness in meeting its goals). No further information requested.

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

- **Standard C1.02c.i** (provided evidence the program implements its ongoing self-assessment process by applying the results leading to program strengths) and
- **Standard C1.03** (provided evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment). No further information requested.

June 2021

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report. No further information requested.

March 2021

Accreditation-Continued; Next Comprehensive Evaluation: March 2029. Maximum class size: 30.

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Report due April 1, 2021 (*Standards*, 5th edition) -

- **Standard A3.12c** (lacked evidence the most current annual NCCPA PANCE Exam Performance Summary Report is published on the program website).

Report due May 17, 2021 (*Standards*, 5th edition) -

- **Standard A3.12b** (lacked evidence the program defines and publishes evidence of its effectiveness in meeting its goals).

Report due June 30, 2021 (*Standards*, 5th edition) -

- **Standard C1.02c.i** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to program strengths) and
- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

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

- Follow-up PANCE report. No further information requested.

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

- The url for first time PANCE pass rates. No further information requested.

The commission did not **accept the report** providing evidence of

- The url for published, factually accurate evidence of meeting program goals. Additional information requested in report due May 17, 2021 (above).

June 2020

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 **did not accept the report**.

Additional information (url for published, factually accurate evidence of meeting program goals and url for first time PANCE pass rates) due August 1 and (PANCE follow-up report) due October 1, 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 upon graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 15, 2021.

September 2019

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

- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A2.16** (provided evidence that all instructional faculty serving as supervised clinical practice experience [SCPE] preceptors hold a valid license),

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- **Standard A3.14h** (provided evidence of the program making readily available to prospective students policies about student employment while enrolled in the program),
- **Standard B1.05** (provided evidence of the curriculum including instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in SCPEs with acute and chronic patient encounters),
- **Standards B3.03a-d** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standards B3.06a-b** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

March 2019 (following Final Provisional review)

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the March 2021 commission meeting. The maximum approved class size remains 30.

Report due June 15, 2019 (*Standards*, 4th edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A2.16** (lacked evidence that all instructional faculty serving as supervised clinical practice experience [SCPE] preceptors hold a valid license),
- **Standard A3.14h** (lacked evidence of the program making readily available to prospective students policies about student employment while enrolled in the program),
- **Standard B1.05** (lacked evidence of the curriculum including instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in SCPEs with acute and chronic patient encounters),
- **Standards B3.03a-d** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standards B3.06a-b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

Due August 3, 2020 (*Standards*, 4th edition) -

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standards C2.01b-f** modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of

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the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

June 2018

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

- The medical director's primary duty and responsibility. No further information requested.

March 2018

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

- **Standard A1.03a** (provided evidence identifying how the sponsoring institution will assure compliance with supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (provided evidence identifying how the program will assure compliance in the future that the program director is knowledgeable about and responsible for program continuous review and analysis) and
- **Standard A2.12** (provided evidence the medical director is an active participant in the program by fulfilling job duties and responsibilities indicated in the job description).

Additional report (narrative regarding medical director's primary duty and responsibility) due February 1, 2018.

September 2017

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

- **Standard A1.03a** (provided some evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (provided some evidence the program director is knowledgeable about and responsible for program continuous review and analysis) and
- **Standard A2.12** (provided some evidence the medical director is an active participant in the program).

Additional report due August 15, 2017 (*Standards*, 4th edition) -

- **Standard A1.03a** (lacked evidence identifying how the sponsoring institution will assure compliance with supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (lacked evidence identifying how the program will assure compliance in the future that the program director is knowledgeable about and responsible for program continuous review and analysis) and
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program by fulfilling job duties and responsibilities indicated in the job description).

March 2017 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Final Provisional). The approved maximum entering class size remains 30 for the third class.

Report due May 31, 2017 (*Standards*, 4th edition) -

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- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment,
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis) and
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program).

March 2015

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

- **Standard A3.17b** (provided evidence the program publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B3.02** (provided evidence of defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice), and
- **Standards B3.03a-d** (provided evidence of clearly defined program expectations for SCPEs 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.

March 2014

Accreditation-Provisional; Next Comprehensive Evaluation: March 2017 (Provisional Monitoring). The program's maximum class size is 30 for the first three classes.

Report due December 30, 2014 (*Standards*, 4th edition) -

- **Standard A3.17b** (lacked evidence the program publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B3.02** (lacked evidence of defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice), and
- **Standards B3.03a-d** (lacked evidence of clearly defined program expectations for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).