

Concordia University-Ann Arbor Accreditation History

First accredited: June 2020

Next review: July 2035

Maximum class size: 40

Page 1 of 5

January 2026

The commission **reviewed and requested more information of** the report addressing 5th edition

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)

Additional information (completed Affiliation Agreement incorporating all requirements of Standard A1.01c (6th edition) regarding the participation of the PA Program and PA students) due February 19, 2026.

June 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 1 area of noncompliance with the *Standards*.

Next Comprehensive Evaluation: July 2035. Maximum class size: X.

Report due September 1, 2025 (*Standards*, 5th edition):

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)

The commission **accepted** the November 14, 2024 report addressing 5th edition

- **Standard B4.01a** (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 align with what is expected and taught)

No further information requested.

The commission **accepted** the November 14, 2024 report providing evidence of

- How the program monitors and addresses any student deficiencies related to supervised clinical practice experience (SCPE) program expected learning outcomes in a timely manner.

No further information requested.

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

- Updated NCCPA PANCE Report on program website

September 2024

The commission **reviewed and requested more information of** the report addressing 5th edition

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

Concordia University-Ann Arbor Accreditation History

First accredited: June 2020

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Page 2 of 5

- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

No additional information requested at this time. The institution is expected to demonstrate its responsibility for complying with the *Standards* at the final provisional visit.

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

- how the program and institution will ensure that 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 additional information requested at this time. The institution is expected to demonstrate its responsibility for complying with the *Standards* at the final provisional visit.

Report due November 1, 2024:

- Update NCCPA PANCE Report on program website

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

- Updates to the program's website with the most current program goals
- Completion and submission of the program's PANCE pass rate data

No further information requested.

March 2024

The commission **did not accept** the report addressing 5th edition

- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

Additional information (how the program and institution will ensure that 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) due May 15, 2024 and (how the program monitors and addresses any student deficiencies related to supervised clinical practice experience (SCPE) program expected learning outcomes in a timely manner) due November 14, 2024.

Report due April 20, 2024:

- Update PANCE pass rate data in Program Management Portal
- Update program website so that it accurately reflects the success of the program in achieving its goals no

Report due May 15, 2024 (*Standards*, 5th edition):

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

Concordia University-Ann Arbor Accreditation History

First accredited: June 2020

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Page 3 of 5

- **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 for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

Report due November 14, 2024 (*Standards*, 5th edition)

- **Standard B4.01a** (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 align with what is expected and taught)

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)

The program received a Warning Letter regarding the institution's willingness to fully support the program and the program director and the concern that the program director lacks demonstrated knowledge of the accreditation process and requirements to demonstrate compliance with the *Standards*.

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

- Updates to the program's Program Management Portal/website. No further information requested.

No further information requested.

September 2023

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

- **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)

June 2023 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: June 2025 (Final Provisional). The program's maximum class size remains 40.

Report due August 15, 2023:

- Update personnel data in Program Management Portal

Report due October 1, 2023 (*Standards*, 5th edition):

- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the

Concordia University-Ann Arbor Accreditation History

First accredited: June 2020

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Page 4 of 5

complexity of the program)

- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

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

- **Standard A2.06b** (lacked evidence program director be a PA and 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 A3.12i** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

March 2023

The commission **reviewed and additional information requested of** the response to allegations regarding 5th edition

- **Standard A1.02b** (provided evidence the sponsoring institution is responsible for hiring faculty and staff,
- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the *Standards* and to fulfill its obligations to matriculating and enrolled students.
- **Standard A2.06b** (provided evidence the program director is a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time must devoted to academic and administrative responsibilities in support of the program)
- **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)

Additional information (narrative about the physical facilities at the campus demonstrating sufficient classroom, lab, study, and dining spaces) due April 30, 2023.

The program received a Warning Letter regarding concerns about the institution's willingness to fully support the program in the appointing of an interim program director that was 100% assigned to the program and physically onsite for the duration of the appointment.

Report due April 30, 2023 (*Standards*, 5th edition):

- **Standard A2.08a** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)

Concordia University-Ann Arbor Accreditation History

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Page 5 of 5

- **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)

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

- **Standard A2.06b** (lacked evidence the program director is a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time must be devoted to academic and administrative responsibilities in support of the program)

March 2021

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

- **Standard A2.04** (provided evidence the principal faculty and program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard A3.15b** (provided evidence the program defines, publishes and makes readily available to students upon admission, completion deadlines related to curricular components) and
- **Standard B3.03a** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with acute patient encounters). No further information requested.

June 2020

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

The program is approved for up to 32 students in the first class of students, 40 in the second class and 40 in the third class.

Report due September 1, 2020 (*Standards*, 5th edition) -

- **Standard A2.04** (lacked evidence the principal faculty and program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard A3.15b** (lacked evidence the program defines, publishes and makes readily available to students upon admission, completion deadlines related to curricular components) and
- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with acute patient encounters).

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** (the program did not submit documents as required by the ARC-PA)