Samuel Merritt University
Accreditation History

First accredited: April 1999
Next review: July 2029
Maximum class size: 44

October 2026
Program Change: Change in Graduation Requirements. The commission **reviewed and requested more information of the program's proposed change**. Additional information (How the sponsoring institution will provide sufficient faculty, physical facilities and access to instructional and reference materials to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students in regard to its proposed curriculum changes, and proposed course description and goal for the program's Independent Study course) due October 9, 2026

January 2026
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.

September 2025
The commission **accepted** the report addressing the observation for 5th edition

- ***Standard A3.11*** (provided evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard A3.12d*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- ***Standard A3.12e*** (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)
- ***Standard E1.09b*** (provided evidence the program received approval from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the requirements for program completion/graduation that include changes in total credits required)

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

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.

March 2025
Program Change: Change in Graduation Requirements. The commission **did not approve the program's proposed change** in credits from 88 to 93 and noted 4 new observations from the commission. Commission observation response due May 19, 2025 (*Standards*, 5th edition):

- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard A3.12d*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)

- ***Standard A3.12e*** (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)
- ***Standard E1.09b*** (lacked evidence the program received approval from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the requirements for program completion/graduation that include changes in total credits required)

June 2024
Program Change: One-time temporary increase in class size to 46 in order to accommodate two incoming students from a closing program. The commission **approved the program's proposed change.** No additional information requested.

June 2023
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.

June 2022
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.

August 2021
Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2021. It was submitted August 23, 2021. Administrative-Probation removed post receipt of Annual Accreditation Fee.

June 2021
Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum Class Size: 44. The commission noted zero areas of noncompliance with the *Standards*.

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

- ***Standard A3.13a*** (url for webpage that publishes admissions information for prospective students). No further information requested.

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

- Update to changes in response to COVID-19. No further information requested.

March 2021
The commission **deferred its decision** on the report addressing 5th edition

- ***Standard A3.13a*** (url for webpage that publishes admissions information for prospective students). Will consider in June 2021 with report of focused probation site visit.

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

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

<u>September 2020</u>
The commission **accepted the report** providing evidence of

- PANCE performance analysis. No further information requested.

The commission **reviewed the report and requested more information**

- ***Standard A3.15a*** (provided some evidence of published and readily available admission and enrollment practices that favor specified individuals or groups),
- ***Standard B3.03a*** (provided evidence of SCPEs enabling all students to meet the program's learning outcomes with patients seeking medical care across the life span),
- ***Standards B3.06a and b*** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction), and
- ***Standard C3.04*** (provided evidence of the program conducting and documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Additional information (url for webpage that publishes admissions information for prospective students, standard A3.13a [5th edition]) due November 15, 2020.

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

- The updated plans in response to COVID-19. No further information requested.

<u>June 2020</u>
The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19.

Additional information (updated report after the December 2020 graduation) due February 1, 2021.

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.

<u>March 2020</u>
The commission **accepted the report** addressing 4th edition

- ***Standard A3.14b*** (provided evidence of publication of factually accurate success in achieving program goals),
- ***Standard A3.16*** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program)
- ***Standard B3.02*** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program's learning outcomes) and

- ***Standards B3.03b-d*** (provided evidence of SCPEs enabling all students to meet the program's learning outcomes with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

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

- ***Standard A3.15a*** (provided some evidence of published and readily available admission and enrollment practices that favor specified individuals or groups),
- ***Standard B3.03a*** (provided some evidence of SCPEs enabling all students to meet the program's learning outcomes with patients seeking medical care across the life span),
- ***Standards B3.06a and b*** (provided some evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction), and
- ***Standard C3.04*** (provided some evidence of the program conducting and documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Report due May 15, 2020 (*Standards*, 4th edition) -

- ***Standard A3.15a*** (lacked evidence the program publishes and makes readily available to prospective students admission related information that certain individuals or groups are favored),
- ***Standard B3.03a*** (lacked evidence of clearly defined learning outcomes for students in SCPEs with patients seeking medical care across the life span, including adults, and a mechanism to determine students meet the learning outcomes),
- ***Standards B3.06a and b*** (lacked evidence all SCPEs occur with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction), and
- ***Standard C3.04*** (lacked evidence of the program documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

The commission **did not accept the report** providing evidence of

- PANCE performance analysis.

Additional information (acceptable PANCE performance analysis) due May 15, 2020.

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

- Updated accreditation status statement and NCCPA PANCE Pass Rate Summary Report on website. No further information requested.

<u>June 2019</u>

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: June 2021. Maximum class size: 44. A focused probation site visit will occur in advance of the June 2021 commission meeting. The program did not request reconsideration of the commission's action.

Report due August 30, 2019

- Update accreditation status statement and NCCPA PANCE Pass Rate Summary Report on website.

Due December 16, 2019 (*Standards*, 4th edition) -

- ***Standard A3.14b*** (lacked evidence of publishing factually accurate program's success in achieving program goals),
- ***Standard A3.15a*** (lacked evidence of publishing and making readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- ***Standard A3.16*** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program)
- ***Standard B3.02*** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program's learning outcomes),
- ***Standards B3.03a-d*** (lacked evidence of SCPEs enabling all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions),
- ***Standards B3.06a and b*** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction), and
- ***Standard C3.04*** (lacked evidence of the program conducting and documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Due January 8, 2021 (*Standards*, 4th edition) -

- ***Standard B3.07f*** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health) and
- ***Standards C2.01b-e*** (modified Self-Study Report [mSSR] for focused visit) (lacked evidence of a self-study report that documented b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

The commission **does not approve** the expansion to a distant campus. Program not eligible to expand while on Accreditation-Probation. Lacked evidence that the program is applying ongoing program assessment to implement curricular modifications as clarified or identified in annotations by ARC-PA

<u>March 2019</u>
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.

