

Central Michigan University Accreditation History

First accredited: March 1996
Next review: March 2024
Maximum class size: 40
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September 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2021

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

- Follow-up for the class of 2020 on graduation, including confirmation all students met all program and supervised clinical practice experience learning outcomes and sufficient number of SCPEs in the portal. No further information requested.

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

- Confirmation that students in the class of 2020 met supervised clinical practice experiences [SCPEs] and program learning outcomes and the program ensured sufficient number of SCPEs are identified in the Program Management Portal. No further information requested.

September 2020

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

- The status of the medical director. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (update after Class of 2020 has graduated regarding students meeting supervised clinical practice experiences [SCPEs] and program learning outcomes and program ensuring sufficient number of SCPEs are identified in the Program Management Portal) due October 1, 2020.

September 2018

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

- **Standards C2.01b-c**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program). No further information requested.

March 2018

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

- **Standard B3.02** (provided evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- **Standard B3.03c** (provided evidence SCPEs provide sufficient patient exposure with patients seeking surgical management). No further information requested.

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July 2017

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

- **Standard B3.02** (lacked evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- **Standard B3.03c** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking surgical management).

Additional information (report as requested for standards B3.02 and B3.03c) due November 17, 2017.

May 2017

Program Change: New program director appointed May 15, 2017.

January 2017

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

- An update on the program director search. Additional information (program director update) due February 2017.

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

- **Standard B3.02** (lacked evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- **Standard B3.03c** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking surgical management).

Additional information (report as requested for standards B3.02 and B3.03c) due April 3, 2017.

September 2016

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

- An update on the program director search. Additional information (program director update) due November 2016.

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

- SCPEs corrected in the Portal and
- Update on progress toward appointing permanent program director.

Additional information (program director update) due August 5, 2016.

March 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2024. Maximum class size: 40.

Report due May 6, 2016

- Correct supervised clinical practice experiences (SCPEs) in Program Management Portal and
- Update on progress toward appointing permanent program director.

Due August 26, 2016 (*Standards*, 4th edition) -

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- **Standard B3.02** (lacked evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- **Standard B3.03c** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking surgical management).

Due July 2, 2018 (*Standards*, 4th edition) -

- **Standards C2.01b-c**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

September 2014

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

- The action plan which will again be reviewed at the next comprehensive validation visit. No further information requested.

March 2014

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2016 commission meeting. Maximum class size: 40. The program did not appeal the commission's decision.

Report due May 9, 2014

- Action plan for standards identified below.

Due October 2, 2015 (*Standards*, 4th edition) (basis of focused visit) -

- **Standards A1.03a-c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment, b) hiring faculty and staff and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.01** (lacked evidence all faculty possess the educational and experiential qualifications to perform their assigned duties),
- **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),
- **Standards A3.14b and f-g** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals, f) estimates of all costs [tuition, fees, etc.] related to the program and g) policies and procedures for refunds of tuition and fees),
- **Standard A3.15a** (lacked evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.19b** (lacked evidence that student files include documentation that the student has met institution and program health screening and immunization requirements),
- **Standard A3.22b** (lacked evidence principal faculty records include current curriculum vitae),

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- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B2.12** (lacked evidence the program curriculum includes instruction about the role of population health, disease surveillance, reporting, and intervention),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a and c** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span and c) surgical management),
- **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),
- **Standards C2.01a-f**, modified Self-Study Report (lacked evidence of a self-study report that documents
 - 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),
- **Standard C4.01** (lacked evidence the program has an effective mechanism by which it evaluates new clinical sites and preceptors) and
- **Standard E1.09e** (lacked evidence the program informed the ARC-PA in writing prior to implementation of the class size increase).

March 2008

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

- **Standard B1.06** (provided evidence the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies for each didactic and clinical course) and
- **Standards B3.02b and d** (provided evidence the program provides students with instruction in patient assessment and management, including b) performance of physical examinations across the life span and d) ordering and interpretation of diagnostic studies). No further information requested.

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March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2014.

Report due July 13, 2007 (*Standards*, 3rd edition) -

- **Standard B1.06** (lacked evidence the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies for each didactic and clinical course) and
- **Standards B3.02b and d** (lacked evidence the program provides students with instruction in patient assessment and management, including b) performance of physical examinations across the life span and d) ordering and interpretation of diagnostic studies).

March 2004

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

- The program director. No further information requested.

September 2003

Personnel Change: Interim Program Director appointed, effective May 14, 2003. The commission **acknowledged the report**. Additional information (progress in hiring permanent program director) due January 15, 2004.

March 2003

The commission **accepted the report** addressing 2nd edition

- **Standards A5.17b and c** (provided evidence clearly defined and published b) policies regarding transfer of credit and c) technical standards are available to prospective students),
- **Standard B1.4** (provided evidence the program provides course syllabi for each didactic and clinical course with clearly written measurable instructional objectives and expected student competencies),
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis of the results of graduate and employer surveys) and
- **Standard C5.2** (provided evidence evaluation methods for both didactic and clinical education components are objective and equitable). No further information requested.

March 2002

Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 80.

Report due January 17, 2003 (*Standards*, 2nd edition) -

- **Standards A5.17b and c** (lacked evidence clearly defined and published b) policies regarding transfer of credit and c) technical standards are available to prospective students),
- **Standard B1.4** (lacked evidence the program provides course syllabi for each didactic and clinical course with clearly written measurable instructional objectives and expected student competencies),
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis of the results of graduate and employer surveys) and

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- **Standard C5.2** (lacked evidence evaluation methods for both didactic and clinical education components are objective and equitable).

March 1999

The commission **accepted the report** addressing 2nd edition

- **Standard I C 1** (provided evidence specific technical standards have been defined and published) and
- **Standard II B 2 b** (provided evidence learning objectives in most didactic and clinical courses are adequate to guide student learning). No further information requested.

March 1998

Accreditation-Continued; Next Comprehensive Evaluation: March 2002.

Report due February 1, 1999 (*Standards*, 2nd edition) –

- **Standard I C 1** (lacked evidence specific technical standards have been defined and published) and
- **Standard II B 2 b** (lacked evidence learning objectives in most didactic and clinical courses are adequate to guide student learning).

March 1996

Accreditation-Provisional; Next Comprehensive Evaluation: March 1998. No additional information available.