**PANCE Required Report**

**for Low First-Time Taker Pass Rates**

October 2022

**Program Name:** Click here to enter text

**Include** a copy of the official NCCPA print out of the most current annual *NCCPA* **PANCE Exam Performance Summary Report Last 5 Years.**

**Include** a copy of the **PANCE Content and Task Area performance for the current cohort**.

**Provide narrative** describing the program’s expected student outcomes for performance on the exam.

Click here to enter text

**Provide** tabular or graphic displays of the data collected by the program and used to support the narrative on *analysis* of its *PANCE* outcomes.

When creating your data display(s) please keep in mind:

* If reported, individual students must not be identified by name but must be identified with an anonymous identifier
* Quantitative data must be reported in aggregate and displayed in tables or graphs that directly support the *analysis.* (Do not provide raw data).
* Qualitative data theme summaries must be reported in aggregate and displayed in a table(s) that directly supports the relevant *analysis* (do not append raw data).
* Data must include the stated cohort for those students who did and didn’t pass PANCE the first time and any relevant trend data from other class cohorts as necessary and available.

**Provide Narrative** describing the *analysis* of the data collected and displayed within this report reflecting the program’s *analysis* of its PANCE outcomes. Include resulting conclusion(s) and application of the *analysis* to the program. (Multi campus programs must address analysis by campus.)

Data analysis related to PANCE outcomes must include but is not limited to correlation of PANCE outcomes (overall PANCE pass rate and PANCE content/task areas) and:

* Admissions criteria
* Effectiveness of the didactic curriculum
* Effectiveness of the clinical curriculum
* Breadth and depth of the curriculum
* Student summative evaluation
* Remediation efforts and outcomes
* Student progress criteria and attrition
* Feedback from students who were unsuccessful on PANCE

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**Actions**

**Areas in need of improvement:** As a result of the data *analysis* and conclusions identified in this report, listthe areas in need of improvement and plans for addressing these areas as identified by the program’s process of ongoing self-assessment related to the PANCE results**.** Reference each identified area to one or more *Standard(s)*.

If none, then leave this section blank.

| **Area Needing Improvement**and (list S*tandard*) | **Plans for Improvement** | **Expected Outcome** | **Person(s) Responsible** | **Completion timeline**(mm/yyyy) or done  | **Assessment of plans implemented**(if applicable) |
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Additional Comments:

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**SUBMISSION INSTRUCTIONS**

The program should submit its report by uploading it as a Report Due document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” This report and all supporting documents should be placed in one zip file, with that file being uploaded as the Report Due.

Receipt of this *PANCE Required Report* will be acknowledged by the ARC-PA via correspondence sent to the program.

**Statements and Signatures**

I understand and agree that the Program will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted response are false or in the event that the Program violates any of the policies governing accredited programs.

**Response Submitted by:** Click here to enter name **Date:** Click here to enter date

**Program Director:** Click here to enter name **Date:** Click here to enter date

 The name that appears here is deemed an electronic signature.

**Institutional Official Program**

**Director Reports To:** Click here to enter name **Date:** Click here to enter date

 The name that appears here is deemed an electronic signature.

\*\***Completed Statement and Signature page must be submitted with this report, otherwise the report will not be accepted**.\*\*