

Wingate University Accreditation History

First accredited: March 2008

Next review: October 2034

Maximum class size: (main campus [Wingate: 40; distant campus (Hendersonville): 20]

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January 2026

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

- Revised learning outcomes for each SCPE and revised preceptor evaluation instruments for each SCPE that allow the program to identify and address deficiencies in learning outcomes specific to each rotation

No further information requested.

June 2025

The commission **reviewed and requested more information of** the report addressing 5th edition

- **Standard B1.03e** (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, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (Revised learning outcomes for each SCPE and revised preceptor evaluation instruments for each SCPE that allow the program to identify and address deficiencies in learning outcomes specific to each rotation) due September 2, 2025.

No additional information required for 5th edition

- **Standard A3.01** (provided evidence program policies apply to all students, principal faculty and the program director regardless of location)
- **Standard A3.15c** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)

September 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted five areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: September 2034. Maximum class size: 20 for Hendersonville and 40 at the main campus

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

- **Standard A3.01** (lacked evidence program policies apply to all students, principal faculty and the program director regardless of location)
- **Standard A3.15c** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in

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- 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 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 that allow the program to identify and address 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 C1.03** (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 and the follows the guidelines provided by the ARC-PA.

June 2022

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

- Confirmation that students in the class of 2021 met the learning outcomes for women's health and pediatrics. No further information requested.

June 2021

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

- Confirmation that students in the class of 2020 met the learning outcomes for women's health and pediatrics. No further information requested.

March 2021

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

- Update to the plan in response to COVID-19.

Additional information (confirmation that students in the classes of 2020 and 2021 met the learning outcomes for women's health and pediatrics) due February 1, 2021 and February 1, 2022.

September 2020

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

- Sufficient faculty and staff, operational budget and supervised clinical practice experience sites to support class of 60 to be admitted August 2020. No further information requested.

June 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 4th edition

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- **Standard C2.01b**, modified Self-Study Report (mSSR) (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

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

- Projected staff and budget increases to support the class size increase.

Additional information (sufficient faculty and staff, operational budget and supervised clinical practice experience sites to support class of 60 to be admitted August 2020) due May 15, 2020

June 2018

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

- Portal updated with current faculty and staff. No further information requested.

March 2018

Program Change: Change in class size (50 to 55, effective August 2018 and 60, effective August 2019). The commission **approved the proposed change**. Additional information (projected staff and budget increases) due May 15, 2019.

Update of Program Management Portal (clarification of current faculty and staff) due May 15, 2018.

The commission **did not accept the report** addressing 4th edition

- **Standard C2.01b**, modified Self-Study Report (mSSR) (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Additional information (resubmit mSSR with updated appendices) due April 10, 2019.

May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from September 2021 to September 2024 due to this change.

March 2017

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

- PANCE Performance with additional data required. No further information requested.

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

- PANCE Performance for the distant campus. Additional information (revised report with additional data) due January 3, 2017.

March 2015

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

- Updated personnel tab in the Portal and
- Explanation of class size discrepancy as noted in the Portal. No further information requested.

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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 A3.07** (provided evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals),
- **Standard A3.14b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective student the program's success in achieving its goals), and
- **Standard A3.19d** (provided evidence that student files include documentation of remediation efforts and outcomes). No further information requested.

September 2014

Accreditation-Continued; Next Comprehensive Evaluation: September 2021. The program's maximum class size remains 50.

Report due October 15, 2014

- Update personnel tab in Program Management Portal and
- Report on class size discrepancy as noted in the Program Management Portal.

Due January 9, 2015 (*Standards*, 4th edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A3.07** (lacked evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective student the program's success in achieving its goals), and
- **Standard A3.19d** (lacked evidence that student files include documentation of remediation efforts and outcomes).

Due December 1, 2016

- Appendix H PANCE Performance for the distant campus.

Due November 15, 2017 (*Standards*, 4th edition) -

- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

September 2012

Program Change: Expansion to a distant campus (Hendersonville, NC; maximum student capacity for both campuses: 150). The commission **approved the proposed expansion** to Hendersonville, NC. No further information requested.

September 2011

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Program Change: Expansion to a distant campus. The commission **did not approve** the expansion. Additional information requested for clarification only.

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

- Clarification of syllabi and student evaluation and
- Specific information related to class size. No further information requested.

March 2011

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A3.07g/A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs related to the program),
- **Standards B1.06/B1.09** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and student acquisition of expected competencies) and
- **Standards C3.02/C3.01** (provided evidence objective evaluation methods relate to expected student competencies for both didactic and supervised clinical education components).

Additional information (clarification of syllabi and student evaluation) due July 1, 2011.

Program Change: Change in maximum student capacity (50 to 150). The commission **acknowledged the proposed change** but expressed concern. Report due July 1, 2011 (specific information related to class size increase).

September 2010

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 60.

Report due December 31, 2010 (Standards, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A3.07g/A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs related to the program),
- **Standards B1.06/B1.09** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and student acquisition of expected competencies) and
- **Standards C3.02/C3.01** (lacked evidence objective evaluation methods relate to expected student competencies for both didactic and supervised clinical education components).

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September 2008

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

- Personnel. No further information requested.

March 2008

Accreditation-Provisional; Next Comprehensive Evaluation: September 2010. The commission noted zero areas of noncompliance with the *Standards*.

Report due July 11, 2008

- Current personnel and staffing levels.