

## Samford University Accreditation History

First accredited: March 2019

Next review: January 2034

Maximum class size: 36

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### September 2025

Program Change: Change in graduation requirements. The commission **approved the program's proposed change** from 117 to 133 credits. No further information requested.

### June 2025

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

- How the institution demonstrates its responsibility to support the program faculty in the application and documentation; how the sponsoring institution will support the program in implementing retention strategies specific to faculty and staff diversity, equity, and inclusion; evidence that the program's policy on addressing student exposure to infectious and environmental hazards has been made readily available before students undertake any educational activities which would place them at risk; how the program will update the syllabus for PAST 522 Advanced Practice Procedures II to include an outline of topics that align with the learning outcomes and instructional objectives; how the program monitors and addresses any student deficiencies related to the SCPE expected learning outcomes in a timely manner; SCPE program with learning outcomes for the emergency medicine and women's health rotations; and preceptor evaluations used to verify the program has a means to monitor and document each student's progress in a manner that promptly identifies deficiencies

No further information requested.

### March 2025

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> 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 A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.08c** (lacked evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility)
- **Standard A3.19** (provided 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 screening results, which may be maintained and released with written permission from the student)
- **Standard B1.03d** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, course goal/rationale)
- **Standard B1.03f** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to

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the syllabi, outline of topics to be covered that align with learning outcomes and instructional objectives)

- **Standard B4.01b** (lacked evidence that 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)

More information (How the institution demonstrates its responsibility to support the program faculty in the application and documentation; how the sponsoring institution will support the program in implementing retention strategies specific to faculty and staff diversity, equity, and inclusion; evidence that the program's policy on addressing student exposure to infectious and environmental hazards has been made readily available before students undertake any educational activities which would place them at risk; how the program will update the syllabus for PAST 522 Advanced Practice Procedures II to include an outline of topics that align with the learning outcomes and instructional objectives; how the program monitors and addresses any student deficiencies related to the SCPE expected learning outcomes in a timely manner; SCPE program with learning outcomes for the emergency medicine and women's health rotations; and preceptor evaluations used to verify the program has a means to monitor and document each student's progress in a manner that promptly identifies deficiencies) due January 15, 2025.

### September 2024

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

- Updates to the program's Program Management Portal and website.

No further information requested.

### March 2024 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation:

March 2034. Maximum class size: 36.

Report due May 1, 2024:

- Update attrition table on program website.
- Update attrition data in Program Management Portal

Report due October 1, 2024 (*Standards*, 5<sup>th</sup> 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 A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.08c** (lacked evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental

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hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility)

- **Standard A3.19** (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 screening results, which may be maintained and released with written permission from the student)
- **Standard B1.03d** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, course goal/rationale)
- **Standard B1.03f** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard B4.01b** (lacked evidence that 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)

Report due October 1, 2026 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **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 C1.03** (lacked evidence the 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)

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

- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

### June 2023

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

- How program makes admission decisions in accordance with what is published on the program website

No further information requested.

### March 2023

The commission **reviewed and more information requested** of the report providing evidence of

- How program makes admission decisions in accordance with what is published on the program website, how the program aligns student assessments with the expected supervised clinical practice experience (SCPE) learning outcomes, and how the program will monitor the progress of each student to promptly recognize individual deficiencies in learning outcomes identified by the preceptor)

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Additional information (How program makes admission decisions in accordance with what is published on the program website) due January 18, 2023.

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

- Updates to the program's website. No further information requested.

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

### September 2022

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

- **Standard A3.07a** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- **Standard A3.13a** (provided evidence the program defines, publishes, consistently applies, and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B1.03** (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 B3.03a** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **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 B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B4.01a** (lacked evidence that the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes)

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and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)

- **Standard B4.01b** (lacked evidence that 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)

Additional information (how program makes admission decisions in accordance with what is published on the program website, how the program aligns student assessments with the expected supervised clinical practice experience (SCPE) learning outcomes, and how the program will monitor the progress of each student to promptly recognize individual deficiencies in learning outcomes identified by the preceptor) due October 14, 2022.

The commission **reviewed and more information requested** of the report providing evidence of

- Updates to program website

Additional information (update website so that it accurately reflects the success of the program in achieving its goals) due September 2, 2022.

### March 2022 (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: March 2024 (Final Provisional). Maximum class size: 36.

Report due April 1, 2022:

- Update NCCPA PANCE Pass Rate Summary Report, success of the program in achieving its goals and the attrition table on the program website.

Report due May 13, 2022 (*Standards*, 5<sup>th</sup> edition):

- **Standard A3.07a** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies, and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B1.03** (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 B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)

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- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked 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 B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B4.01a** (lacked evidence that 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 align with what is expected and taught)
- **Standard B4.01b** (lacked evidence that 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)

### March 2021

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

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

### September 2020

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

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

### September 2019

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to collect data on preceptor evaluations of students' preparedness for rotations) and
- **Standard C3.01** (provided evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes). No further information requested.

### March 2019

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (Provisional Monitoring).

The program is approved for up to 36 students in the first class of students, 36 in the second class and 36 in the third class.

Report due June 30, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to collect data on preceptor evaluations of students' preparedness for rotations) and

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- **Standard C3.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).