

## College of Saint Mary Accreditation History

First accredited: March 2016

Next review: July 2027

Maximum class size: 40

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### January 2026

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

- **Standard A1.02b** (provided evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.06a** (provided evidence the program director is a PA and possessed at least three years of full-time higher education experience at the time of appointment)
- **Standard A2.08a** (provided evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A2.09a** (provided evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09b** (provided evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09c** (provided evidence the program director is knowledgeable about and responsible for fiscal management of the program)
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09e** (provided evidence the program director is knowledgeable about and responsible for program planning)
- **Standard A2.09f** (provided evidence the program director is knowledgeable about and responsible for program development)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (provided evidence that the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.)
- **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)
- **Standard B4.01b** (provided 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 E1.06** (provided evidence an interim program director (IPD) meets the qualifications of the program director)

No additional information required.

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

- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A2.06b** (provided evidence the program director is a PA is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)
- **Standard A2.06c** (provided evidence the program director is a PA holds current or emeritus NCCPA certification status)
- **Standard E1.04c** (provided evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of principal faculty within 30 days of the vacancy)
- **Standard E1.05** (provided evidence the program demonstrates active recruitment to permanently fill vacated or interim positions and provides quarterly updates to the ARC-PA on progress filling vacated or interim positions)

and noted 0 areas of noncompliance with the *Standards*.

### September 2025

The commission **did not accept** the report addressing 5<sup>th</sup> edition

- **Standard C1.03** modified SSR (lacked evidence 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)

Additional information (resubmitted report) due May 1, 2026.

The program was issued a warning letter regarding the lack of a program director for almost 12 months.

### June 2025

Focused Visit; Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The institution appointed an individual as interim program director who did not meet the qualifications outlined in the ARC-PA Accreditation Standards.
- There was a lack of institutional oversight to ensure the effective hiring of a qualified interim/program Director or to take timely corrective action.
- The program does not have a qualified program director who is both knowledgeable of, and responsible for, ensuring compliance with ARC-PA accreditation requirements.
- The program has failed to submit the required quarterly reports and faculty vacancy forms detailing programmatic changes or updates, as mandated by ARC-PA.

The commission noted 18 areas of noncompliance with the *Standards* and 5 new observations by the commission. An initial focused visit will occur in advance of the July 2026 commission meeting, and a focused probation visit will occur in advance of the July 2027 commission meeting. The program's maximum class size remains 40. The program did not appeal the commission's decision.

Report due September 30, 2025 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)

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- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.06a** (lacked evidence the program director is a PA and possessed at least three years of full-time higher education experience at the time of appointment)
- **Standard A2.08a** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A2.09a** (lacked evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09c** (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09e** (lacked evidence the program director is knowledgeable about and responsible for program planning)
- **Standard A2.09f** (lacked evidence the program director is knowledgeable about and responsible for program development)
- **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 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 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 E1.06** (lacked evidence an interim program director (IPD) meets the qualifications of the program director)

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

- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

Commission observation response due September 1, 2025 (Standards, 5th edition):

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- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A2.06b** (lacked evidence the program director is a PA assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)
- **Standard A2.06c** (lacked evidence the program director is a PA holds current or emeritus NCCPA certification status)
- **Standard E1.04c** (lacked evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of principal faculty within 30 days of the vacancy)
- **Standard E1.05** (lacked evidence the program demonstrates active recruitment to permanently fill vacated or interim positions and provides quarterly updates to the ARC-PA on progress filling vacated or interim positions)

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. A revised and resubmitted PANCE Required Report is due November 15, 2025.

### March 2025

Accreditation-Administrative Probation; Program has not complied with an administrative requirement. The commission **did not accept** the report addressing 5<sup>th</sup> edition

- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.06a** (lacked evidence the program director is a PA and possessed at least three years of full-time higher education experience at the time of appointment)
- **Standard E1.06** (lacked evidence an interim program director (IPD) meets the qualifications of the program director)

The program was issued a Warning Letter regarding

- Being without a Program Director who meets the qualifications outlined in the *Standards* since October 1, 2024.
- The appointed interim Program Director did not have the required three years of higher education experience.
- No quarterly reports have been submitted to report progress in finding a qualified, permanent program director for the position.

