

## University of the Cumberlands, Northern Kentucky Accreditation History

First accredited: June 2019

Next review: July 2026

Maximum class size: 30

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### April 2026

The commission **accepted the report**:

- Revised Student Graduation Rate Report for the 2024 cohort

No further information requested.

The commission **deferred until July 2026 its decision** regarding the report providing:

- Evidence that the program defines, publishes, makes readily available, and consistently applies to students upon admission, the procedures for dismissal, the revised SCPE syllabi for all required SCPE experiences that include learning outcomes and instructional objectives that guide student acquisition of required competencies with clear annotation or reference as to which are “common” if that term is used, and the revised preceptor evaluation tools for all required SCPE experiences.

No further information requested.

### 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.

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

- Updated PANCE pass rate data in Program Management Portal.

No further information requested.

### September 2025

The program’s student attrition rate was 10.9% or greater for its 2024 cohort. The program revised and resubmitted the Student Attrition Required Report. The commission **reviewed and requested additional information of the report**. Additional information (revised Student Attrition Template) due December 1, 2025.

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

- Updates to the Program Management Portal.

No further information requested.

### June 2025

The commission **reviewed and requested additional information of the report** addressing 5<sup>th</sup> edition

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.07** (provided 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 A2.01** (provided evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties)

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- **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 A2.18b** (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 A3.15d** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- **Standard B1.03e** (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, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **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)

Additional information (evidence that the program defines, publishes, makes readily available, and consistently applies to students upon admission, the procedures for dismissal, the revised SCPE syllabi for all required SCPE experiences that include learning outcomes and instructional objectives that guide student acquisition of required competencies with clear annotation or reference as to which are "common" if that term is used, and the revised preceptor evaluation tools for all required SCPE experiences) due December 5, 2025

Report due August 18, 2025:

- Update PANCE pass rate data in Program Management Portal.

### March 2025

The program's student attrition rate was 10.9% or greater for its 2024 cohort. The program submitted the Student Attrition Required Report. The commission **did not accept the report**. Additional

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information (revised and resubmitted Student Attrition Required Report for the 2024 cohort) due May 30, 2025.

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

- Updates to the program's website.

No further information requested.

### June 2024

Adverse Action-Accreditation-Probation (after Final Provisional review) due to noncompliance concerns regarding:

- Sponsoring institutional responsibility for supporting the planning by program faculty of program assessment.
- Provision of sufficient program principal faculty and administrative support staff necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students.
- A process by which the program ensures all program faculty possess the educational and experiential qualifications to perform their assigned duties.
- The program director's knowledge of and responsibility for continuous programmatic review and analysis and completion of ARC-PA required documents.
- A defined, published, and readily available policy on immunization and health screening of students based on current Centers for Disease Control and Prevention recommendations.
- Defined, published, and readily available policy and procedures for dismissal.
- Defined and published clinical course learning outcomes and instructional objectives that were written in measurable terms that could be assessed and serve to guide student acquisition of required competencies.
- Supervised clinical practice experiences that enable all students to meet program learning outcomes for care across the lifespan to include infants, children, adolescents, adults, and the elderly.
- Evaluation of student performance in meeting learning outcomes that are aligned with what is expected and taught and that allow the program to identify and address student deficiencies in a timely manner.
- Implementation and documentation of an ongoing self-assessment process that included critical data analysis with application of results to identify program strengths, areas in need of improvement, and action plans.
- Submission of the application and associated documents as required by the ARC-PA.

A focused probation visit will occur in advance of the June 2026 commission meeting. The program's maximum class size remains 30. The program requested reconsideration of the commission's action. The action was upheld.

Report due September 1, 2024:

- Update success in achieving goals on the program website.

Report due February 1, 2025 (*Standards*, 5<sup>th</sup> edition):

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- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **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 A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties)
- **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 A2.18b** (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 A3.15d** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- **Standard B1.03e** (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, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **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)

Report due February 1, 2026 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)

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- **Standard C1.02c.ii.** (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.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **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)

### September 2023

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

- Supervised clinical practice experiences (SCPE) expectations for each required rotation, student assessments with what the program expects of a student on SCPEs to allow correlation to the expected learning outcomes, excerpts of the revised program Clinical Year Handbook, and details of the program's implementation of the Clinical Year Gap Rationale Form and how this will process will allow the program to identify student deficiencies in a timely manner)

No further information requested.

### March 2023

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

- **Standard B2.10c** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams and includes application of these principles in interprofessional teams)
- **Standard B2.19b** (lacked evidence the curriculum includes instruction in academic integrity)
- **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 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)

Additional information (supervised clinical practice experiences (SCPE) expectations for each required rotation, student assessments with what the program expects of a student on SCPEs to allow correlation to the expected learning outcomes, excerpts of the revised program Clinical Year Handbook, and details of the program's implementation of the Clinical Year Gap Rationale Form and how this will process will allow the program to identify student deficiencies in a timely manner) due May 15, 2023.

### June 2022 (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 2024 (Final Provisional). Maximum class size: 30.

Report due October 15, 2022 (*Standards*, 5<sup>th</sup> edition):

- **Standard B2.10c** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams and includes application of these principles in interprofessional teams)
- **Standard B2.19b** (lacked evidence the curriculum includes instruction in academic integrity)
- **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 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)

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

- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in defining its goal(s) for diversity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **Standard A3.03** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

### March 2021

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

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

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

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

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### June 2020

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

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

### March 2020

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard B1.08** (provided evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams including instruction in roles and responsibilities of various health care professionals),
- **Standard B2.12** (provided evidence the program curriculum includes instruction in concepts of public health including the role of health care providers in the prevention of disease and maintenance of population health or participation in disease surveillance, reporting and intervention),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety and prevention of medical errors) and
- **Standard C3.01** (provided evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel the program's required learning outcomes). No further information requested.

### June 2019

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (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 December 17, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams including instruction in roles and responsibilities of various health care professionals),
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in concepts of public health including the role of health care providers in the prevention of disease and maintenance of population health or participation in disease surveillance, reporting and intervention),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety and prevention of medical errors) and
- **Standard C3.01** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallel the program's required learning outcomes).