AdventHealth University (formerly Adventist University of Health Sciences)
Accreditation History

First accredited: March 2015
Next review: June 2021
Maximum class size: 30

December 2019
Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 18, 2019. Administrative-Probation removed post receipt of annual report.

June 2019
Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the June 2021 commission meeting. The program’s maximum class size remains 30.
Report due December 20, 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 A3.14b** (lacked evidence of publication of the program’s success in achieving its goals),
  • **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
  • **Standard B1.05** (lacked evidence the curriculum includes instruction in intellectual honesty and appropriate academic conduct),
  • **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 for chronic patient encounters),
  • **Standards B3.03b-d** (lacked evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking b) women’s health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes).
Report due January 4, 2021 (Standards, 5th edition) -
  • **Standards C2.01b-e**, complete 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).

September 2018
Program changed name to AdventHealth University.

The program’s PANCE pass rate was 84% for its 2017 cohort. As the pass rate was 85% or less, the program submitted required PANCE performance analysis report. The commission accepted the report. No further information requested.

June 2018
The commission accepted the reports addressing 4th edition
  • **Standards A2.09d and g** (provided evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process).
  • Update on current faculty and staff and progress in hiring additional faculty. No further
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information requested.

March 2018
The commission accepted the report addressing 4th edition
- **Standards A1.03a-b** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and b) hiring faculty and staff),
- **Standard A1.08** (provided evidence that the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.12** (provided evidence the medical director is an active participant in the program),
- **Standard A3.17f** (provided evidence that policies and procedures for deceleration are readily available to students upon admission) and
- **Standard B1.09** (provided evidence the program defines and publishes instructional objectives for the international mission clinical course that guide student acquisition of competencies).

Additional information (update on current faculty and staff and progress in hiring additional faculty) requested by March 15, 2018.

The commission did not accept the report addressing 4th edition
- **Standards A2.09d and g** (lacked evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process).

Acceptable response due May 1, 2018.

July 2017
Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the June 2019 commission meeting. The program’s maximum class size remains 30.

Report due December 1, 2017 (Standards, 4th edition) -
- **Standards A1.03a-b** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and b) hiring faculty and staff),
- **Standard A1.08** (lacked evidence that the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.09d and g** (lacked evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the
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- **Standard A2.12** (lacked evidence the medical director is an active participant in the program),
- **Standard A3.17f** (lacked evidence that policies and procedures for deceleration are readily available to students upon admission) and
- **Standard B1.09** (lacked evidence the program defines and publishes instructional objectives for the international mission clinical course that guide student acquisition of competencies).

**September 2015**
The commission accepted the report addressing 4th edition
- **Standard A3.15a** (provided evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- **Standard D1.03** (provided evidence the program publishes the appropriate accreditation status on the website) and
- **Standard E1.03** (provided evidence the program submits reports and documents as required by the ARC-PA). No further information requested.

**March 2015**
Accreditation-Provisional; Next Comprehensive Evaluation: September 2017. The program is approved for up to 25 students in the first class of students, 25 in the second class and 30 in the third class. Report due April 15, 2015 (Standards, 4th edition) -
- **Standard A3.15a** (lacked evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- **Standard D1.03** (lacked evidence the program publishes the appropriate accreditation status on the website) and
- **Standard E1.03** (lacked evidence the program submits reports and documents as required by the ARC-PA).