

Rocky Mountain College Accreditation History

First accredited: April 1996

Next review: March 2027

Maximum class size: 36

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March 2021

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

- All class of 2020 students met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due October 15, 2020.

September 2019

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

- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standards C2.01b and e**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and e) self-identified program strengths and areas in need of improvement). No further information requested.

March 2019

Program Change: Change in class size (36 to 48), effective July 1, 2020. The commission **approved the proposed change** in maximum class size. No further information requested.

March 2018

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

- Clarification of comments regarding the program director and clarification of the program mission and goals. No further information requested.

September 2017

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.08** (provided evidence the program's written policies related to student exposure to infectious and environmental hazards addressed financial responsibility) and
- **Standards 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).

Additional information (clarification of comments regarding the program director and clarification of the program mission and goals) due October 9, 2017.

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March 2017

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. The program's maximum class size remains 36.

Report due June 15, 2017 (*Standards*, 4th edition) -

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.08** (lacked evidence the program's written policies related to student exposure to infectious and environmental hazards addressed financial responsibility) and
- **Standards 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).

Due April 1, 2019 (*Standards*, 4th edition) -

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standards C2.01b and e**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and e) self-identified program strengths and areas in need of improvement).

March 2014

Program Change: Increase class size (28 to 36), effective July 2014. The commission **approved the proposed change**. No further information requested.

September 2012

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

- The website update.

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

- **Standard A3.21** (provided evidence that student health records are confidential),
- **Standard A3.22a** (provided evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),
- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement) and
- **Standard C2.01c** (provided evidence of a self-study report that documents faculty evaluation of the program). No further information requested.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2017. Maximum Student Capacity: 84.

Reports due April 20, 2012

- Update website with PANCE pass rate data.

Due July 1, 2012 (*Standards*, 4th edition) -

- **Standard A3.21** (lacked evidence that student health records are confidential),
- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),

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- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement) and
- **Standard C2.01c** (lacked evidence of a self-study report that documents faculty evaluation of the program).

March 2010

The commission **accepted the report** addressing standards 3rd edition

- **Standard A2.05b** (provided evidence core faculty have the responsibility for selecting applicants for admission to the PA program),
- **Standard A2.18a** (provided evidence instructional faculty are qualified through academic preparation and experience to teach assigned subjects),
- **Standard B7.02** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- **Standards C1.01a-f** (provided evidence the program regularly collects and analyzes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) graduate evaluations of curriculum and program effectiveness and
 - f) graduate evaluations of curriculum and program effectiveness) and
- **Standards C2.01a, b1-6 and d** (provided evidence the self-study report documents
 - a) the program's process of ongoing self assessment,
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
 - d) modifications that occurred as a result of self-assessment). No further information requested.

March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 84. Report due January 8, 2010 (*Standards*, 3rd edition) -

- **Standard A2.05b** (lacked evidence core faculty have the responsibility for selecting applicants for admission to the PA program),
- **Standard A2.18a** (lacked evidence instructional faculty are qualified through academic preparation and experience to teach assigned subjects),
- **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),

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- **Standards C1.01a-f** (lacked evidence the program regularly collects and analyzes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) graduate evaluations of curriculum and program effectiveness and
 - f) graduate evaluations of curriculum and program effectiveness) and
- **Standards C2.01a, b1-6 and d** (lacked evidence the self-study report documents
 - a) the program's process of ongoing self assessment,
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
 - d) modifications that occurred as a result of self-assessment).

September 2008

Adverse Action-Accreditation-Probation. Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 84.

March 2007

Adverse Action-Accreditation-Withdrawn. The program appealed the commission's decision which was reversed. Adverse Action-Accreditation-Probation. Special Visit: September 2008. Maximum Student Capacity: 84.

September 2006

Program Change: Change in maximum student capacity (66 to 84), effective July 2006. The commission **acknowledged the proposed change**. No further information requested.

