

## West Virginia University Accreditation History

First accredited: September 2019

Next review: July 2034

Maximum class size: 25

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### June 2025

The commission **accepted** the report addressing 5<sup>th</sup> edition

- **Standard C1.03** (provided 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)

### June 2024 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: June 2034. Maximum class size: 25.

Report due February 1, 2025 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **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** providing evidence of

- How the program will determine each student has met the program's expected learning outcomes for adolescents, adults, and the elderly and monitors the progress of each student to promptly identify and document deficiencies in a timely manner

No further information requested.

### June 2023

The commission **reviewed and more information requested** of the report providing evidence of

- How the program will ensure that principal faculty and the program director will actively participate in reviewing and revising as necessary the competencies of the program and how the program's revised instructional objectives align with each of the learning outcomes, specifically addressing the patient encounter types (acute, chronic or emergent) and patient age groups above, including a description of the process the program utilizes to assess the learning outcomes to identify and address any student deficiencies in a timely manner)

Additional information (how the program will determine each student has met the program's expected learning outcomes for adolescents, adults, and the elderly and monitors the progress of each student to promptly identify and document deficiencies in a timely manner) due by October 1, 2023.

### March 2023

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

- **Standard A2.05a** (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)
- **Standard B2.08b** (provided evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)

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- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **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 C2.01a** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

Additional information (how the program will ensure that principal faculty and the program director will actively participate in reviewing and revising as necessary the competencies of the program and how the program's revised instructional objectives align with each of the learning outcomes, specifically addressing the patient encounter types (acute, chronic or emergent) and patient age groups above, including a description of the process the program utilizes to assess the learning outcomes to identify and address any student deficiencies in a timely manner) due March 15, 2023.

### June 2022

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: June 2024 (Final Provisional). Maximum class size: 25.

Report due August 29, 2022 (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.05a** (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)
- **Standard B2.08b** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])

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- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **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 C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation, of all sites and preceptors used for supervised clinical practice experiences to ensure that students are able to fulfill program learning outcomes with access to supervision)

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

- **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 C1.03** (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 2020

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

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

### March 2020

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A2.10** (provided evidence the program director supervises instructional faculty and staff in all activities directly related to the PA program) and
- **Standard B2.08** (provided evidence the program curriculum includes instruction in the social and behavioral sciences related to human sexuality). No further information requested.

### September 2019

Accreditation-Provisional; Next Comprehensive Evaluation: June 2022 (Provisional Monitoring).

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The program is approved for up to 25 students in the first class of students, 25 in the second class and 25 in the third class.

Report due December 6, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.10** (lacked evidence the program director supervises instructional faculty and staff in all activities directly related to the PA program) and
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in the social and behavioral sciences related to human sexuality).