

**Union Adventist University (formerly Union College)**  
**Accreditation History**

First accredited: October 1997

Next review: July 2027

Maximum class size: 34

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March 2025

Program Change: Increase maximum entering class size to 34 students. **approved the program's proposed change** effective August 24, 2026. 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.

September 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.

March 2019

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 30. The commission noted zero areas of noncompliance with the *Standards*.

September 2018

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

- Program expectations for SCPEs and methods to determine students have met sufficient patient exposure. No further information requested.

Program Change: Change in graduation requirements (116 to 118 credits), effective May 2021. The commission **acknowledged the proposed change**. No further information requested.

September 2017

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

- Updated SCPEs in the Portal and updated website. No further information requested.

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

- **Standard A1.07** (provided evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),
- **Standard A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.09d, g** (provided evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process),

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- **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (provided evidence of clearly defined program expectations and methods to determine sufficient patient exposure for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.04** (provided evidence the program conducts a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Additional information (program expectations for SCPEs and methods to determine students have met sufficient patient exposure) due June 20, 2018.

Program Change: Change in graduation requirements (117 to 116 credits), effective May 2016. The commission **acknowledged the proposed change**. No further information requested.

April 2017

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2019 commission meeting. Maximum class size: 30. The Reconsideration Review Panel upheld the commission's decision.

Report due March 1, 2017

- Update supervised clinical practice experiences (SCPEs) in the Program Management Portal and the program website.

Due May 15, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.09d, g** (lacked evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence of clearly defined program expectations and methods to determine sufficient patient exposure for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and

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- **Standard C3.04** (lacked evidence the program conducts a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Due October 1, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-d**, modified self-study report (for probation visit) (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment).

January 2017

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2019 commission meeting. Maximum class size: 30. The program appealed the commission's decision.

Report due March 1, 2017

- Update supervised clinical practice experiences (SCPEs) in the Program Management Portal and the program website.

Due May 15, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.09d, g** (lacked evidence the program director is knowledgeable about and responsible for program d) continuous review and analysis and g) participation in the accreditation process),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a-d** (lacked evidence of clearly defined program expectations and methods to determine sufficient patient exposure for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard C3.04** (lacked evidence the program conducts a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Due October 1, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and

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- **Standards C2.01b-d**, modified self-study report (for probation visit) (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment).

September 2014

Program Change: Change in graduation requirements (112 to 117 credits), effective May 2016. The commission **acknowledged the proposed change**. No further information requested.

September 2010

Program Change: Increase in maximum student capacity (75 to 90), effective August 2011. The commission **acknowledged the proposed change**. No further information requested.

March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2016. Maximum Student Capacity: 75. The commission noted zero areas of noncompliance with the *Standards*.

September 2006

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard B1.2** (provided evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice) and
- **Standards C2.2c and g** (provided evidence critical analysis of outcome data incorporated in the self-study report includes c) student failure rates in individual courses and rotations and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination).

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

- Clarification of length of program. No further information requested.

September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2009.

Report due July 14, 2006 (*Standards*, 2<sup>nd</sup> edition) –

- **Standard B1.2** (lacked evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice) and
- **Standards C2.2c and g** (lacked evidence critical analysis of outcome data incorporated in the self-study report includes c) student failure rates in individual courses and rotations and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination).
- Clarification of length of program requested (program and brochures indicate professional phase is 30 months; diagram in application indicates 36 months).

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March 2003

Program Change: Change in curriculum (baccalaureate to master's). The commission **acknowledged the proposed program change**. No further information requested.

March 2001

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

- Clarification of how the program provides for PA role model interaction. No further information requested.

September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. The commission noted zero areas of noncompliance with the *Standards*.

Report due January 15, 2001

- Clarification of how the program provides for PA role model interaction due to small number of PAs on the core faculty.

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1997 by CAAHEP is not available.