

University of South Dakota Accreditation History

First accredited: April 1995

Next review: January 2033

Maximum class size: 25

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June 2025

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.

March 2024

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.

September 2023

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

- **Standard B1.03e** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)

No further information requested.

March 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2033. Maximum class size: 25.

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

- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)

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

- **Standard B2.12a** (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients adhere to treatment plans)
- **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 components that allow the program to identify and address any student deficiencies in a timely manner)
- **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)

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September 2020

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2020

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

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

March 2020

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.

March 2019

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.

September 2013

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

- **Standard A3.14b** (provided evidence the program publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals). No further information requested.

March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 25.

Report due June 1, 2013 (*Standards*, 4th edition) -

- **Standard A3.14b** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals).

Program Change: Change in program length (28 to 24 months), effective August 2013. The commission **acknowledged the proposed change**. No further information requested.

March 2012

Program Change: Change in maximum student capacity (60 to 75), effective August 2015. The commission **acknowledged the proposed change**. No further information requested.

September 2007

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

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- **Standard A1.07a** (provided evidence the sponsoring institution assures that the program has sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (provided evidence core faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard A2.15** (provided evidence the program provides the opportunity for continuing professional development of the core faculty by supporting development of their clinical, teaching, scholarly, and administrative skills/abilities). No further information requested.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 60. Report due July 13, 2007 (*Standards*, 3rd edition) -

- **Standard A1.07a** (lacked evidence the sponsoring institution assures that the program has sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (lacked evidence core faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard A2.15** (lacked evidence the program provides the opportunity for continuing professional development of the core faculty by supporting development of their clinical, teaching, scholarly, and administrative skills/abilities).

March 2003

Personnel Change: Program director appointed, effective November 1, 2002.

January 2002

Personnel Change: Acting program director appointed upon resignation of program director, effective December 31, 2001. Report due February 1, 2002, detailing the process for acquiring a permanent program director.

December 2001

The commission **accepted the report** addressing 1st/2nd edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standards I B 1 c (3)/A2.16** (provided evidence the number of faculty is sufficient to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence to practice). No further information requested.

March 2001

Accreditation-Continued; Next Comprehensive Evaluation: March 2007. Maximum class size: 20. Report due August 1, 2001 (*Standards*, 1st/2nd edition) -

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NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I B 1 c (3)/A2.16*** (lacked evidence the number of faculty is sufficient to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence to practice).

March 1999

Program Change: Change in class size (16 to 20). The commission **approved the change**. No further information requested.

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1995 by CAAHEP is not available.