

## East Carolina University Accreditation History

First accredited: October 1996

Next review: October 2035

Maximum class size: 40

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### April 2026

The commission **reviewed and requested more information of the report** addressing 6<sup>th</sup> edition:

- **Standard A1.07a** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty*)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and *elective rotations*), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- **Standard B4.01b** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components and that allow the program to identify and address any student deficiencies in a *timely* manner)

Additional information (how the sponsoring institution has provided sufficient faculty to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students; how the program defines and publishes learning outcomes that address clinical and technical skills and procedures within the required PA 6380 Geriatric Medicine SCPE; and how the preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due September 30, 2026.

No additional information required for 6<sup>th</sup> edition:

- **Standard A3.13** (provided evidence the program makes student admission decisions in accordance with clearly defined and *published* practices of the institution and program.)
- **Standard B4.01a** (provided evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components and that align with what is expected and taught)
- **Standard B4.03a** (provided evidence the program conducts and documents a *summative evaluation* of each student within the final four months of the program to verify that each student meets all program-defined *competencies* required to enter clinical practice, including *clinical and technical skills*)

Report due July 2, 2026:

- Update Women's Health SCPEs in Program Management Portal

### September 2025

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 9 areas of noncompliance with the *Standards*. The program was issued a Warning Letter regarding faculty sufficiency, the number of identified principal faculty vacancies, the sponsoring institution's plan to address faculty insufficiency, and the budget for faculty salaries and benefits.

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Report due December 15, 2025 (*Standards*, 6<sup>th</sup> edition):

- **Standard A1.07a** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty*)
- **Standard A3.13** (lacked evidence the program makes student admission decisions in accordance with clearly defined and *published* practices of the institution and program.
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and *elective rotations*), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- **Standard B4.01a** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components and that allow the program to identify and address any student deficiencies in a *timely* manner)
- **Standard B4.03a** (lacked evidence the program conducts and documents a *summative evaluation* of each student within the final four months of the program to verify that each student meets all program-defined *competencies* required to enter clinical practice, including *clinical and technical skills*)

No report due (program addressed in response to observations):

- **Standard C1.01** (lacked evidence the program documents ongoing self-assessment of its overall *effectiveness* in operating the program and preparing graduates for clinical practice by collecting data [which at a minimum includes program-defined admissions data; PANCE scores and sub-scores; didactic attrition, clinical attrition, and overall attrition; course grades, didactic and clinical (including exam scores as appropriate); course and instructor evaluations, including clinical sites and preceptors; summative evaluation results; graduate/exiting student evaluation of the program; program-defined measures of effectiveness of the program director, principal faculty, and medical director in their roles outside of teaching; and remediation], using critical analysis to draw conclusions, and creating self-improvement action plans.
- **Standard C1.02** (lacked evidence the program documents ongoing self-assessment of the sufficiency of program personnel by collecting data [which will include at a minimum: student, faculty, and staff evaluation of the sufficiency of personnel by type or task; principal faculty and staff full-time equivalents (FTE) filled and vacant with attrition rates; and workload calculation for each program faculty and staff member], using critical analysis to draw conclusions, and creating self-improvement action plans)

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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 4<sup>th</sup> 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*, 4<sup>th</sup> 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).

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

- **Standard A3.07** (lacked evidence program has and implements a policy on immunization of students and such policy must be based on current Centers for Disease Control recommendations for health professionals)
- **Standard A3.21** (lacked evidence student health records are confidential and are not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student)

### 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.

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### March 2010

The commission accepted the report addressing 3<sup>rd</sup> 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.

### September 2009

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

Report due December 31, 2009 (*Standards*, 3<sup>rd</sup> 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 2<sup>nd</sup> 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*, 2<sup>nd</sup> edition) -

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- **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),
- **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 2<sup>nd</sup> 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

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

Report due February 1, 2002 (*Standards*, 2<sup>nd</sup> 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.

### 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 1<sup>st</sup> 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*, 1<sup>st</sup> 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.

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