

Miami University Accreditation History

First accredited: September 2022

Next review: July 2027

Maximum class size: 36

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January 2026

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

- **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)

No further information required.

June 2025 (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. The commission noted 1 area of noncompliance with the *Standards*.

Next Comprehensive Evaluation: July 2027 (Final Provisional). Maximum class size: 36.

Report due September 12, 2025 (*Standards*, 5th edition):

- **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)

September 2024

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

- revised list of program goals addressing the diversity and inclusion of faculty and staff and evidence that the program defines, publishes and makes readily available to students upon admission, deadlines for completion of the program including the maximum allowable time for program completion of coursework

No further information requested.

June 2023

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

- **Standard A1.11a** (lacked evidence sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by a) supporting the program in defining its goal(s) for diversity and inclusion)
- **Standard A2.14** (provided evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- **Standard A3.12b** (provided evidence of defined, published and made readily available to enrolled and prospective students general program information to include b) evidence of its effectiveness in meeting its goals)
- **Standard A3.15b** (lacked evidence of defined, published, consistently applied and made readily available to students upon admission b) requirements and deadlines for progression in and completion of the program)

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- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes e) for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care)
- **Standard B4.03e** (provided evidence program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including: e) professional behaviors)
- **Standard C2.01c** (provided evidence of defined and maintained effective processes and documented 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 c) supervision)

Additional information (revised list of program goals addressing the diversity and inclusion of faculty and staff and evidence that the program defines, publishes and makes readily available to students upon admission, deadlines for completion of the program including the maximum allowable time for program completion of coursework.) due October 1, 2023.

September 2022

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: June 2025 (Provisional Monitoring). The program is approved for up to 36 students.

Report due February 15, 2023 (*Standards*, 5th edition) -

- **Standard A1.11a** (lacked evidence sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by a) supporting the program in defining its goal(s) for diversity and inclusion)
- **Standard A2.14** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- **Standard A3.12b** (lacked evidence of defined, published and made readily available to enrolled and prospective students general program information to include b) evidence of its effectiveness in meeting its goals)
- **Standard A3.15b** (lacked evidence of defined, published, consistently applied and made readily available to students upon admission b) requirements and deadlines for progression in and completion of the program)
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes e) for conditions requiring surgical management, including pre- operative, intra-operative, post-operative care)
- **Standard B4.03e** (lacked evidence program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including: e) professional behaviors)
- **Standard C2.01c** (lacked evidence of defined and maintained effective processes and documented initial and ongoing evaluation of all sites and preceptors used for supervised

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clinical practice experiences, to ensure that students are able to fulfill program learning outcomes with access to c) supervision)

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

- **Standard D1.02c** (lacked evidence of published and made readily available to everyone who requests information, applies, or plans to enroll c) the implications of non-accreditation by the ARC-PA; clarified subsequent to the visit)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA; corrected subsequent to the visit)