A focused visit will occur in advance of the June 2025 commission meeting.

### September 2024

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 **reviewed and requested more information** of the report.

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Additional information (tabular or graphic displays of the data collected by the program and used to support the narrative on analysis of its PANCE outcomes) due January 10, 2025.

### June 2024

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

- **Standard A2.02b** (lacked evidence program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

No further information requested.

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

- Updates to the program's website.

No further information requested.

### September 2023

The commission **accepted the findings of the focused site visit.**

Report due December 15, 2023:

- Update goals on program website

Report due February 1, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.02b** (lacked evidence program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

### June 2022 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA Standards. Next Comprehensive Evaluation: March 2031. The program's maximum class size remains 40.

Report due April 15, 2025 (*Standards*, 5<sup>th</sup> edition):

- **Standard C1.03** modified SSR (lacked evidence 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 2022

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

- **Standard B4.01a-b** (provided evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

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

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- Updates to the program's website with the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years and update of the PANCE data in the portal. No further information requested.

### September 2021

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

- **Standard B3.03b** (provided evidence the supervised clinical practice experiences SCPEs for medical care across the life span have clearly defined learning outcomes) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Additional information (narrative describing how the program aligns its assessment measures with pediatric learning outcomes) due December 13, 2021.

### March 2021 (following Final Provisional and probation review)

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the June 2022 commission meeting. The program's maximum class size remains 40.

Report due May 20, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard B3.03b** (lacked evidence the supervised clinical practice experiences SCPEs for medical care across the life span have clearly defined learning outcomes) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Report due January 3, 2022 (*Standards*, 5<sup>th</sup> edition) -

- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

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

- **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 **acknowledged the report** providing evidence of

- Updated student enrollment data in the Program Management Portal. No further information requested.

### June 2019

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Continue Adverse Action-Accreditation-Probation. A focused site visit will need to occur in advance of the March 2021 commission meeting (in conjunction with the rescheduled Final Provisional visit). The program's maximum class size remains 40 for the third class.

Report due August 10, 2019

- Update the student enrollment in the Program Management Portal.

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

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

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

- The student has met the learning outcomes with patients seeking b) women's health and c) surgical management. No further information is requested.

### March 2019

Adverse Action-Accreditation-Probation. The commission **did not acknowledge** the Change in graduation requirements form. A focused site visit will need to occur in advance of the June 2019 commission meeting as the program made substantive curriculum changes without informing ARC-PA as per ARC-PA policy. The concern about how the changes may impact students needs to be verified. The program appealed the commission's decision. The Reconsideration Review Panel upheld the commission's decision. The commission will review findings of the focused site visit at its June 2019 meeting.

Report due April 29, 2019 ((*Standards*, 4<sup>th</sup> edition) -

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in curricular planning and program assessment and c) complying with ARC-PA accreditation *Standards* and policies), and
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program).

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

- **Standards B3.03b-c** (lacked evidence of program defined learning outcomes and methods to determine students, after supervised clinical practice experiences with patients seeking b) women's health and c) surgical management, have met the learning outcomes).

Additional information (evidence the program can determine the student has met the learning outcomes) due March 25, 2019.

### June 2018 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: June 2020 (Final Provisional). The program's maximum class size remains 40 for the third class.

Report due August 29, 2018 (*Standards*, 4<sup>th</sup> edition) -

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- **Standards B3.03b-c** (lacked evidence of program defined learning outcomes and methods to determine students, after supervised clinical practice experiences with patients seeking b) women's health and c) surgical management, have met the learning outcomes).

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

- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, for patients seeking medical care across the life span to include, infants, children, adolescents, adults, and the elderly)
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes expected of students, for patients seeking care for behavioral and mental health conditions)
- **Standard C2.01b** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and results of critical analysis from the ongoing self-assessment)
- **Standard C2.01b** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and faculty evaluation of the curricular and administrative aspects of the program)

### March 2018

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 2016

Accreditation-Provisional; Next Comprehensive Evaluation: June 2018 (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 30 in the second class and 40 in the third class. The commission noted zero areas of noncompliance with the *Standards*.