

**University of North Carolina at Chapel Hill
Accreditation History**

First accredited: September 2015

Next review: April 2030

Maximum class size: 20

Page 1 of 8

January 2026

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

- How the rotation-specific preceptor evaluation forms were revised to allow the program to identify and address student deficiencies in achieving the program's expected learning outcomes in a timely manner, supervised clinical practice experience (SCPE) learning outcomes that are assessed by the preceptor for each required rotation, and revised preceptor evaluations to verify the program has a means to determine each student has met those program-expected, rotation-specific learning outcomes in a timely manner.

No further information requested.

June 2025

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

- **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)

Additional information (How the rotation-specific preceptor evaluation forms were revised to allow the program to identify and address student deficiencies in achieving the program's expected learning outcomes in a timely manner, supervised clinical practice experience (SCPE) learning outcomes that are assessed by the preceptor for each required rotation, and revised preceptor evaluations to verify the program has a means to determine each student has met those program-expected, rotation-specific learning outcomes in a timely manner) due September 2, 2025

No additional information required for 5th edition:

- **Standard B4.01a** (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 align with what is expected and taught)

March 2025

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

- **Standard A1.02b** (provided evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A2.03** (provided evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard C1.01f** modified Self-Study Report (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.02b** modified Self-Study Report (provided evidence the program implements its ongoing self-assessment process by performing critical analysis of data)

University of North Carolina at Chapel Hill Accreditation History

First accredited: September 2015

Next review: April 2030

Maximum class size: 20

Page 2 of 8

- **Standard C1.02c.i.** modified Self-Study Report (provided evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii.** modified Self-Study Report (provided evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** modified Self-Study Report (provided evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** modified Self-Study Report (provided 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)

September 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

June 2024

The commission **accepted** the findings of the focused site visit.

The program received a Warning Letter regarding delays in hiring new program faculty to fill vacancies in a timely manner and the potential impact on the quality of education and overall program effectiveness for students.

Report due August 5, 2024:

- Update attrition information in the Program Management Portal and/or the Attrition Table on program the program website
- Update the NCCPA PANCE Pass Rate Summary Report on program website
- Update link to program website in Program Management Portal

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

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard C1.01f** modified Self-Study Report (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.02b** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i.** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)

University of North Carolina at Chapel Hill Accreditation History

First accredited: September 2015

Next review: April 2030

Maximum class size: 20

Page 3 of 8

- **Standard C1.02c.ii.** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** modified Self-Study Report (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)

Report due January 27, 2025 (*Standards*, 5th edition):

- **Standard B4.01a** (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 align with what is expected and taught)
- **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)

September 2023

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

- Response to a concern.

A focused visit will occur in advance of the June 2024 commission meeting.

The program received a Warning Letter regarding the program director's leadership and knowledge of some standards, sufficiency of principal faculty, supervised clinical practice experiences not occurring with preceptors who enabled students to meet program learning outcomes for pediatrics, and the program's failure to notify the ARC-PA of principal faculty vacancies and provide updates on progress of filling those positions.

Report due January 18, 2024 (*Standards*, 5th edition):

- Modified Self-Study Report appendices D and G

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.

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.

**University of North Carolina at Chapel Hill
Accreditation History**

First accredited: September 2015
Next review: April 2030
Maximum class size: 20
Page 4 of 8

March 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2032. Maximum class size: 20.

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

- **Standard A3.17a** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)

Program Change: Change in graduation requirements (104 to 100 credits), effective January 1, 2022. The commission **approved the change**. No further information requested.

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

- Website updated with NCCPA PANCE Exam Performance Summary Report (All Test Takers) for the last 5 years. No further information requested.

September 2021

Program Change: Change in graduation requirements (104 to 100 credits), effective January 1, 2022. The commission **reviewed and more information requested** from the program. Additional information (institutional approval of change, narrative regarding change and course syllabi) due December 17, 2021.

Report due November 17, 2021

- Update website with NCCPA PANCE Exam Performance Summary Report (All Test Takers) for the last 5 years

March 2021

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.

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

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

September 2020

Program Change: Change in graduation requirements (101 to 104 credits awarded), effective January 1, 2021. The commission **acknowledged the proposed change**. No further information requested.

