

Delaware Valley University Accreditation History

First accredited: June 2022

Next review: October 2026

Maximum class size: 20

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September 2025

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2025

The commission **accepted** the report addressing 5th edition

- **Standard A3.12b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.12i** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include the most current annual student attrition information, on the table provided to the ARC-PA, no later than April first each year)
- **Standard B4.01b** (provided evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

No further information requested.

September 2024 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: September 2026 (Final Provisional). Maximum class size: 20.

The commission noted four areas of noncompliance with the *Standards*.

Report due November 22, 2024 (*Standards*, 5th edition):

- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.12i** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include the most current annual student attrition information, on the table provided to the ARC-PA, no later than April first each year)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

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- **Standard C1.03** (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

March 2023

The commission **accepted** the report addressing 5th edition

- **Standard B4.01a** (provided evidence that it planned to conduct frequent, objective and documented student assessment in the supervised clinical practice experience (SCPE) components to a) align with what is expected and taught) and
- **Standard B4.01b** (provided evidence of student assessment in the supervised clinical practice experience (SCPE) components b) allow the program to identify and address any student deficiencies in a timely manner).

No further information requested.

June 2022

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2024 (Provisional Monitoring). The program is approved for up to 20 students.

Report due August 8, 2022 (*Standards*, 5th edition) -

- **Standard B4.01a** (lacked evidence that it planned to conduct frequent, objective and documented student assessment in the supervised clinical practice experience (SCPE) components to a) align with what is expected and taught) and
- **Standard B4.01b** (lacked evidence of student assessment in the supervised clinical practice experience (SCPE) components b) allow the program to identify and address any student deficiencies in a timely manner).

No report due for the following citations (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission).

- **Standard D1.02b** (lacked evidence that information in writing was published and made readily available to everyone who requests, applies or plans to enroll b) that the program is not yet accredited; corrected subsequent to the visit) and
- **Standard D1.02c** (lacked evidence that information in writing was published and made readily available to everyone who requests, applies or plans to enroll c) the implications of non-accreditation by the ARC-PA; corrected subsequent to the visit).