Monmouth University
Accreditation History

First accredited: September 2013
Next review: March 2021
Maximum class size: 30

March 2020
The commission acknowledged the report providing evidence of
- Updated PANcE pass rate data and statement of accreditation on program website. No further information requested.

September 2019
The commission did not accept the report addressing 4th edition
- Standard A1.03c (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- Standard A3.14b (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),
- Standards B3.06a-c (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
- Standards B3.07a-f (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care),
- Standard C3.04 (provided evidence the program documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice) and
- Standard C4.01 (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

Additional information (update PANcE pass rate data and statement of accreditation on program website) due November 22, 2019.
Additional information (standards A1.03c, A2.09g, B3.06a-b and B3.07a-f) due December 17, 2019.

March 2019 (following Final Provisional review and probation site visit)
Adverse Action-Accreditation-Probation (extended; program has made positive, yet incomplete, progress in demonstrating compliance with the Standards). A focused probation site visit will occur in advance of the March 2021 commission meeting. Maximum class size: 30.
Report due May 29, 2019 (Standards, 4th edition) -
- Standard A1.03c (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- Standard A3.14b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),
- Standards B3.06a-c (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians
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who are specialty board certified in their area of instruction and c) other licensed health care
providers experienced in their area of instruction),

- **Standards B3.07a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine,
b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental
health care),

- **Standard C3.04** (lacked evidence the program documents a summative evaluation of each
student within the final four months of the program to verify that each student is prepared to
enter clinical practice) and

- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and
ongoing evaluation of all sites and preceptors used for SCPEs).

Due August 3, 2020 (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 and d**, modified Self-Study Report (lacked evidence of a self-study report that
documents b) results of critical analysis from the ongoing self-assessment and d) modifications
that occurred as a result of self-assessment).

**September 2018**
The commission **accepted the report** addressing 4th edition

- **Standard B3.07d** (provided evidence of SCPEs with preceptors practicing in pediatrics).
Program documentation (list of preceptors utilized in supervised clinical practice experiences) due for
focused site visit.

**September 2017**
The commission **accepted the report** addressing 4th edition

- **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines
and publishes instructional objectives that guide student acquisition of required competencies),

- **Standard B2.08** (provided evidence the program curriculum includes instruction in the
treatment of substance abuse or principles of violence identification and prevention),

- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised
clinical practice experiences [SCPEs] that enable students to meet program expectations and
acquire competencies needed for entry into clinical practice) and

- **Standards B3.03a-d** (provided evidence supervised clinical practice experience provide
sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions to
allow each student to meet program expectations). No further information requested.

**July 2017**
The commission **accepted the report** addressing 4th edition

- **Standard A1.11** (provided evidence the sponsoring institution supports the program in securing
clinical sites and preceptors in sufficient number for program-required clinical practice
experiences),
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- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards B3.06a-b** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience). No further information requested.

March 2017 (following Provisional Monitoring review)
Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the March 2019 commission meeting in conjunction with the Final Provisional visit. The program is approved to accept up to 30 students in the third class. The program did not appeal the commission’s decision.

Report due May 31, 2017 (*Standards, 4th edition*) -
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards B3.06a-b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Due June 30, 2017 (*Standards, 4th edition*) -
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in the treatment of substance abuse or principles of violence identification and prevention),
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations).

Due June 15, 2018 (*Standards, 4th edition*) -
First accredited: September 2013
Next review: March 2021
Maximum class size: 30

- **Standard B3.07d** (lacked evidence of SCPEs with preceptors practicing in pediatrics).

**September 2013**
Accreditation- Provisional; Next Comprehensive Evaluation: March 2017 (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 25 in the second class and 30 in the third class. The commission noted zero areas of noncompliance with the *Standards*. 