

West Chester University Accreditation History

First accredited: March 2021

Next review: October 2035

Maximum class size: 27

Page 1 of 3

September 2025 (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. The commission noted 5 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: October 2035. Maximum class size: 27.

Report due December 1, 2021 (*Standards*, 5th edition):

- **Standard A3.17d** (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 of remediation efforts and outcomes)
- **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)
- **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 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)

March 2025

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2024

The commission **Action of the commission from the letter** the report addressing 5th edition

- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.15c** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- **Standard B1.03b** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program must define and publish for students, in syllabi or appendix to the syllabi, course description)
- **Standard B1.03d** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program must define and publish for students, in syllabi or appendix to the syllabi, course goal/rationale)

West Chester University Accreditation History

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Page 2 of 3

No further information requested.

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

- Updates to the program's Program Management Portal

No further information requested.

September 2023 (following Provisional Monitoring review)

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:

September 2025 (Final Provisional). Maximum class size: 27.

Report due November 10, 2023:

- Update personnel data in Program Management Portal

Report due February 1, 2024 (*Standards*, 5th edition):

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.15c** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- **Standard B1.03b** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program must define and publish for students, in syllabi or appendix to the syllabi, course description)
- **Standard B1.03d** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program must define and publish for students, in syllabi or appendix to the syllabi, course goal/rationale)

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

- **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)

March 2022

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

- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected and taught).

No further information requested.

September 2021

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

- **Standard A3.12f** (provided evidence the program publishes and makes readily available to prospective students) estimates of all costs [tuition, fees, etc.] related to the program),

West Chester University Accreditation History

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Page 3 of 3

- **Standard A3.14** (provided evidence the program will make admission decisions in accordance with published practices) and
- **Standard B3.03b** (provided evidence the supervised clinical practice experiences for medical care across the life span have clearly defined learning outcomes). No further information requested.

March 2021

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 27 students in the first class of students, 27 in the second class and 27 in the third class.

Report due June 15, 2021 (*Standards*, 5th edition) -

- **Standard A3.12f** (lacked evidence the program publishes and makes readily available to prospective students) estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard A3.14** (lacked evidence the program will make admission decisions in accordance with published practices) and
- **Standard B3.03b** (lacked evidence the supervised clinical practice experiences for medical care across the life span have clearly defined learning outcomes).

Report due December 15, 2021 (*Standards*, 5th edition) -

- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected and taught).