First accredited: October 1978
Next review: March 2023
Maximum class size: 50

September 2020
The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19. No further information requested.

March 2020
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.

March 2017
The commission accepted the report providing evidence of
- A complete Self-Study Report. 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 2020 to March 2023 due to this change.

March 2016
Program Change: Change in graduation requirements (116 to 142 credits), effective May 2016. The commission acknowledged the proposed change. No further information requested.

September 2015
The commission acknowledged the report providing evidence of
- Updated SCPEs in the Portal. No further information requested.

March 2015
Report due April 24, 2015
- Update supervised clinical practice experiences (SCPEs) in the Program Management Portal.
Due December 1, 2016
- Complete Self-Study Report.

The commission accepted the report providing evidence of
- How program will ensure all student have SCPEs with general surgeons. No further information requested.

Based on report of focused visit, report due January 30, 2015 (narrative addressing how program will ensure all student have SCPEs with general surgeons).

September 2013
The commission accepted the action plan addressing 4th edition
• **Standard A3.17a** (provided evidence the program defines, publishes and makes readily available to students upon admission any required academic standards),

• **Standards A3.19d-e** (provided evidence that student files include documentation d) of remediation efforts and outcomes and e) of summaries of any formal academic/behavioral disciplinary action taken against a student),

• **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),

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

• **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences 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 C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment) and

• **Standard C4.01** (provided evidence the program documents effective processes for the 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).

March 2013
Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 50. A focused site visit will occur in advance of the March 2015 commission meeting.

Report due June 1, 2013 (Standards, 4th edition) - Action plan addressing

• **Standard A3.17a** (provided evidence the program defines, publishes and makes readily available to students upon admission any required academic standards),

• **Standards A3.19d-e** (provided evidence that student files include documentation d) of remediation efforts and outcomes and e) of summaries of any formal academic/behavioral disciplinary action taken against a student),

• **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),

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

• **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences 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 C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment) and

• **Standard C4.01** (provided evidence the program documents effective processes for the 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).

Due October 1, 2014 (Standards, 4th edition) - How standards have been addressed (basis of focused visit)
• **Standard A3.17a** (lacked evidence the program defines, publishes and makes readily available to students upon admission any required academic standards),

• **Standards A3.19d-e** (lacked evidence that student files include documentation d) of remediation efforts and outcomes and e) of summaries of any formal academic/behavioral disciplinary action taken against a student),

• **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),

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

• **Standards B3.06a-b** (lacked evidence of supervised clinical practice experiences 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 C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment) and

• **Standard C4.01** (lacked evidence the program documents effective processes for the 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).

March 2011
Program Change: Change in maximum student capacity (120 to 144), effective May 31, 2011. The commission **accepted the proposed change**. No further information requested.

March 2010
The commission **accepted the report** providing evidence of

• Learning objectives. No further information requested.

September 2009
The commission **accepted the report** addressing 3rd edition

• **Standard B1.06** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),

• **Standard B1.09** (provided evidence the program prepares students to provide medical care to patients from diverse populations),

• **Standards B3.04a and d** (provided evidence the program provides instruction in a) preventive and d) rehabilitative care) and

• **Standard B4.02a** (provided evidence the program provides instruction in normal psychological development of pediatric, adult, and geriatric patients).

Additional information (learning objectives) due December 31, 2009.

March 2009
Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 120.

Report due July 1, 2009 (**Standards, 3rd edition**) -
Trevecca Nazarene University
Accreditation History

First accredited: October 1978
Next review: March 2023
Maximum class size: 50
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- **Standard B1.06** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B1.09** (lacked evidence the program prepares students to provide medical care to patients from diverse populations),
- **Standards B3.04a and d** (lacked evidence the program provides instruction in a) preventive and d) rehabilitative care) and
- **Standard B4.02a** (lacked evidence the program provides instruction in normal psychological development of pediatric, adult, and geriatric patients).

March 2008
The commission accepted the report providing evidence of
- Documentation that problems have been resolved with supervised clinical experiences in prenatal care and gynecology and long-term care settings. No further information requested.

March 2007
The commission accepted the report providing evidence of
- Data and analysis that every student has experiences in prenatal care, gynecology and long term care, data and analysis of previously identified self-study standards and documentation on student medical information.

Additional information (documentation that problems have been resolved with supervised clinical experiences in prenatal care and gynecology and long-term care settings) due January 11, 2008.

September 2006
The commission did not accept the report addressing 2nd edition
- **Standard B6.2d** (lacked evidence every student has clinical experiences in prenatal care and gynecology),
- **Standard B6.3** (lacked evidence clinical experiences are provided in long-term care settings),
- **Standards C2.2a, c and e** (lacked evidence the self-study report includes critical analysis of a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations and e) timely surveys of graduates evaluating curriculum and program effectiveness) and
- **Standard D1.2** (lacked evidence student health records are confidential).

Report due January 12, 2007 (data and analysis that every student has experiences in prenatal care, gynecology and long term care, data and analysis of previously identified self-study standards and documentation on student medical information).

March 2006
Report due July 14, 2006 (Standards, 2nd edition) -
- **Standard B6.2d** (lacked evidence every student has clinical experiences in prenatal care and gynecology),
- **Standard B6.3** (lacked evidence clinical experiences are provided in long-term care settings),
• **Standards C2.2a, c and e** (lacked evidence the self-study report includes critical analysis of a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations and e) timely surveys of graduates evaluating curriculum and program effectiveness) and

• **Standard D1.2** (lacked evidence student health records are confidential).

**September 2005**
The commission **acknowledged the report** providing evidence of

• CV of program director and student access to health care services. No further information requested.

**March 2005**
The commission **acknowledged the report** addressing 2nd edition

• **Standard A2.1** (provided evidence the program has effective leadership and management),

• **Standard B6.3** (provided evidence clinical experience is provided in long-term care settings),

• **Standard C1.1** (provided evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the Standards),

• **Standard C6.3** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives) and

• **Standard D1.6** (provided evidence core program faculty do not participate as the primary health care providers for students in the program).

Additional information (CV of program director and student access to health care services) due July 15, 2005.

**September 2004**
The commission **acknowledged the report** providing evidence of

• Geriatric course objectives. No further information requested.

**March 2004**

Report due July 15, 2004

• Geriatric course objectives.

Due January 17, 2005 *(Standards, 2nd edition)* –

• **Standard A2.1** (lacked evidence the program has effective leadership and management),

• **Standard B6.3** (lacked evidence clinical experience is provided in long-term care settings),

• **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the Standards),
• **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives) and

• **Standard D1.6** (lacked evidence core program faculty do not participate as the primary health care providers for students in the program).

**December 2001**

The commission **accepted the report** addressing 2nd edition

- **Standard B1.3** (provided evidence the learning objectives in didactic courses are sufficient to guide student learning). No further information requested.

**March 2001**

Accreditation-Continued; Next Comprehensive Evaluation: March 2004

Report due August 1, 2001 (*Standards*, 2nd edition) -

- **Standard B1.3** (lacked evidence the learning objectives in didactic courses are sufficient to guide student learning).

**September 1999**

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2001

Report due November 19, 1999 (*Standards*, 1st edition) -

- **Standard I B 1 a (1)** (lacked evidence the program director supervises the medical director in his activities that are in direct support of the PA program),

- **Standard I B 1 c (3)** (lacked evidence of sufficient faculty to provide students with adequate attention, to guide and supervise curriculum development and delivery, to accomplish ongoing program evaluation, and to provide classroom instruction in critical didactic courses),

- **Standard I B 2** (lacked evidence the institution has provided sufficient financial resources to operate an educational program),

- **Standard I B 3 c (1)** (lacked evidence students have ready access in time and location to resources that support the research requirements of the new graduate curriculum),

- **Standard I E 1 c** (lacked evidence of outcome information on employment, scope of practice, and entry level competency and knowledge of program graduates) and

- **Standard II B 2 b** (lacked evidence learning objectives in didactic courses are adequate to guide students or instructors in knowledge and competencies).

**NOTE:** The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1978 by CAHEA and subsequent accrediting organizations is not available.