Franklin Pierce University
Accreditation History

First accredited: September 2009
Next review: September 2027
Maximum class size: 24

June 2021
The commission acknowledged the report providing evidence of
  • Changes in response to COVID-19. 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.

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 2019
Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum class
size: 24. The commission noted zero areas of noncompliance with the Standards.

September 2018
The commission accepted the report addressing 4th edition
  • Standards B3.02, B3.03a-d (provided evidence program measures and documents each
    student can meet program expectations) and
  • Standard C4.01 (provided evidence of ongoing clinical site evaluation). No further
    information requested.

June 2018
The commission accepted the report addressing 4th edition
  • Standard B3.07d (provided evidence of SCPEs with preceptors practicing in pediatrics).
    No further information requested.

March 2018
The commission accepted the report addressing 4th edition
  • Standard A1.03g (provided evidence the sponsoring institution is responsible for
    addressing appropriate security and personal safety measures for PA students and
    faculty in all locations where instruction occurs),
  • Standard A3.19f (provided evidence that student files include documentation that the
    student has met requirements for program completion),
  • Standard B1.09 (provided evidence for each didactic course, the program defines and
    publishes instructional objectives that guide student acquisition of required
    competencies),
  • Standard B2.08 (provided evidence the program curriculum includes instruction in
    human sexuality),
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- **Standard B3.02** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (provided evidence SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C4.01** (provided evidence the program maintains and documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and *preceptors* meet program expectations for *learning outcomes* and performance evaluation measures) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Additional information (standards B3.02, B3.03a-d provide evidence program measures and documents each student can meet program expectations and C4.01 provide evidence of ongoing clinical site evaluation) due May 18, 2018.

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**
Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the September 2019 commission meeting. Maximum class size: 24. The program did not appeal the commission’s decision.
Report due January 1 (*Standards, 4th edition*) -
- **Standard A1.03g** (lacked evidence the sponsoring institution is responsible for addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs),
- **Standard A3.19f** (lacked evidence that student files include documentation that the student has met requirements for program completion),
- **Standard B1.09** (lacked evidence for each didactic course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in human sexuality),
• **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations and acquire the competencies needed for clinical PA practice),

• **Standards B3.03a-d** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations),

• **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),

• **Standard C4.01** (lacked evidence the program maintains and documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures) and

• **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

**Due April 1, 2018 (Standards, 4th edition)** -

• **Standard B3.07d** (lacked evidence of SCPEs with preceptors practicing in pediatrics).

**Due April 20, 2019 (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

• **Standards C2.01b-e**, modified Self-Study Report for focused visit (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).

**March 2017**

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 2016**

The commission accepted the reports providing evidence of

• Updated website and class size report.
• Update on hiring principal and instructional faculty. No further information requested.

**September 2015**

The commission accepted the report providing evidence of

• Updated Portal and narrative regarding faculty and a permanent program director.
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Additional information due October 28, 2015 (update website with PANCE Pass Rate Summary Report and program’s success in achieving goals and report on class size) and December 4, 2015 (narrative update on the hiring of principal and instructional faculty).

July 2015
The commission accepted the report providing evidence of
- The accuracy of the Portal.

Additional information (update Personnel tab in Portal and narrative regarding faculty and plans/timeline to secure faculty and a permanent program director) due August 21, 2015.

The commission reviewed the Program Management Portal and noted the Personnel tab appeared incomplete. Report requested by July 22, 2015 regarding either an update of the Portal or an explanation regarding the faculty. Program also reminded of quarterly reports for faculty vacancies and length of time for interim program director.

September 2013
The commission accepted the report addressing 4th edition
- Standard A3.12 (provided evidence the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment),
- Standard A3.14c (provided evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- 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 B3.03a provided evidence of program defined requirements for supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span) and
- Standard B3.07c (provided evidence of SCPEs with preceptors practicing in general surgery). No further information requested.

February 2015
The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program’s next validation review changed from September 2015 to September 2017 due to this change.

September 2012
Report due July 1, 2013 (Standards, 4th edition) -
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- **Standard A3.12** (lacked evidence the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment),
- **Standard A3.14c** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- **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 B3.03a** (lacked evidence of program defined requirements for supervised clinical practice experiences [SCPEs] with patients seeking medical care across the life span) and
- **Standard B3.07c** (lacked evidence of SCPEs with preceptors practicing in general surgery).

**September 2010**
The commission accepted the report addressing 3rd edition

- **Standard A3.07a** (clarified process for selection of students). No further information requested.

**March 2010**
The commission accepted the report addressing 3rd edition

- **Standard A2.02** (provided evidence core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs) and
- **Standard A3.07a** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students any institutional policies and practices that favor specific groups of applicants).

Additional information (standard A3.07a, clarify process for selection of students) due July 1, 2010.

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

- **Standard A2.02** (lacked evidence core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs) and
- **Standard A3.07a** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students any institutional policies and practices that favor specific groups of applicants).