

University of Findlay Accreditation History

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January 2026

Focused Visit; The commission accepted the findings of the focused site visit. No further information requested

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **did not accept** the report. The program is to submit a revised report by April 22, 2026.

September 2025

Program Change: Change in program fiscal support. The commission **does not accept** the change in program support. No further information requested.

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2023

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

- Resubmission of PANCE report for 2021 cohort.

No further information requested.

September 2022

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (resubmission of report) due October 4, 2022.

June 2021

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

- How staff sufficiency is determined to manage administrative responsibilities. No further information requested.

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

March 2021

Program Change: Change in maximum class size (18 to 22, effective August 1, 2021, to 24, effective August 1, 2022). The commission **approved the one-time temporary increase**. No further information requested.

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The commission **reviewed and more information requested** for the change in program support. Additional information (narrative describing how staff sufficiency is determined to manage administrative responsibilities) due January 29, 2021.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 10, 2021.

September 2019

Program Change: Change in class size (18 to 20, effective August 1, 2020; to 22, August 1, 2021; to 24, August 1, 2022). The commission **approved the proposed change**. No further information requested.

Program Change: Change in graduation requirements (93 to 95 credits), effective August 1, 2019. The commission **acknowledged the proposed change**. No further information requested.

June 2019

Program Change: Change in class size (18 to 20, effective August 1, 2019; to 22, August 1, 2020; to 24, August 1, 2021). The commission requested additional information, due July 5, 2019, to complete the review as the proposal lacked specificity to understand the rationale for the proposed change.

Program Change: Change in graduation requirements (93 to 95 credits), effective Fall 2019 semester. The commission requested additional information, due July 5, 2019, to complete the review as the proposal lacked specificity to understand the rationale for the proposed change.

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.

June 2018

Program Change: Change in graduation requirements (91 to 93 credits), effective August 2018. The commission **acknowledged the proposed change**. No further information requested.

January 2017

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

- Clarification related to timing of assessments. No further information requested.

The commission **accepted the report** addressing 4th edition

- **Standard A1.04** (provided evidence the sponsoring institution provides the opportunity for continuing professional development of the principal faculty by supporting the development of their clinical, teaching, scholarly and administrative skills),

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- **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 A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard C3.04** (provided evidence the program conducts and documents 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 (clarification related to timing of assessments) due December 5, 2016.

September 2016

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

- Updated link to program in the Portal and updated website with PANCE pass rate report. No further information requested.

July 2016

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 18.

Report due August 30, 2016

- Update link to program in the Program Management Portal and update website with PANCE pass rate report.

Due October 3, 2016 *Standards*, 4th edition) -

- **Standard A1.04** (lacked evidence the sponsoring institution provides the opportunity for continuing professional development of the principal faculty by supporting the development of their clinical, teaching, scholarly and administrative skills),
- **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 A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard C3.04** (lacked evidence the program conducts and documents 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).

September 2012

The commission **accepted the report** addressing 4th edition

- **Standard A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program) and
- **Standard C2.01b** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment).

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

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- Analysis of PANCE pass rates from 2009-2011.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 54.
Report due July 1, 2012 (*Standards*, 4th edition) -

- **Standard A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program) and
- **Standard C2.01b** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment).
- Analysis of PANCE pass rates from 2009-2011.

March 2011

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A1.07b/A1.08** (provided evidence the sponsoring institution assures that the program has the human resources needed to operate the program),
- **Standards A2.10/A2.09g** (provided evidence the program director is knowledgeable about and responsible for the accreditation process),
- **Standards A2.23/A2.18** (provided evidence there is sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standards A3.07i/A3.14c** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students first time PANCE pass rates for the five most recent graduating classes),
- **Standards B6.01d/B2.13** (provided evidence the program provides instruction in quality assurance and risk management in medical practice),
- **Standards C1.01b, d and f/C1.01** (provided evidence the program collects and analyzes b) faculty attrition, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C2.01b1-6, d and e/C2.01b** (provided evidence the self-study report documents
 - b1) student attrition, deceleration and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement
 - d) modifications that occurred as a result of self-assessment and
 - e) plans for addressing areas needing improvement). No further information requested.

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September 2010

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 54. The program did not appeal the commission's decision.

Report due December 31, 2010 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A1.07b/A1.08** (lacked evidence the sponsoring institution assures that the program has the human resources needed to operate the program),
- **Standards A2.10/A2.09g** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- **Standards A2.23/A2.18** (lacked evidence there is sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standards A3.07i/A3.14c** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students first time PANCE pass rates for the five most recent graduating classes),
- **Standards B6.01d/B2.13** (lacked evidence the program provides instruction in quality assurance and risk management in medical practice),
- **Standards C1.01b, d and f/C1.01** (lacked evidence the program collects and analyzes b) faculty attrition, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C2.01b1-6, d and e/C2.01b** (lacked evidence the self-study report documents
 - b1) student attrition, deceleration and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement
 - d) modifications that occurred as a result of self-assessment and
 - e) plans for addressing areas needing improvement).

