

Heritage University Accreditation History

First accredited: March 2014
Next review: September 2020
Maximum class size: 32
Page 1 of 5

March 2021

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

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

September 2020

Adverse Action-Accreditation Withdrawn. Action based on noncompliance with *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 A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standards C2.01b-f** (lacked evidence of a self-study report that documents 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) and
- **Standard E1.03** (lacked evidence the program submits reports and documents as required by the ARC-PA).

The program did not appeal the decision and voluntarily withdrew from accreditation, effective November 1, 2020.

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

- Updated PANCE pass rate report on program website. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 returning to supervised clinical practice experience [SCPE] rotations, evidence that instruction for virtual rotations meets SCPEs and learning outcomes and how grading is defined) due September 1, 2020.

March 2020

Program Change: Change in program support. The commission **did not accept the report**. No further information requested.

Report due April 13, 2020

- Update PANCE pass rate report on program website.

March 2019

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

Heritage University Accreditation History

First accredited: March 2014
Next review: September 2020
Maximum class size: 32
Page 2 of 5

- **Standard C3.04** (provided evidence the program's summative evaluation of each student within the final four months of the program correlates with didactic and clinical components of the program and verifies that each student is prepared to enter clinical practice).
- **Standard A2.03** (provided some evidence principal faculty are sufficient in number to meet the academic needs of enrolled students in first quarterly report). 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 occur in advance of the September 2020 commission meeting. The program may admit a cohort of students in May 2019. Maximum class size: 32.

Report due December 5, 2018 (*Standards*, 4th edition) -

- **Standard C3.04** (lacked evidence the program's summative evaluation of each student within the final four months of the program correlates with didactic and clinical components of the program and verifies that each student is prepared to enter clinical practice).

Due December 31, 2018 and quarterly reports (*Standards*, 4th edition) -

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students).

Due April 3, 2020 (*Standards*, 4th edition) -

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

March 2018

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

- **Standard A1.01** (provided evidence 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 A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.03** (provided some evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.08** (provided evidence the program director provides effective leadership and management),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14c** (provided evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),

Heritage University Accreditation History

First accredited: March 2014
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Page 3 of 5

- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (provided evidence supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice),
- **Standard C3.03** (provided evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation) and
- **Standard C3.04** (provided some evidence the program conducts and documents 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 (narrative explaining how 1) program determines number of faculty is sufficient 2) program director will become knowledgeable, 3) program demonstrates alignment of expectations with evaluation and 4) summative evaluation process verifies preparation for practice) due July 5, 2018.

September 2017 (following Final Provisional review)

Adverse Action-Accreditation-Probation extended; Next Comprehensive Evaluation: September 2018. Maximum class size: 32. The program is prohibited from admitting a cohort of students until approved by the ARC-PA. A probation site visit will occur in advance of the September 2018 commission meeting. Report due January 1, 2018 (*Standards*, 4th edition) -

- **Standard A1.01** (lacked evidence 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 A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.08** (lacked evidence the program director provides effective leadership and management),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14c** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d)

Heritage University Accreditation History

First accredited: March 2014
Next review: September 2020
Maximum class size: 32
Page 4 of 5

behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice),

- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each student in the clinical year in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation) and
- **Standard C3.04** (lacked evidence the program conducts and documents 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 May 1, 2018 (*Standards*, 4th edition) -

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents 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 2016

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). No further information requested.

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

- Updated Portal and website. No further information requested

March 2016 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2017 (Final Provisional). Maximum class size: 32. The program did not appeal the commission's decision.

Report due April 15, 2016

- Correct student tab and link to the program in the Program Management Portal.

Due July 1, 2016 (*Standards*, 4th edition) -

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment).

Due August 1, 2016

- Update program's website on success in achieving goals.

September 2014

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

**Heritage University
Accreditation History**

First accredited: March 2014
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Page 5 of 5

- **Standard B1.08** (provided evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams). No further information requested.

March 2014

Accreditation-Provisional; Next Comprehensive Evaluation: September 2016 (Provisional Monitoring).
Maximum class size: 32.

Report due June 30, 2014 (*Standards*, 4th edition) -

- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams).