

**Palm Beach Atlantic University  
Accreditation History**

First accredited: June 2025

Next review: April 2028

Maximum class size: 56

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January 2026

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

- **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 preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due April 3, 2026.

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

- **Standard B1.03e** (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, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B1.03f** (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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard D1.04d** (provided evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including outline of topics to be covered)
- **Standard D1.04e** (provided evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including learning outcomes and instructional objectives)

June 2025

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*. The commission noted 6 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: TBD (Provisional Monitoring). Maximum class size: 56.

Report due September 15, 2025 (*Standards*, 5<sup>th</sup> 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 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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- **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)

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- **Standard D1.04d** (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including outline of topics to be covered)
- **Standard D1.04e** (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including learning outcomes and instructional objectives)

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

- **Standard D1.01b** (lacked evidence that based on the qualifications outlined in the Standards, the program has a medical director appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit)