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September 2021
The program’s PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission did not accept the report. Additional information (acceptable response) due September 27, 2021.

September 2020
The commission acknowledged the report providing evidence of
  • Updated 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.

September 2016
Program Change: Change in class size (50 to 65, effective August 1, 2017, 65 to 80, effective August 1, 2018 and 80 to 100, effective August 1, 2019). The commission approved the proposed change. No further information requested.

Program Change: The commission approved a temporary increase (50 to 52), effective August 1, 2016, to accommodate students from another program. No further information requested.

September 2015
Program Change: The commission acknowledged the merging of The University of Texas – Pan American and The University of Texas – Brownsville into The University of Texas – Rio Grande Valley.

March 2015
The commission acknowledged the report providing evidence of
  • Corrected personnel tab in the Portal. No further information requested.

The commission accepted the report providing evidence of
  • Updated SCPEs. No further information requested.

September 2014
The commission accepted the report providing evidence of
  • Updated SCPEs in the emergency department.

Additional information (correct personnel tab in Program Management Portal) due October 15 and December 15, 2014 (SCPE tab in portal).

March 2014
The commission accepted the report addressing 4th edition
  • Standard B3.03d (provided evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions) and
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- **Standard B3.07f** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health). No further information requested.

The commission **accepted the report** providing evidence of
- Updated SCPEs in the Portal and PANCE pass rate data on website.
Additional information (SCPEs in the emergency department) due May 16, 2014.

**September 2013**
Report due December 31, 2013 (Standards, 4th edition) -
- **Standard B3.03d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions) and
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).
- Update supervised clinical practice experiences [SCPEs] in the Program Management Portal and PANCE pass rate data on website.

**March 2013**
Program Change: Change in maximum student capacity (150 to 300), effective August 2014. The commission **did not approve the proposed change**.
Additional information (official NCCPA PANCE Pass Rate Summary Report and link to PANCE on website) due April 26, 2013. Due May 1, 2013 (supervised clinical practice experiences [SCPEs] data).

**September 2011**
Program Change: Change in maximum student capacity (120 to 150), effective September 1, 2011. The commission **acknowledged the proposed change**. No further information requested.

**March 2009**
The commission **accepted the report** addressing 3rd edition
- **Standard A3.14b** (provided evidence core faculty records include current curriculum vitae),
- **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 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 B7.04b and e** (provided evidence supervised clinical practice experiences are provided in b) emergency room/department and e) long-term care settings) and
- **Standard C2.01d** (provided evidence the self-study report documents modifications that occurred as a result of self-assessment). No further information requested.
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**September 2008**  
Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 120.  
Report due January 9, 2009 (*Standards*, 3rd edition) -  
- **Standard A3.14b** (lacked evidence core faculty records include current curriculum vitae),  
- **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 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),  
- **Standards B7.04b and e** (lacked evidence supervised clinical practice experiences are provided in b) emergency room/department and e) long-term care settings) and  
- **Standard C2.01d** (lacked evidence the self-study report documents modifications that occurred as a result of self-assessment).

**September 2005**  
Program Change: Change in maximum student capacity (50 to 90) and Change in program length (24 to 28 months), effective September 2006. The commission **acknowledged the proposed changes**. No further information requested.

**March 2005**  
The commission **acknowledged the report** addressing 2nd edition  
- **Standards C2.2a, b, e-g** (provided evidence the self-study report includes critical analysis of  
  - a) student attrition, deceleration, and remediation,  
  - b) faculty attrition,  
  - e) timely surveys of graduates evaluating curriculum and program effectiveness,  
  - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and  
  - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and  
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis). No further information requested.

**March 2004**  
Report due January 17, 2005 (*Standards*, 2nd edition) -  
- **Standards C2.2a, b, e-g** (lacked evidence the self-study report includes critical analysis of  
  - a) student attrition, deceleration, and remediation,  
  - b) faculty attrition,  
  - e) timely surveys of graduates evaluating curriculum and program effectiveness,
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- f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
- g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

September-December 2001
The commission **accepted the report** addressing 1st/2nd edition

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the Standards. The citations listing reflects the 1st edition of the Standards and the corresponding standard in the 2nd edition.

- **Standards I E 1 a/C2.2a** (provided evidence the self-study report includes critical analysis of student attrition),
- **Standards I E 1 b/C2.2c** (provided evidence the self-study report includes critical analysis of student failure rates in individual courses and rotations),
- **Standards I E 3/C4.1 and C4.1c** (provided evidence the self-study report documents the program’s strengths, weaknesses, and areas for improvement),
- **Standards II B 2/B1.2** (provided evidence the curriculum design enables students to develop the clinical competence necessary for practice) and
- **Standards II B 2 b/B1.4** (provided evidence for each didactic course the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).

March 2001 (University of Texas-Pan American)
Report due August 1, 2001 (Standards, 1st/2nd edition) -

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the Standards. The citations listing reflects the 1st edition of the Standards and the corresponding standard in the 2nd edition.

- **Standards I E 1 a/C2.2a** (lacked evidence the self-study report includes critical analysis of student attrition),
- **Standards I E 1 b/C2.2c** (lacked evidence the self-study report includes critical analysis of student failure rates in individual courses and rotations),
- **Standards I E 3/C4.1 and C4.1c** (lacked evidence the self-study report documents the program’s strengths, weaknesses, and areas for improvement),
- **Standards II B 2/B1.2** (lacked evidence the curriculum design enables students to develop the clinical competence necessary for practice) and
- **Standards II B 2 b/B1.4** (lacked evidence for each didactic course the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).
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September 1999
Accreditation-Provisional; Next Comprehensive Evaluation: March 2001. The commission noted zero areas of noncompliance with the *Standards*. 