

East Carolina University Accreditation History

First accredited: October 1996

Next review: September 2025

Maximum class size: 40

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March 2021

Program Change: Change in graduation requirements (100 to 105 credits), effective August 23, 2021.

The commission **approved the proposed change**. No further information requested.

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 commission **accepted the report** providing evidence of

- Updated appendices submitted in modified Self-Study Report. No further information requested.

September 2017

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

- **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).

Additional information (update appendices submitted in modified Self-Study Report) requested by June 1, 2018.

March 2016

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

- Updated SCPEs in the Portal. No further information requested.

September 2015

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 40.

Reports due November 1, 2015

- Update supervised clinical practice experiences (SCPEs) in the Program Management Portal.

Due April 30, 2017 (*Standards*, 4th edition) -

- **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).

September 2012

Program Change: Change in graduation requirements (change in length of individual and elective practicums). The commission **acknowledged the proposed change**. No further information requested.

March 2010

The commission accepted the report addressing 3rd edition

- **Standard B7.04e** (provided evidence that supervised clinical practice experience is provided in long-term care facilities), and
- **Standard D1.01** (provided evidence student health records are confidential). No further information requested.

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September 2009

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 120.

Report due December 31, 2009 (*Standards*, 3rd edition) -

- **Standard B7.04e** (lacked evidence that supervised clinical practice experience is provided in long-term care facilities), and
- **Standard D1.01** (lacked evidence student health records are confidential).

September 2007

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

- **Standard A5.14** (provided evidence the records of core faculty include a current curriculum vitae [CV] and current job description),
- **Standard B6.2e** (provided evidence the program documents that every student has clinical experiences in general surgery),
- **Standard B6.3** (provided evidence that clinical experience is provided in long-term care settings),
- **Standards C2.2a, c and e** (provided evidence in the self-study report of 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),
- **Standards C4.1b and e** (provided evidence the self-study report documents b) outcome data analysis and plans for addressing weaknesses and areas needing improvement),
- **Standard D1.1** (provided evidence program files include documentation verifying that each student has completed health screening and meets program health requirements) and
- **Standard D1.2** (provided evidence the student health records are confidential documents and are not kept in program files). No further information requested.

March 2007

Program Change: Increase maximum student capacity (105 to 120), effective August 2007. The commission **acknowledged the change**. No further information requested.

September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 105.

Report Due July 13, 2007 (*Standards*, 2nd edition) -

- **Standard A5.14** (lacked evidence the records of core faculty include a current curriculum vitae [CV] and current job description),
- **Standard B6.2e** (lacked evidence the program documents that every student has clinical experiences in general surgery),
- **Standard B6.3** (lacked evidence that clinical experience is provided in long-term care settings),
- **Standards C2.2a, c and e** (lacked evidence in the self-study report of 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),

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- **Standards C4.1b and e** (lacked evidence the self-study report documents b) outcome data analysis and plans for addressing weaknesses and areas needing improvement),
- **Standard D1.1** (lacked evidence program files include documentation verifying that each student has completed health screening and meets program health requirements) and
- **Standard D1.2** (lacked evidence the student health records are confidential documents and are not kept in program files).

September 2005

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

- Clarification of changes in the curriculum. No further information requested.

March 2005

Program Change: Curriculum change (increase credit hours from 80 to 99, start/end dates change; length of program does not). The commission **acknowledged the proposed change**. Additional information (clarification of changes) requested July 15, 2005.

September 2003

Personnel Change: Medical director appointed, effective April 15, 2003. Program director appointed, effective June 1, 2003.

March 2003

Program Change: Change in credential (baccalaureate to master's degree). The commission **acknowledged the proposed change**. No further information requested.

Personnel Change: Interim program director appointed, effective December 1, 2002. No further information requested.

March 2002

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

- **Standard A2.6** (provided evidence the core faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution). No further information requested.

September/December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 80.

Report due February 1, 2002 (*Standards*, 2nd edition) -

- **Standard A2.6** (lacked evidence the core faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution).

Program Change: A new medical director was appointed.

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March 2001

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

- The formalized self-evaluation plan. No further information requested.

September 2000

The commission **did not accept the report** providing evidence of

- The formalized self-evaluation plan.

Additional information (formalized system of self-evaluation) due January 15, 2001.

March 2000

The commission **accepted the report** addressing 1st edition

- **Standard I C 1** (provided evidence the admission requirements are consistent between program print and electronic materials),
- **Standard I E 2** (provided evidence of a formal self-study process),
- **Standard I E 3** (provided evidence of an adequate self-study report) and
- **Standard II B 2 b** (provided evidence the course objectives are sufficient to guide student learning).

Additional information (formalized self-evaluation plan) due before September 2000.

September 1999

Accreditation-Continued; Next Comprehensive Evaluation: September 2001.

Report due February 1, 2000 (*Standards*, 1st edition) -

- **Standard I C 1** (lacked evidence the admission requirements are consistent between program print and electronic materials),
- **Standard I E 2** (lacked evidence of a formal self-study process),
- **Standard I E 3** (lacked evidence of an adequate self-study report) and
- **Standard II B 2 b** (lacked evidence the course objectives are sufficient to guide student learning).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1996 by CAAHEP is not available.