West Liberty University
Accreditation History

First accredited: September 2011
Next review: March 2025
Maximum class size: 18
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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 2019
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission accepted the report. No further information requested.

September 2017
The commission accepted the report addressing 4th edition
  • Standard C1.02 (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
  • Standard C2.01b-c, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program). No further information requested.

May 2016
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program’s next validation review changed from March 2022 to March 2025 due to this change.

September 2015
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). No further information requested.

The commission accepted the report addressing 4th edition
  • Standard A3.07 (provided evidence the policy on immunization of students is based on current Centers for Disease Control recommendations for health professionals) and
  • Standard A3.08 (provided evidence the program informs students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk). No further information requested.

The commission accepted the report providing evidence of
  • Corrected SCPEs tab in the Portal. No further information requested

March 2015
Report due April 15, 2015 (Standards, 4th edition) -
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- **Standard A3.07** (lacked evidence the policy on immunization of students is based on current Centers for Disease Control recommendations for health professionals) and
- **Standard A3.08** (lacked evidence the program informs students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk) and

Due June 1, 2015 (*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).

Due July 1, 2017 (*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
- **Standard C2.01b-c**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

March 2012
The commission accepted the report addressing 4th edition
- **Standard A3.17a** (provided evidence the program defines, publishes and makes readily available to students upon admission any required academic standards) and
- **Standard C3.01** (provided evidence the program conducts objective and documented evaluations of students related to learning outcomes for the supervised clinical education components). No further information requested.

The commission accepted the report providing evidence of
- Supervised clinical practice experiences and personnel forms. No further information requested.

September 2011
Accreditation-Provisional; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 36.
Report due December 31, 2011 (*Standards*, 4th edition) -
- **Standard A3.17a** (lacked evidence the program defines, publishes and makes readily available to students upon admission any required academic standards) and
- **Standard C3.01** (lacked evidence the program conducts objective and documented evaluations of students related to learning outcomes for the supervised clinical education components).
- Documentation of supervised clinical practice experiences and personnel forms.