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

- **Standards A1.03a, g** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and g) addressing

**University of North Carolina at Chapel Hill
Accreditation History**

First accredited: September 2015

Next review: April 2030

Maximum class size: 20

Page 5 of 8

appropriate security and personal safety measures for PA students when instruction occurs at supervised clinical practice experience [SCPE] sites),

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.08** (provided evidence of written policies addressing student exposure to infectious and environmental hazards),
- **Standard A3.10** (provided evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standard A3.14b** (provided evidence the program publishes factually accurate evidence of the program's success in achieving its goals),
- **Standard A3.14c** (provided evidence the program makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- **Standard A3.17b** (provided evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in the behavioral response to injury),
- **Standard B2.09** (provided evidence the program curriculum includes instruction in basic counseling and patient education skills related to helping patients cope with injury),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in prevention of medical errors),
- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in SCPEs with preventive, emergent, acute and chronic patient encounters),
- **Standard B3.03a** (provided evidence that SCPEs enable all students to meet the program's learning outcomes for patients seeking medical care across the life span),
- **Standard B3.06a** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction) and
- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

March 2020

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2022 commission meeting. Maximum class size: 20. The program did not appeal the commission's decision.

Report due May 22, 2020 (*Standards*, 4th edition) -

- **Standards A1.03a, g** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and g) addressing appropriate security

**University of North Carolina at Chapel Hill
Accreditation History**

First accredited: September 2015

Next review: April 2030

Maximum class size: 20

Page 6 of 8

and personal safety measures for PA students when instruction occurs at supervised clinical practice experience [SCPE] sites),

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.08** (lacked evidence of written policies addressing student exposure to infectious and environmental hazards),
- **Standard A3.10** (lacked evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program),
- **Standard A3.14b** (lacked evidence the program publishes factually accurate evidence of the program's success in achieving its goals),
- **Standard A3.14c** (lacked evidence the program makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- **Standard A3.17b** (lacked evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in the behavioral response to injury),
- **Standard B2.09** (lacked evidence the program curriculum includes instruction in basic counseling and patient education skills related to helping patients cope with injury),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in prevention of medical errors),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in SCPEs with preventive, emergent, acute and chronic patient encounters),
- **Standard B3.03a** (lacked evidence that SCPEs enable all students to meet the program's learning outcomes for patients seeking medical care across the life span),
- **Standard B3.06a** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction) and
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education practice curriculum parallel the required learning outcomes).

Report due August 16, 2021 (*Standards*, 4th edition) -

- **Standard C1.02** (lacked evidence the program consistently applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) 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 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 2019

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

- Specific learning outcomes for preventive, emergent, acute and chronic patient encounters and surgical management.

University of North Carolina at Chapel Hill Accreditation History

First accredited: September 2015

Next review: April 2030

Maximum class size: 20

Page 7 of 8

- Revised PANCE report. No further information requested.

September 2018

The commission **did not accept** the reports addressing 4th edition

- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes) and
- **Standard B3.03c** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking surgical management).

Additional information (specific learning outcomes for preventive, emergent, acute and chronic patient encounters and surgical management) due February 1, 2019.

The program's PANCE pass rate percentage was 83% for the class of 2017. As pass rate was less than 85%, the program submitted required PANCE performance analysis report. The commission **did not accept the report**. Additional information (revised PANCE report) due February 1, 2019.

June 2018

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

- Updated regional accreditation status in the Portal. No further information requested.

March 2018 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2020 (Final Provisional). The program's maximum class size remains 20 for the third class.

Report due April 30, 2018

- Update regional accreditation status in the Program Management Portal.

Due June 1, 2018 (*Standards*, 4th edition) -

- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes) and
- **Standard B3.03c** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking surgical management).

September 2016

The commission **acknowledged the report** updating the institution's regional accreditation status. No further information requested.

March 2016

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

- **Standard B3.03c** (provided evidence of program defined expectations to determine students, after SCPEs with patients seeking surgical management, have attained the program defined expectations). No further information requested.

September 2015

**University of North Carolina at Chapel Hill
Accreditation History**

First accredited: September 2015

Next review: April 2030

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Page 8 of 8

Accreditation-Provisional: Next Comprehensive Evaluation: March 2018 (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 20 in the second class and 20 in the third class.

Report due December 15, 2015 (*Standards*, 4th edition) -

- **Standard B3.03c** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking surgical management, have attained the program defined expectations).

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

- **Standard A3.16** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B1.09** (lacked evidence that for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies)
- **Standard B3.02** (lacked evidence supervised clinical practice experiences enable students to meet program expectations and acquire the competencies needed for clinical PA practice)
- **Standard B3.03a** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly)
- **Standard B3.03b** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking women's health (to include prenatal and gynecologic care)
- **Standard B3.03d** (lacked evidence of program defined expectations to determine students, after SCPEs with patients seeking care for behavioral and mental health conditions)