

## Taylor University Accreditation History

First accredited: March 2025

Next review: April 2028

Maximum class size: 40

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### January 2026

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

- **Standard B4.01a** (lacked evidence 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 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 in meeting the program's learning outcomes and instructional objectives 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 program aligns student assessment with what the program expects of a student on SCPEs 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 June 11, 2026.

No additional information required for 5<sup>th</sup> edition:

- **Standard A1.01** (provided evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **Standard A1.10a** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard A3.14** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B1.03e** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program define and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.01** (provided evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard D1.04e** (provided evidence the program provides detailed information for each course and rotation offered in the program that the learning outcomes and instructional objectives)
- **Standard D1.05** (provided evidence the program has signed agreements from prospective clinical sites participating in the supervised clinical practice experiences sufficient in number to meet the needs of the maximum class size)

March 2025

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Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: TBD (Provisional Monitoring). Maximum class size: 40.

Report due September 1, 2025 (Standards, 5<sup>th</sup> edition):

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **Standard A1.10a** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program define and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence 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 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 in meeting the program's learning outcomes and instructional objectives 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 D1.04e** (lacked evidence the program provides detailed information for each course and rotation offered in the program that the learning outcomes and instructional objectives)
- **Standard D1.05** (lacked evidence the program has signed agreements from prospective clinical sites participating in the supervised clinical practice experiences sufficient in number to meet the needs of the maximum class size)