March 2005

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

- **Standard A2.7d** (provided evidence core program faculty are responsible for assuring the availability of remedial instruction),
- **Standard A2.17** (provided evidence faculty and instructors are qualified through academic preparation and experience to teach assigned subjects),
- **Standard C2.1** (provided evidence the program routinely secures qualitative and quantitative information regarding student and recent graduate outcomes),
- **Standards C2.2e-f** (provided evidence critical analysis of outcome data in the self-study includes e) timely surveys of graduates evaluating curriculum and program effectiveness and f) survey of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and

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- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis). No further information requested.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2007. Maximum Student Capacity: 66. Report due January 17, 2005 (*Standards*, 2nd edition) -

- **Standard A2.7d** (lacked evidence core program faculty are responsible for assuring the availability of remedial instruction),
- **Standard A2.17** (lacked evidence faculty and instructors are qualified through academic preparation and experience to teach assigned subjects),
- **Standard C2.1** (lacked evidence the program routinely secures qualitative and quantitative information regarding student and recent graduate outcomes),
- **Standards C2.2e-f** (lacked evidence critical analysis of outcome data in the self-study includes e) timely surveys of graduates evaluating curriculum and program effectiveness and f) survey of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

September 2003

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

- The strategic plan. No further information requested.

March 2003

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

- **Standard A1.3** (provided evidence the institution demonstrates its responsibility for the program),
- **Standard A2.1** (provided evidence the program has effective leadership and management),
- **Standard A2.10** (provided evidence the program director is knowledgeable about the accreditation process),
- **Standard A3.1** (provided evidence the financial resources to operate an educational program are sufficient to fulfill obligations to matriculating and enrolled students),
- **Standard A4.1** (provided evidence classrooms and laboratories have sufficient seating to accommodate the class size),
- **Standard A4.4** (provided evidence facilities include meeting space for faculty meetings, program committees, and any other meeting space relevant to the program),
- **Standard A4.7** (provided evidence convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum is available to students and faculty),
- **Standard B1.2** (provided evidence the curriculum design reflects learning experience and sequencing that enable students to develop the clinical competence necessary for practice),
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),

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- **Standards B2.1a-b** (provided evidence of instruction in a) human anatomy and b) physiology),
- **Standard B2.2** (provided evidence the basic sciences prerequisites do not substitute for the basic medical sciences education of the professional component of the program),
- **Standard B6.3** (provided evidence clinical experience is provided in long-term care settings),
- **Standard C2.2f** (provided evidence critical analysis of outcome data in the self-study includes survey of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1d-g** (provided evidence the self-study report documents d) modifications that occurred as a result of self-evaluation, e) plans for addressing weaknesses and areas needing improvement, f) response to the last accreditation citations and compliance with the *Standards*),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students clinical practice experiences) and
- **Standard D1.2** (provided evidence the student health records are confidential documents and are not kept in program files).

Additional information (strategic plan matrix) due May 1, 2003.

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

Personnel Change: Program director appointed. No further information requested.

September 2002

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2004. The program's maximum class size is 44 students per class. The program appealed the commission's decision which was upheld.

Report due January 15, 2003 (*Standards*, 2nd edition) -

- **Standard A1.3** (lacked evidence the institution demonstrates its responsibility for the program),
- **Standard A2.1** (lacked evidence the program has effective leadership and management),
- **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process),
- **Standard A3.1** (lacked evidence the financial resources to operate an educational program are sufficient to fulfill obligations to matriculating and enrolled students),
- **Standard A4.1** (lacked evidence classrooms and laboratories have sufficient seating to accommodate the class size),
- **Standard A4.4** (lacked evidence facilities include meeting space for faculty meetings, program committees, and any other meeting space relevant to the program),
- **Standard A4.7** (lacked evidence convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum is available to students and faculty),
- **Standard B1.2** (lacked evidence the curriculum design reflects learning experience and sequencing that enable students to develop the clinical competence necessary for practice),

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- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standards B2.1a-b** (lacked evidence of instruction in a) human anatomy and b) physiology),
- **Standard B2.2** (lacked evidence the basic sciences prerequisites do not substitute for the basic medical sciences education of the professional component of the program),
- **Standard B6.3** (lacked evidence clinical experience is provided in long-term care settings),
- **Standard C2.2f** (lacked evidence critical analysis of outcome data in the self-study includes survey of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1d-g** (lacked evidence the self-study report documents d) modifications that occurred as a result of self-evaluation, e) plans for addressing weaknesses and areas needing improvement, f) response to the last accreditation citations and compliance with the *Standards*),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students clinical practice experiences) and
- **Standard D1.2** (lacked evidence the student health records are confidential documents and are not kept in program files).

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1996 by CAAHEP is not available.