<u>March 2018</u>
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.
Program notified of change in scheduling of comprehensive evaluation to June 2019 (in conjunction with an expansion to a distant campus site visit).

September 2014
The commission **accepted the report** providing evidence of

- The staffing update. No further information requested.

March 2014
The commission **acknowledged the report** providing evidence of

- Clinical sites and faculty. Additional information (staffing update) requested by February 14, 2014.

September 2013
Program Change: Increase maximum entering class size to 44 students. The commission **approved the program's proposed change** and requested additional information (sites for supervised clinical practice experiences and update on faculty hiring) by December 31, 2013.

September 2011
Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 108. The commission noted zero areas of noncompliance with the *Standards*.

September 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard B7.04h*** (provided evidence that every student has a supervised clinical practice experience in psychiatry and/or behavioral medicine). No further information requested.

September 2007
Accreditation-Continued; Next Comprehensive Evaluation: September 2011.
Report due July 11, 2008 (*Standards*, 3rd edition) -

- ***Standard B7.04h*** (lacked evidence that every student has a supervised clinical practice experience in psychiatry and/or behavioral medicine).

September 2006
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.10*** (provided evidence the program director is knowledgeable about the accreditation process),
- ***Standard C2.1*** (provided evidence of qualitative and quantitative information regarding student and recent graduate outcomes),
- ***Standards C2.2c-f*** (provided evidence of critical analysis of outcome data related to c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),

- ***Standard C3.1*** (provided evidence that results of ongoing program evaluation is reflected in the curriculum and other dimensions of the program),
- ***Standards C4.1a-b, d*** (provided evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation),
- ***Standard C5.5*** (provided evidence the summative evaluation of each student assures that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice) and
- ***Standard C6.3*** (provided evidence the clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives). No further information requested.

March 2006
The commission **acknowledged the report** addressing 2nd edition

- ***Standard B1.5*** (provided evidence that instructional faculty are oriented to the specific educational competencies expected of PA students),
- ***Standard B6.2g*** (provided evidence that every student has clinical experiences in psychiatry/behavioral medicine) and
- ***Standard C1.1*** (provided evidence of adequate self-evaluation processes) No further information requested.

September 2005
Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 108.
Report due January 13, 2006 (*Standards*, 2nd edition) -

- ***Standard B1.5*** (lacked evidence that instructional faculty are oriented to the specific educational competencies expected of PA students),
- ***Standard B6.2g*** (lacked evidence that every student has clinical experiences in psychiatry/behavioral medicine) and
- ***Standard C1.1*** (lacked evidence of adequate self-evaluation processes) and

Due July 14, 2006 (*Standards*, 2nd edition) -

- ***Standard A2.10*** (lacked evidence the program director is knowledgeable about the accreditation process),
- ***Standard C2.1*** (lacked evidence of qualitative and quantitative information regarding student and recent graduate outcomes),
- ***Standards C2.2c-f*** (lacked evidence of critical analysis of outcome data related to c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),

- ***Standard C3.1*** (lacked evidence that results of ongoing program evaluation is reflected in the curriculum and other dimensions of the program),
- ***Standards C4.1a-b, d*** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation),
- ***Standard C5.5*** (lacked evidence the summative evaluation of each student assures that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice) and
- ***Standard C6.3*** (lacked evidence the clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

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

- Staffing. No further information requested.

<u>September 2004</u>
The commission **acknowledged the report** providing evidence of

- The staffing update. Additional information (update on hiring of clinical coordinator and academic coordinator and clarification of program director's role) requested by January 14, 2005.

<u>March 2004</u>
The commission **acknowledged the report** providing evidence of

- Staffing. Additional information (staffing update, specifically the administrative secretarial position) requested by July 15, 2004.

<u>September 2003</u>
The commission **accepted the report** providing evidence of

- The positions of administrative assistant and academic coordinator Additional information (staffing update) requested by January 15, 2004.

<u>March 2003</u>
The commission **acknowledged the report** providing evidence of

- The administrative secretary. Additional clarifying information regarding the positions of administrative assistant and academic coordinator requested by July 15, 2003.

<u>September 2002</u>
The commission **accepted the report** addressing 2nd edition

- ***Standard A2.23*** (provided evidence of sufficient administrative and technical support staff to meet the needs of the program).

Additional clarifying information regarding the administrative secretary position requested by January 15, 2003.

December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 108.

Report due July 15, 2002 (*Standards*, 2nd edition) -

- ***Standard A2.23*** (lacked evidence of sufficient administrative and technical support staff to meet the needs of the program).

September 1999

The commission **accepted the report** addressing 1st edition

- ***Standard I D 1 c*** (provided evidence of costs of the program being made known to all applicants). No additional information requested.

March 1999

Accreditation-Provisional; Next Comprehensive Evaluation: 2001.

Report due August 1, 1999 (*Standards*, 1st edition) -

- ***Standard I D 1 c*** (lacked evidence of costs of the program being made known to all applicants).