

Lincoln Memorial University - Knoxville Accreditation History

First accredited: June 2020

Next review: January 2035

Maximum class size: 60/80/100

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September 2025

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

- **Standard A3.12f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)

and noted 0 areas of noncompliance with the *Standards*.

March 2025

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 1 area of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: March 2035. Maximum class size: 100.

Report due June 1, 2025 (*Standards*, 5th edition):

- **Standard A3.11** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)

Observation response due June 1, 2025 (*Standards*, 5th edition):

- **Standard A3.12f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)

March 2024

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

- **Standard B1.01d** (provided evidence curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B1.03e** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.11a** (provided evidence the curriculum includes instruction in death, dying and loss and the application to clinical practice)
- **Standard B2.11c** (provided evidence the curriculum includes instruction in normal and abnormal development across the lifespan and the application to clinical practice)
- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B4.01a** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

No further information requested.

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September 2023

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

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)

No further information requested.

March 2023

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The program was unable to demonstrate it applied its process of ongoing self-assessment in review of the quality and effectiveness of its educational practices, policies and outcomes.
- The program's self-study report did not demonstrate its ability to use data and analysis to assess its strengths and weaknesses and then make needed improvements in the curriculum or other aspects of the program.

A focused probation visit will occur in advance of the March 2025 commission meeting. The program's maximum class size remains 100. The program did not appeal the commission's decision.

Report due May 15, 2023 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)

Report due October 1, 2023 (*Standards*, 5th edition):

- **Standard B1.01d** (lacked evidence curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.11a** (lacked evidence the curriculum includes instruction in death, dying and loss)

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and the application to clinical practice)

- **Standard B2.11c** (lacked evidence the curriculum includes instruction in normal and abnormal development across the lifespan and the application to clinical practice)
- **Standard B3.03c** (Supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)
- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses 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):

- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **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)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

March 2021

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

- The proposed plan in response to COVID-19. No further information requested.

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

- **Standard A3.14** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standard B2.12c** (provided evidence the curriculum includes instruction related to helping patients develop coping mechanisms),
- **Standard B2.15a** (provided evidence the curriculum includes instruction in disease reporting),
- **Standards B2.17f and g** (provided evidence the curriculum includes instruction about the PA profession regarding policy issues that affect practice and professional organizations) and

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- **Standard B4.01** (provided evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes). No further information requested.

June 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

The program is approved for up to 60 students in the first class of students, 80 in the second class and 100 in the third class.

Report due December 15, 2020 (*Standards*, 5th edition) -

- **Standard A3.14** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standard B2.12c** (lacked evidence the curriculum includes instruction related to helping patients develop coping mechanisms),
- **Standard B2.15a** (lacked evidence the curriculum includes instruction in disease reporting),
- **Standards B2.17f and g** (lacked evidence the curriculum includes instruction about the PA profession regarding policy issues that affect practice and professional organizations) and
- **Standard B4.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).