

Northeastern State University Accreditation History

First accredited: June 2020

Next review: March 2027

Maximum class size: 20/20/20

Page 1 of 7

March 2025 (following Final Provisional review)

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Support from the sponsoring institution for program faculty in program assessment and compliance with ARC-PA accreditation standards and policies.
- Sponsoring institutional responsibility for hiring sufficient faculty and staff, ensuring effective program leadership, and executing a comprehensive self-assessment process on an ongoing basis.
- Sufficient principal faculty and administrative staff to address the academic needs of enrolled students and handle administrative responsibilities aligned with the program's complexity.
- The program director must have adequate knowledge and responsibility for ongoing programmatic review and analysis, complete the necessary documents, and comply with ARC-PA policies and standards.
- Sufficient instructional faculty and a method to verify and document that preceptors utilized for supervised clinical practice experiences are licensed, qualified, and specialty board certified in their area of instruction.
- Documentation of sufficient SCPE placements to enable students to achieve program learning outcomes.
- Supervised clinical practice experiences involve preceptors who enable students achieve program learning outcomes.
- Evidence of the evaluation of student performance in supervised clinical practice experience aligned with the program's learning outcomes and instructional objectives, which allowed for the timely identification of any student deficiencies.
- Summative evaluation of students that assessed student attainment of program competencies specific to professional behaviors and system-based practice.
- Definition of a continuous self-assessment process that demonstrates the effectiveness of all essential areas of program analysis.
- Implementing and documenting a continuous self-assessment process that involves data collection and comprehensive data analysis, applying the results to identify program strengths, areas for improvement, and action plans.
- Completion and submission of the application and related documents as required by the ARC-PA.
- Process for initial and ongoing evaluation of clinical sites.

The commission noted 36 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 20. The program did not appeal the commission's decision.

Report due May 15, 2025:

- Update SCPE data and attrition data in the Program Management Portal

Report due May 15, 2025 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)

Northeastern State University Accreditation History

First accredited: June 2020

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Maximum class size: 20/20/20

Page 2 of 7

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A1.02f** (lacked evidence the sponsoring institution is responsible for ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

Report due August 1, 2025 (*Standards*, 5th edition):

- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- **Standard A2.14** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- **Standard A2.16** (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)

Report due October 1, 2025 (*Standards*, 5th edition):

- **Standard B3.04b** (lacked evidence supervised clinical practice experiences occur in the inpatient setting)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)

Northeastern State University Accreditation History

First accredited: June 2020

Next review: March 2027

Maximum class size: 20/20/20

Page 3 of 7

- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard B4.01a** (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 align with what is expected and taught)
- **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)
- **Standard B4.03e** (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 meets the program competencies required to enter clinical practice, including professional behaviors)

Report due August 3, 2026 (*Standards*, 5th edition) modified self-study report:

- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)

Northeastern State University Accreditation History

First accredited: June 2020

Next review: March 2027

Maximum class size: 20/20/20

Page 4 of 7

- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.ii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

March 2024

The commission **accepted** the report addressing 5th edition

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.11** (provided evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- **Standard A3.17b** (provided evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met institution and program health screening and immunization requirements)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (provided evidence that 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 that align with what is expected and taught)
- **Standard B4.01b** (provided evidence that 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 that allow the program to identify and address any student deficiencies in a timely manner)

No further information requested.

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

Northeastern State University Accreditation History

First accredited: June 2020

Next review: March 2027

Maximum class size: 20/20/20

Page 5 of 7

September 2023

The commission **accepted** the report addressing 5th edition

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)

No further information requested.

March 2023

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2025. Maximum class size: 20.

The program received a Warning Letter regarding the institution's willingness to fully support the program and the program director, a poor understanding of the accreditation process and requirements to demonstrate compliance with the *Standards*, and the impression that institutional leadership did not understand the responsibilities associated with accreditation.

Report due May 15, 2023 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)

Report due October 1, 2023 (*Standards*, 5th edition):

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.11** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- **Standard A3.17b** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met institution and program health screening and immunization requirements)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01a** (lacked evidence that 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 that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence that 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)

Northeastern State University Accreditation History

First accredited: June 2020

Next review: March 2027

Maximum class size: 20/20/20

Page 6 of 7

components that allow the program to identify and address any student deficiencies in a timely manner)

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

- **Standard A3.03** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)
- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

June 2021

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

- How the program aligns student assessment with the expected supervised clinical practice experience learning outcomes for adults. No further information requested.

March 2021

The commission **reviewed and more information requested** of the report addressing 4th edition

- **Standard C3.01** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallels the program's required learning outcomes).

Additional information (narrative describing how the program aligns student assessment with the expected supervised clinical practice experience learning outcomes for adults) due January 29, 2021.

June 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

The program is approved for up to 20 students in the first class of students, 20 in the second class and 20 in the third class.

Report due August 31, 2020 (*Standards*, 4th edition) -

Northeastern State University
Accreditation History

First accredited: June 2020

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Page 7 of 7

- **Standard C3.01** (lacked evidence the planned evaluation of students related to the supervised clinical education components of the curriculum parallels the program's required learning outcomes).