

Methodist University Accreditation History

First accredited: April 1996
Next review: July 2027
Maximum class size: 40
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January 2026

The number of students in the Program Management Portal 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 2023

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

- Documentation of institutional approval for the proposed credit hour changes.

No further information requested.

June 2022

Program Change: Change in graduation requirements and curriculum. The commission **reviewed and requested more information for the program's proposed change** (documentation of institutional approval for the proposed credit hour changes) by August 28, 2022.

June 2021

Program Change: Change in program fiscal support (HRSA SDS grant funding ended as planned in 2020). The commission **acknowledged the report**. No further information requested.

March 2021

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

- Changes in response to COVID-19. No further information requested.

March 2018

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

- Updated PANCE in the Portal. No further information requested.

July 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum class size: 40.

Report due September 1, 2017

- Update PANCE pass rate data in the Program Management Portal.

March 2013

The commission **accepted the report** addressing 4th edition

- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered),

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- **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),
- **Standards B3.03b-c** (provided evidence supervised clinical practice experience [SCPE] provide sufficient patient exposure with patients seeking b) women's health and c) surgical management),
- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to collect data on preceptor evaluations of students' preparedness for rotations),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b-c** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience). No further information requested.

February 2013

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

Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 120.

Report due December 31, 2012 (*Standards*, 4th edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered),
- **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),

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- **Standards B3.03b-c** (lacked evidence supervised clinical practice experience [SCPE] provide sufficient patient exposure with patients seeking b) women's health and c) surgical management),
- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to collect data on preceptor evaluations of students' preparedness for rotations),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

September 2011

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

- Facilities and faculty. No further information requested.

September 2010

The commission **acknowledged the proposed change** within the program.

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

- Entry date for class, timeline and contingency plan for buildings.

Additional information (completion of facilities and employment of faculty) due May 20, 2011.

March 2010

Program Change: Increase maximum student capacity (90 to 120), effective August 2011. The commission **acknowledged the proposed change**. Additional information (entry date for class, timeline and contingency plan for buildings) requested by July 1, 2010.

March 2009

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

- The length of the program. No further information requested.

September 2008

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

- **Standard B4.02c** (provided evidence the program provides instruction in human sexuality),
- **Standard C1.01f** (provided evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and

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- **Standard C2.01b6** (provided evidence the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement).

The program did not address the request for clarification of the length of the program. Additional information (clarify length of program) due January 9, 2009.

September 2007

Accreditation Continued; Next Comprehensive Evaluation: September 2012.

Report due July 11, 2008 (*Standards*, 3rd edition) -

- **Standard B4.02c** (lacked evidence the program provides instruction in human sexuality),
- **Standard C1.01f** (lacked evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standard C2.01b6** (lacked evidence the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement).
- Clarify length of program.

September 2005

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

- Faculty retention and institutional responsibility to sponsorship No further information requested.

March 2005

The commission **acknowledged the report** addressing 2nd edition

- **Standard A2.5** (provided evidence the core program faculty includes a medical director and an individual currently certified as a PA),
- **Standard B1.4** (provided evidence the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies for each didactic and clinical course),
- **Standard C2.2b** (provided evidence in the self-study report of critical analysis of faculty attrition) and
- **Standard C4.1a** (provided evidence the self-study report documents process and results of continuous evaluation).

Additional information (faculty retention and institutional responsibility to sponsorship) due July 15, 2005.

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 45.

Report due January 14, 2005 (*Standards*, 2nd edition) -

- **Standard A2.5** (lacked evidence the core program faculty includes a medical director and an individual currently certified as a PA),

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- **Standard B1.4** (lacked evidence the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies for each didactic and clinical course),
- **Standard C2.2b** (lacked evidence in the self-study report of critical analysis of faculty attrition) and
- **Standard C4.1a** (lacked evidence the self-study report documents process and results of continuous evaluation).

March 2003

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

- Mechanisms in place for continuous self-evaluation. No further information requested.

September 2002

The commission **accepted the report** addressing 2nd edition

- **Standards C2.2a-c** (provided evidence in the self-study report of critical analysis of a) student attrition, deceleration and remediation, b) faculty attrition and c) student failure rates in individual courses and rotations) and
- **Standards C4.1a-g** (provided evidence the self-study report documents
 - process and results of continuous evaluation
 - outcome data analysis
 - self-identified program strengths, weaknesses, and opportunities for improvement
 - modifications that occurred as a result of self-evaluation
 - plans for addressing weaknesses and areas needing improvement
 - response to the last accreditation citations
 - compliance with the *Standards*).

Additional information (mechanisms in place for continuous self-evaluation) due January 15, 2003.

December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2004. Maximum Student Capacity: 30.

Report due: August 1, 2002 (*Standards*, 2nd edition) -

- **Standards C2.2a-c** (lacked evidence in the self-study report of critical analysis of a) student attrition, deceleration and remediation, b) faculty attrition and c) student failure rates in individual courses and rotations) and
- **Standards C4.1a-g** (lacked evidence the self-study report documents
 - process and results of continuous evaluation
 - outcome data analysis
 - self-identified program strengths, weaknesses, and opportunities for improvement
 - modifications that occurred as a result of self-evaluation
 - plans for addressing weaknesses and areas needing improvement
 - response to the last accreditation citations

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- compliance with the *Standards*).

September 2000

Program Change: Change in degree offered (baccalaureate to master's) and Change in length of program (24 to 27 months). The commission **acknowledged the proposed program changes**. No further information requested.

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1996 by CAAHEP is not available.