Western Michigan University  
Accreditation History

First accredited: September 1972  
Next review: September 2027  
Maximum class size: 40

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March 2018
The commission accepted the reports addressing 4th edition
- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered),
- **Standards A3.14b and g** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and g) policies and procedures for refunds of tuition and fees) and
- **Standard B2.08** (provided evidence the program curriculum includes instruction in response to illness, injury and stress).
- **Standard E1.03** (provided evidence the program submits reports or documents as required by ARC-PA [submitted PANCE performance analysis report]).
- Updated website with current accreditation status. No further information requested.

September 2017
Report due October 25, 2017 (*Standards*, 4th edition) -
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by ARC-PA [PANCE performance analysis report has not been submitted]).
- Update website with current accreditation status.

Due November 20, 2017 (*Standards*, 4th edition) -
- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered),
- **Standards A3.14b and g** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals and g) policies and procedures for refunds of tuition and fees) and
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in response to illness, injury and stress).

Due November 1, 2019 (*Standards*, 4th edition) -
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-e**, 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 and e) self-identified program strengths and areas in need of improvement).

March 2011
The commission accepted the report addressing 3rd/4th edition
**NOTE:** The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the Standards. The citations listing reflects the 3rd edition of the Standards and the corresponding standard in the 4th edition.
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- **Standards C1.01f/C1.01** (provided evidence the program collects and analyzes f) preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

September 2010  

**NOTE**: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards C1.01f/C1.01** (lacked evidence the program collects and analyzes f) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2009  
The commission **accepted the report** providing evidence of

- Adequate clinical experiences in geriatrics. No further information requested.

September 2008  
The commission **accepted the report** addressing 3rd edition

- **Standard A1.07b** (provided evidence the sponsoring institution assures the program has the human resources needed to operate the program),
- **Standards A2.11b-c** (provided evidence the program director is knowledgeable about and has primary responsibility for the program’s b) administration and fiscal management),
- **Standard A2.23** (provided evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standard B7.03d** (provided evidence supervised clinical practice experiences [SCPEs] are provided in long-term care settings),
- **Standard B7.04e** (provided evidence the program documents every student has a SCPE in geriatrics),
- **Standards C1.01a and c** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
- **Standards C2.01b1 and b3** (provided evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations) and
- **Standard F1.08** (provided evidence the appointment of the interim program director did not exceed 12 months).

Additional information (clarification regarding adequate clinical experiences in geriatrics) requested by January 9, 2009.
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March 2008
The commission accepted the report providing evidence of
  • Hiring personnel. No further information requested.

September 2007
Report due January 11, 2008
  • Status of hiring permanent program director and support personnel.
Due July 11, 2008 (Standards, 3rd edition) -
  • Standard A1.07b (lacked evidence the sponsoring institution assures the program has the human resources needed to operate the program),
  • Standards A2.11b-c (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's b) administration and fiscal management),
  • Standard A2.23 (lacked evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
  • Standard B7.03d (lacked evidence supervised clinical practice experiences [SCPEs] are provided in long-term care settings),
  • Standard B7.04e (lacked evidence the program documents every student has a SCPE in geriatrics),
  • Standards C1.01a and c (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
  • Standards C2.01b1 and b3 (lacked evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations ) and
  • Standard F1.08 (lacked evidence the appointment of the interim program director did not exceed 12 months).

March 2004
The commission acknowledged the report providing evidence of
  • Faculty and surgery sites. No further information requested.

September 2003
The commission accepted the report providing evidence of
  • The remediation policy,
  • Data from self-study report and
  • Copies of student evaluation form and graduate surveys
Additional information (names of faculty when hired and list of surgery sites) requested by January 15, 2004.
March 2003
The commission accepted the report addressing 2nd edition

- **Standard B6.2h** (provided evidence the program documents that every student has clinical experiences in geriatrics),
- **Standards C2.2a, c-e, g** (provided evidence the self-study report incorporates critical analysis of
  - a) student attrition, deceleration and remediation,
  - c) student failure rates in individual courses and rotations,
  - d) student evaluations of individual didactic courses clinical experiences and faculty,
  - e) timely surveys of graduates evaluating curriculum and program effectiveness and
  - g) evaluation of the most recent five year aggregate student performance on the National Certifying Examination) and
- **Standard D1.2** (provided evidence student health records are confidential documents and not be kept in program files).

Additional information (remediation policy, data from self-study report and copies of student evaluation form and graduate surveys) due July 15, 2003.

September 2002

Report due January 15, 2003 (Standards, 2nd edition) -

- **Standard B6.2h** (lacked evidence the program documents that every student has clinical experiences in geriatrics),
- **Standards C2.2a, c-e, g** (lacked evidence the self-study report incorporates critical analysis of
  - a) student attrition, deceleration and remediation,
  - c) student failure rates in individual courses and rotations,
  - d) student evaluations of individual didactic courses clinical experiences and faculty,
  - e) timely surveys of graduates evaluating curriculum and program effectiveness and
  - g) evaluation of the most recent five year aggregate student performance on the National Certifying Examination) and
- **Standard D1.2** (lacked evidence student health records are confidential documents and not be kept in program files).