

Keiser University Accreditation History

First accredited: September 2009

Next review: September 2020

Maximum class size: 40

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June 2020

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

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

September 2018 (following probation site visit)

Adverse Action-Accreditation-Probation (extended; program has made positive, yet incomplete, progress in demonstrating compliance with the *Standards*). A focused probation site visit will need to occur in advance of the September 2020 commission meeting. Maximum class size: 40. The commission's decision is not appealable.

Report due April 10, 2020 (*Standards*, 4th edition) -

- **Complete Self-Study Report**, encompasses standards C2.01a-f (lacked evidence of a self-study report that documented a) the program process of ongoing self-assessment, 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

September 2017

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

- Details of self-assessment process. No further information requested, as it will be reviewed at the site visit.

January 2017

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

- **Standards A1.03a and c** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.08** (provided evidence the program director provided effective management),
- **Standard A2.09c and g** (provided evidence the program director is knowledgeable about and responsible for c) fiscal management and g) program participation in the accreditation process),
- **Standard A3.17d** (provided evidence the program defines policies for processing student grievances),
- **Standard A3.22a** (provided evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member) and
- **Standard B1.09** (provided evidence the program defines and publishes for each clinical course instructional objectives that guide student acquisition of required competencies).

Additional information (details of self-assessment process) due June 30, 2017.

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

- SCPEs correction in the Portal.

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September 2016

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the September 2018 commission meeting. Maximum class size: 40. The program did not appeal the commission's decision.

Reports due October 21, 2016

- Correct supervised clinical practice experiences [SCPEs] in the Program Management Portal)

Due November 18, 2016 (*Standards*, 4th edition) -

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty of program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.08** (lacked evidence the program director provided effective management),
- **Standard A2.09c and g** (lacked evidence the program director is knowledgeable about and responsible for c) fiscal management and g) program participation in the accreditation process),
- **Standard A3.17d** (lacked evidence the program defines policies for processing student grievances),
- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member) and
- **Standard B1.09** (lacked evidence the program defines and publishes for each clinical course instructional objectives that guide student acquisition of required competencies) and

Due May 10, 2018 (*Standards*, 4th edition) -

- **Standards C2.01b and d** (modified Self-Study Report for focused probation visit) (lacked evidence of a self-study report that documented b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment

March 2016

Program Change: Change in Graduation Requirements (decrease in credits awarded from 138 to 127.5), effective January 1, 2016. The commission **acknowledged the proposed change**. No further information requested.

September 2014

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

- Faculty workload. No further information requested.

March 2014

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

- Adequacy of the number of principal faculty, availability of clinical sites and PANCE performance report.

Additional information (faculty workload) requested by June 6, 2014.

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March 2012

Program Change: Change in class size on main campus. The commission **acknowledged the proposed change**. Additional information (number of principal faculty, availability of clinical sites and PANCE performance report) requested by December 31, 2013. The maximum student capacity has been reset at 80.

Program Change: Expansion to a distant campus. The commission found **the report was not sufficiently detailed** for the commission to approve the expansion.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. The program is approved for up to 50 students. The commission noted zero areas of noncompliance with the *Standards*.

Program Change: Change in Sponsorship (transfer of accreditation of the Keiser University Physician Assistant Program in Fort Lauderdale, FL to the Everglades College, Inc. d/b/a Keiser University in Fort Lauderdale, FL, effective January 11, 2011). The commission **acknowledged the proposed transfer**.

March 2011

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

- Faculty and clinical sites.

Additional information (medical director's licensure status) to be available for review and verification at the March 2011 site visit.

March 2010

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

- **Standard A1.07c and h** (provided evidence the sponsoring institution assures the program has c) the human resources needed to process admission applications and h) readily available access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum for students and faculty),
- **Standard A2.01** (provided evidence core program faculty possess the qualifications by education and experience to perform their assigned duties),
- **Standard A2.17** (provided evidence of sufficient faculty and instructors to provide students with the necessary attention and instruction to acquire the knowledge and competence needed for entry into the profession),
- **Standard A3.07g and i** (provided evidence the program publishes and makes readily available to prospective and enrolled students g) estimates of all costs related to the program and i) first time PANCE pass rates for the five most recent graduating classes),
- **Standard B1.03** (provided evidence the curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice),

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- **Standard B4.02a and c** (provided evidence that program curriculum provides instruction in a) anatomy and c) human sexuality),
- **Standard E1.12d and f** (provided evidence for each course offered in the first 12 months of the program, the program d) provides examples of student evaluation instruments and f) has identified qualified faculty in sufficient number to provide instruction) and
- **Standard E1.14** (provided evidence the program has identified prospective clinical sites sufficient in number to meet the needs of students).

Additional information (faculty hiring update and clinical sites) requested by December 31, 2010.

September 2009

Accreditation-Provisional; Next Comprehensive Evaluation: September 2011. The program is approved for up to 50 students.

Report due December 31, 2009 (*Standards*, 3rd edition) -

- **Standard A1.07c and h** (lacked evidence the sponsoring institution assures the program has c) the human resources needed to process admission applications and h) readily available access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum for students and faculty),
- **Standard A2.01** (lacked evidence core program faculty possess the qualifications by education and experience to perform their assigned duties),
- **Standard A2.17** (lacked evidence of sufficient faculty and instructors to provide students with the necessary attention and instruction to acquire the knowledge and competence needed for entry into the profession),
- **Standard A3.07g and i** (lacked evidence the program publishes and makes readily available to prospective and enrolled students g) estimates of all costs related to the program and i) first time PANCE pass rates for the five most recent graduating classes),
- **Standard B1.03** (lacked evidence the program curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice),
- **Standard B4.02a and c** (lacked evidence that program curriculum includes instruction in a) anatomy and c) human sexuality),
- **Standard E1.12d and f** (lacked evidence for each course offered in the first 12 months of the program, the program d) provides examples of student evaluation instruments and f) has identified qualified faculty in sufficient number to provide instruction) and
- **Standard E1.14** (lacked evidence the program has identified prospective clinical sites sufficient in number to meet the needs of students).