# Bryant University Accreditation History

First accredited: September 2014

Next review: June 2028 Maximum class size: 48

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## March 2021

The commission accepted the report providing evidence of

Revised Appendix 13L to include all data to support analysis. No further information requested.

#### September 2020

The commission accepted the report providing evidence of

• Follow-up to the proposed plans in response to COVID-19. No further information requested.

#### June 2020

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
- **Standards C2.01b-e**, modified Self-Study Report (provided 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).

Additional information (revise and resubmit Appendix 13L to include all data to support analysis) due August 1, 2020.

The commission acknowledged the report providing evidence of

• The proposed plan in response to COVID-19.

Additional information (update after class of 2020 has graduated, addressing all students meeting learning objectives and summative exam testing completed) due August 1, 2020.

#### June 2018 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: June 2028. Maximum class size: 48. Report due March 2, 2020 (*Standards*, 4<sup>th</sup> edition) -

- Standard C1.02 (lacked evidence the program applies the results of ongoing program selfassessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-e**, modified 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 2016 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: June 2018 (Final Provisional). The program's maximum class size remains 48 for the third class.

No report due (Standards, 4th edition) -

- **Standard A3.14b** (lacked evidence at the time of the site visit that the success of the program in achieving its goals was published and made readily available to enrolled and prospective students; corrected subsequent to the visit).
- **Standard C1.01** (lacked evidence at the time of the site visit that the program had implemented an ongoing program self-assessment process designed to document program effectiveness and

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foster program improvement; expected to be corrected in Self-Study Report submitted with the final provisional application).

- **Standards C2.01b-d** (lacked evidence at the time of the site visit that the program had prepared 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 and d) modifications that occurred as a result of self-assessment; expected to be corrected in Self-Study Report submitted with the final provisional application).
- **Standard E1.03** (lacked evidence at the time of the site visit that the program had not submitted reports and documents as required by the ARC-PA; expected to be corrected in the application submitted with the final provisional application).

## March 2015

The commission accepted the report addressing 4<sup>th</sup> edition

- **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),
- **Standards A3.15a and d** (provided evidence the program defines, publishes and makes readily available to prospective students a) admission and enrollment practices that favor specified individuals or groups and d) any required academic standards for enrollment),
- **Standard A3.17e** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for withdrawal and dismissal),
- **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 B2.06** (provided evidence the program curriculum includes instruction in rehabilitative care) and
- **Standard B2.12** (provided evidence the program curriculum includes instruction in concepts of public health, particularly participation in disease surveillance, reporting and intervention).

#### September 2014

Accreditation-Provisional; Next Comprehensive Evaluation: September 2016 (Provisional Monitoring). The program is approved for up to 32 students in the first class of students, 44 in the second class and 48 in the third class.

Report due November 3, 2014 (Standards, 4th edition) -

- **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),
- Standards A3.15a and d (lacked evidence the program defines, publishes and makes readily
  available to prospective students a) admission and enrollment practices that favor specified
  individuals or groups and d) any required academic standards for enrollment),
- **Standard A3.17e** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for withdrawal and dismissal),

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- **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 B2.06** (lacked evidence the program curriculum includes instruction in rehabilitative care) and
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in concepts of public health, particularly participation in disease surveillance, reporting and intervention).