September 2008

The commission **accepted the report** addressing 3rd edition

- **Standard A1.06e** (provided evidence the sponsoring institution has primary responsibility for assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs),
- **Standard A2.22** (provided evidence in each location to which a student is assigned for didactic or supervised practice instruction, there is an individual designated by core faculty to supervise and assess the student's progress in achieving program requirements),

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- **Standard A3.03** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard B2.02e** (provided evidence instruction in the professional phase of the program includes instruction in the genetic and molecular mechanisms of health and disease),
- **Standard B6.01b** (provided evidence the program includes instruction in health care delivery systems and health policy),
- **Standard B7.02** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- **Standards B7.04c and g** (provided evidence the program documents that every student has supervised clinical practice experiences c) general internal medicine and g) prenatal care and women's health),
- **Standards C1.01a, b and e** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation, b) faculty attrition and e) graduate evaluations of curriculum and program effectiveness),
- **Standards C2.01b1, b2 and b5** (provided evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition and b5) graduate evaluations of curriculum and program effectiveness),
- **Standard C4.01** (provided evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences) and
- **Standard C4.03** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience). No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 54.

Report due July 11, 2018 (*Standards*, 3rd edition) -

- **Standard A1.06e** (lacked evidence the sponsoring institution has primary responsibility for assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs),
- **Standard A2.22** (lacked evidence in each location to which a student is assigned for didactic or supervised practice instruction, there is an individual designated by core faculty to supervise and assess the student's progress in achieving program requirements),
- **Standard A3.03** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard B2.02e** (lacked evidence instruction in the professional phase of the program includes instruction in the genetic and molecular mechanisms of health and disease),
- **Standard B6.01b** (lacked evidence the program includes instruction in health care delivery systems and health policy),

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- **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- **Standards B7.04c and g** (lacked evidence the program documents that every student has supervised clinical practice experiences c) general internal medicine and g) prenatal care and women's health),
- **Standards C1.01a, b and e** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation, b) faculty attrition and e) graduate evaluations of curriculum and program effectiveness),
- **Standards C2.01b1, b2 and b5** (lacked evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition and b5) graduate evaluations of curriculum and program effectiveness),
- **Standard C4.01** (lacked evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences) and
- **Standard C4.03** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience).

March 2007

Accreditation-Continued Application. The commission deferred action until September 2007.

March 2006

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

- Start date and state authorization.

Additional information (continue updating process for state approval).

September 2005

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

- Approval by state and regional authorities, clarification of tuition, maximum number of students and start date.

Additional information (update on state approval and start date) due January 13, 2006.

March 2005

Program change: Change in degree awarded (baccalaureate to master's curriculum). The commission **acknowledged the proposed change**. Additional information (approval by state and regional authorities, tuition, maximum number of students and start date) due July 15, 2005.

September 2004

The commission **acknowledged the report** addressing 2nd edition

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- **Standard A5.3b** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students costs to the student),
- **Standards B6.2c and g** (provided evidence the program documents that every student has equivalent clinical experiences in c) pediatrics and g) psychiatry/behavioral medicine) and
- **Standards C4.1a and b** (provided evidence the self-study report documents a) process and results of continuous evaluation and b) outcome data analysis). No further information requested.

March 2003

Accreditation Continued; Next Comprehensive Evaluation: March 2007. Maximum Student Capacity: 36.
Report due July 15, 2004 (*Standards*, 2nd edition) -

- **Standard A5.3b** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students costs to the student),
- **Standards B6.2c and g** (lacked evidence the program documents that every student has equivalent clinical experiences in c) pediatrics and g) psychiatry/behavioral medicine) and
- **Standards C4.1a and b** (lacked evidence the self-study report documents a) process and results of continuous evaluation and b) outcome data analysis).

September 2000

The commission **accepted the report** addressing 1st edition

- **Standard I C 3 a** (provided evidence the health screening instrument used to enforce and document compliance with the published technical standards is adequate). No further information requested.

March 2000

Accreditation-Provisional; Next Comprehensive Evaluation: March 2003.

Report due for review at September 2000 meeting (*Standards*, 1st edition) -

- **Standard I C 3 a** (lacked evidence the health screening instrument used to enforce and document compliance with the published technical standards is adequate).