First accredited: September 2010
Next review: September 2023
Maximum class size: 30

March 2018
The commission accepted the report providing evidence of
- Updated website. No further information requested.

September 2017
Accreditation-Continued; Next Comprehensive Evaluation: September 2023. The program’s maximum class size remains 30. The commission noted zero areas of noncompliance with the Standards.
Report due October 25, 2017 -
- Update website with PANCE pass rate data consistent with the Program Management Portal.

March 2016
Adverse Action-Accreditation-Probation. Maximum class size: 30. A focused probation site visit will occur in advance of the September 2017 commission meeting. The program did not appeal the commission’s decision.
Report due April 1, 2017 -
- Hiring of permanent program director,
- Filling vacant faculty positions,
- Institutional oversight of the program
- Students’ and preceptors’ understanding of program expectations for clinical experiences,
- Documentation of clinical site evaluation,
- Evaluation of students in meeting program expectations, and
- Modified self-study report (mSSR).

September 2015
Adverse Action-Accreditation-Probation. The program did not appeal the commission’s decision.
Report due December 15, 2015 (Standards, 4th edition) -
- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- **Standards B3.03a-c** (lacked evidence of program defined requirements, process for ensuring that the supervised clinical practice experience sites [SCPE] used by the program allow sufficient exposure to allow students to meet program-defined requirements for a) medical care across the life span, b) women’s health and c) surgical management and plan to ensure that students will have met the program-defined requirements by graduation),
- **Standard C4.01** (lacked evidence of an effective process and documentation of the process for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures), and
- **Standard C4.02** (lacked evidence detailing how the program will assure that sites used for SCPEs provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).
March 2015
The commission **did not accept the report** addressing 4th edition
- **Standards B3.03a-c** (lacked evidence of program defined requirements, how students are informed of requirements and definition of sufficient patient exposure to meet the program defined requirements for students with patients seeking a) medical care across the life span, b) women’s health and c) surgical management),
- **Standard C4.01** (lacked evidence how the program plans to assess that the processes for clinical site and preceptor evaluations are being followed consistently) and
- **Standard C4.02** (lacked evidence how the program will assure that sites used for supervised clinical practice experiences provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Administrative Probation until such time that the required report has been submitted, reviewed and accepted by the commission. Report due September 1, 2015.

Report due May 1, 2015
- Update website with current PANCE pass rate summary report.

The commission **acknowledged the October 2014 report** providing evidence of
- Website updated with PANCE pass rate summary report and accreditation statement. No further information requested.

September 2014
The commission **accepted the report** addressing 4th edition
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),

The commission **did not accept the report** addressing 4th edition
- **Standards B3.03a-c** (lacked evidence sufficient patient exposure to meet program-defined requirements is defined and provided to students with patients seeking a) medical care across the life span, b) women’s health and c) surgical management),
- **Standards C2.01a-f** (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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),
- **Standard C4.01** (lacked evidence the program follows, maintains or documents the processes by which it evaluates clinical sites and preceptors in an ongoing fashion), and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).
Indiana State University
Accreditation History

First accredited: September 2010
Next review: September 2023
Maximum class size: 30
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Report due October 10, 2014
- Update website with PANCE pass rate summary report and accreditation statement.

Due January 19, 2015 (Standards, 4th edition) -
- **Standards B3.03a-c** (lacked evidence of program defined requirements, how students are informed of requirements and definition of sufficient patient exposure to meet the program defined requirements for students with patients seeking a) medical care across the life span, b) women’s health and c) surgical management),
- **Standard C4.01** (lacked evidence of how the program plans to assess that the processes for clinical site and preceptor evaluations are being followed consistently) and
- **Standard C4.02** (lacked evidence how the program will assure that sites used for supervised clinical practice experiences provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Due December 15, 2015
- Modified self-study report (mSSR) originally due October 2015.

March 2014
The commission accepted the report providing evidence of
- Updated SCPEs in the Portal. No further information requested.

September 2013
Report due November 1, 2013
- Update supervised clinical practice experiences (SCPEs) in Program Management Portal.

Due July 1, 2014 (Standards, 4th edition) -
- **Standards B3.03a-c** (lacked evidence sufficient patient exposure to meet program-defined requirements is defined and provided to students with patients seeking a) medical care across the life span, b) women’s health and c) surgical management),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standards C2.01a-f** (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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),
- **Standard C4.01** (lacked evidence the program follows, maintains or documents the processes by which it evaluates clinical sites and preceptors in an ongoing fashion), and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Due October 1, 2015
- Modified self-study report (mSSR)
September 2011
The commission accepted the report providing evidence of
• Objectives and the datasheet. No further information requested.

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.
• Standards A2.11e and f/A2.09e and f (provided evidence the program director is knowledgeable about and has primary responsibility for the program’s e) planning) and f) development),
• Standard A3.07a/A3.15a (provided evidence any institutional policies and practices that favor specific groups of applicants are defined, published, and readily available to prospective and enrolled students) and
• Standard B3.04d/B2.06 (provided evidence the program provides instruction in rehabilitative care).
Additional information (objectives and datasheet) due July 29, 2011.

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.
• Standard E1.12f/D1.05 (provided evidence qualified faculty in sufficient number to provide instruction for each course offered in the first 12 months are identified). Program to notify when open position filled, prior to Spring 2011 class start.

September 2010
Accreditation-Provisional; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 90.
Report due November 1, 2010 (Standards, 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.
• Standard E1.12f/D1.05 (lacked evidence qualified faculty in sufficient number to provide instruction for each course offered in the first 12 months are identified).
Due July 1, 2011 (Standards, 3rd/4th edition) -
• Standards A2.11e and f/A2.09e and f (lacked evidence the program director is knowledgeable about and has primary responsibility for the program’s e) planning) and f) development),
• Standard A3.07a/A3.15a (lacked evidence any institutional policies and practices that favor specific groups of applicants are defined, published, and readily available to prospective and enrolled students) and
• *Standard B3.04d/B2.06* (lacked evidence the program provides instruction in rehabilitative care).