

## Trine University Accreditation History

First accredited: March 2018

Next review: April 2033

Maximum class size: 36

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### January 2026

The commission **reviewed and more information requested** of the report addressing (*Standards*, 5<sup>th</sup> edition):

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

Additional information (description of the program's vetting process used to determine whether "other clinicians" are qualified to serve as preceptors and completed preceptor license certification template) due April 15, 2026.

No additional information required for (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.01** (provided 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 number of students in the Program Management Portal exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

### September 2025

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

- **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)

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

### March 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 5 areas of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: March 2033. Maximum class size: 36.

Report due July 1, 2025 (*Standards*, 5<sup>th</sup> 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)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

Report due April 1, 2026 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)

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- **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)

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)

Observation response due May 9, 2025 (*Standards*, 5<sup>th</sup> edition):

- **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)

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

- how the institution has provided the sufficient administrative and technical staff necessary to operate the educational program; description of how the institution will support the program in implementing recruitment strategies for faculty and staff diversity, equity and inclusion; evidence the Institution has hired the additional FTE principal faculty; and process used by the program to verify all supervised clinical practice experiences (SCPEs) occur with physicians who are board certified in their area of instruction

Additional information (process used by the program to verify all SCPEs occur with physicians who are board-certified in their area of instruction or why the requirement cannot be met along with a description of the evaluation processes the program uses to determine whether physicians who are not specialty board certified in their area of instruction are appropriate for the specified area of instruction) due July 1, 2025.

Program Change: Change in program fiscal support. The commission **acknowledged the program's proposed change**. No further information requested.

### March 2024

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

- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.02i** (provided evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in

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- defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **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 A2.09d** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.15f** (provided evidence program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B1.02** (provided evidence the curriculum design reflects content and course sequencing that builds upon previously achieved student learning)
- **Standard B1.03** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.08c** (provided evidence curriculum includes instruction in pre-, intra-, and post-operative care)
- **Standard B2.11a** (provided evidence the curriculum includes instruction in death, dying and loss areas of social and behavioral sciences and their application to clinical practice)
- **Standard B3.01** (provided evidence program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

Additional information (how the institution has provided the sufficient administrative and technical staff necessary to operate the educational program; description of how the institution will support the program in implementing recruitment strategies for faculty and staff diversity, equity and inclusion; evidence the Institution has hired the additional FTE principal faculty; and process used by the program to verify all supervised clinical practice experiences (SCPEs) occur with physicians who are board certified in their area of instruction) due May 23, 2024.

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

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

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### March 2023 (following Final Provisional review)

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- affiliation agreements that consistently included specific notations that acknowledged the terms of participation between the PA program and each clinical entity,
- administrative support for compliance with the accreditation standards,
- defined and published policies and procedures for processing faculty grievances and student mistreatment,
- sufficient human resources necessary to operate the educational program,
- sufficient support in defining its goal(s) for diversity and inclusion; support in implementing recruitment and retention strategies for student, faculty and staff diversity and inclusion,
- defined, published and make readily available to enrolled and prospective students the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 years,
- curriculum design content and course sequencing built upon previously achieved student learning, specifically, foundational knowledge related to pre-operative and post-operative care,
- consistently defined and published learning outcomes and instructional objectives in measurable terms for each didactic course,
- evidence of instruction in social and behavioral sciences and their application to clinical practice in loss,
- an ongoing program self-assessment process that documented program effectiveness or fostered program improvement.

A focused probation visit will occur in advance of the March 2025 commission meeting. The program's maximum class size remains 36. The program did not appeal the commission's decision.

Report due October 1, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.02i** (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic

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needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.15f** (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B1.02** (lacked evidence the curriculum design reflects content and course sequencing that builds upon previously achieved student learning)
- **Standard B1.03** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.08c** (lacked evidence curriculum includes instruction in pre-, intra-, and post-operative care)
- **Standard B2.11a** (lacked evidence the curriculum includes instruction in death, dying and loss areas of social and behavioral sciences and their application to clinical practice)
- **Standard B3.01** (lacked evidence program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

Report due May 23, 2024 (*Standards*, 5<sup>th</sup> edition) modified SSR:

- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **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)

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

- **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

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signifying agreement by the involved institutions)

- **Standard A3.12c** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Year provided by the NCCPA through its program portal, no later than April first each year)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

### September 2022

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

- resubmission of response to B4.01b, appending SCPE program expected learning outcomes and evaluation tools for each required rotation and description of how the program aligns the evaluation tools with the SCPE learning outcomes and “instructional objectives” as defined by the program, allowing for identification of specific student deficiencies in a timely manner. No further information requested or

No further information requested.

### March 2022

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

- **Standard A3.13a** (provided evidence the program makes readily available to prospective students admission related information regarding admission and enrollment practices that favor specified individuals or groups) and
- **Standard A3.14** (provided evidence the program makes admission decisions in accordance with published practices).
- **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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (resubmission of response to B4.01b, appending SCPE program expected learning outcomes and evaluation tools for each required rotation and description of how the program aligns the evaluation tools with the SCPE learning outcomes and “instructional objectives” as defined by the program, allowing for identification of specific student deficiencies in a timely manner.) due May 10, 2022.

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.

### September 2021

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

- **Standard A3.13a** (lacked evidence the program makes readily available to prospective students admission related information regarding admission and enrollment practices that favor specified individuals or groups) and

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- **Standard A3.14** (lacked evidence the program makes admission decisions in accordance with published practices).
- **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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (description of the program's admissions processes that favor specified individuals or groups and the URL(s) for the web page(s) that defines these processes, description of how the program makes admission decisions in accordance with published practices including web link and rubric tools, and SCPE expected learning outcomes and evaluation tools for each required rotation) due December 20, 2021.

### June 2021

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

- Updates to the program's website. No further information requested.

### March 2021 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2023 (Final Provisional). Maximum class size: 36.

Report due April 1, 2021 (*Standards*, 5<sup>h</sup> edition) -

- **Standard A3.12c** (lacked evidence the most current annual NCCPA PANCE Exam Performance Summary Report is published on the program website).

Report due May 16, 2021 (*Standards*, 5<sup>h</sup> edition) -

- **Standard A3.13** (lacked evidence the program makes readily available to prospective students admission related information regarding admission and enrollment practices that favor specified individuals or groups) and
- **Standard A3.14** (lacked evidence the program makes admission decisions in accordance with published practices).
- **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 that allow the program to identify and address 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 C1.03** (lacked evidence the program prepared 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)

### June 2020

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

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- The proposed plan in response to COVID-19. No further information requested.

### June 2018

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

- **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction). No further information requested.

### March 2018

Accreditation-Provisional; Next Comprehensive Evaluation: March 2021 (Provisional Monitoring). The program is approved for up to 28 students in the first class of students, 32 in the second class and 36 in the third class.

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

- **Standards B3.06a-b** (lacked evidence of supervised clinical practice experiences with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).