

## Kean University Accreditation History

First accredited: March 2021  
Next review: April 2028  
Maximum class size: 20/25/25  
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### April 2026

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*.

The commission noted 7 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the April 2028 commission meeting. The program's maximum class size remains 25. The commission's decision of extended probation is not appealable.

Report due September 30, 2026 (*Standards*, 5<sup>th</sup> edition):

- **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 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 C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)

Report due July 1, 2027 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **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 C1.03** (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)

### September 2025

The commission **did not accept the report** providing evidence of

- How the sponsoring institution is fulfilling its responsibility to ensure sufficient principal faculty and staffing for the program and how it is meeting its responsibility to ensure sufficient faculty and administrative support staff to operate the educational program, maintain compliance with the ARC-PA Standards, and fulfill its obligations to matriculating and enrolled students, and a description of factors the program uses to assess the sufficiency of principal faculty in meeting the needs of enrolled students and fulfilling administrative responsibilities in a manner consistent with the program's size and complexity.

No further information requested at this time.

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### June 2025

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 **accepted the report**. No further information requested.

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

- Description of how the sponsoring institution will assure compliance with standard regarding institutional policies and procedures for hiring faculty and staff in a timely manner; description of how the sponsoring institution has provided sufficient faculty and administrative support staff to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students; and factors the program utilizes to determine the sufficiency of principal faculty to meet the needs of enrolled students and manage administrative responsibilities consistent with the program's complexity.

Additional information (How the sponsoring institution is fulfilling its responsibility to ensure sufficient principal faculty and staffing for the program and how it is meeting its responsibility to ensure sufficient faculty and administrative support staff to operate the educational program, maintain compliance with the ARC-PA *Standards*, and fulfill its obligations to matriculating and enrolled students, and a description of factors the program uses to assess the sufficiency of principal faculty in meeting the needs of enrolled students and fulfilling administrative responsibilities in a manner consistent with the program's size and complexity) due August 15, 2025.

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

- Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on program website.

No further information requested.

### September 2024

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

- Updates to the program's Program Management Portal.

No further information requested.

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

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

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- **Standard B1.03d** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students course goal/rationale information in syllabi or appendix to the syllabi)
- **Standard B4.01b** (provided 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 allow the program to identify and address any student deficiencies in a timely manner)

Additional information (description of how the sponsoring institution will assure compliance with standard regarding institutional policies and procedures for hiring faculty and staff in a timely manner; description of how the sponsoring institution has provided sufficient faculty and administrative support staff to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students; and factors the program utilizes to determine the sufficiency of principal faculty to meet the needs of enrolled students and manage administrative responsibilities consistent with the program's complexity) due January 31, 2025.

Report due December 2, 2024:

- Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on program website

### March 2024

Adverse Action-Accreditation-Probation (following Provisional Monitoring review) due to noncompliance concerns regarding:

- Evidence the sponsoring institution supported the program in hiring sufficient faculty and staff to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students.
- Evidence the program had sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- Evidence of assessment of student performance in supervised clinical practice experiences evaluation that allowed for the identification of any student deficiencies in a *timely* manner.
- Evidence of an implemented self-assessment process that provided evidence of data collection to address all aspects of the program, performance of critical analysis of data, and application of results of analysis leading to conclusions that identified program strengths.
- Evidence of a self-study report that effectively documented the program's process of data collection to address all aspects of the program, ongoing data analysis, and data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- Submission of the documents as required.

A focused probation visit will occur in conjunction with the final provisional visit in advance of the March 2026 commission meeting. The program's maximum class size remains 25. The program did not appeal the commission's decision.

Report due May 15, 2024:

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- Update SCPE data, PANCE pass rate data and student enrollment information in Program Management Portal

Report due May 15, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **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 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)
- **Standard B1.03d** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students course goal/rationale information in syllabi or appendix to the syllabi)
- **Standard B4.01b** (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 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 C1.02c.i.** modified self-study report (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **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)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2022

The commission **accepted** the report addressing 5<sup>th</sup> edition providing evidence of:

- Supervised clinical practice experience learning outcomes for each required rotation, narrative describing how program will determine each student has met the learning outcomes and copy of evaluation document.

No further information requested.

September 2021

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

- **Standard B2.09** (provided evidence the program curriculum includes instruction in technical skills and procedures),

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- **Standard B2.11b** (provided evidence the program curriculum includes instruction in the social and behavioral sciences related to human sexuality),
- **Standard B2.15a** (provided evidence the program curriculum includes instruction in the public health concepts of disease reporting) and
- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with a) clear parallels between what is expected, taught and assessed and b) allow the program to identify and address any student deficiencies in a timely manner).

Additional information (supervised clinical practice experience learning outcomes for each required rotation, narrative describing how program will determine each student has met the learning outcomes and copy of evaluation document) due September 22, 2021.

### March 2021

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 25 in the second class and 25 in the third class.

Report due June 15, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard B2.09** (lacked evidence the program curriculum includes instruction in technical skills and procedures),
- **Standard B2.11b** (lacked evidence the program curriculum includes instruction in the social and behavioral sciences related to human sexuality),
- **Standard B2.15a** (lacked evidence the program curriculum includes instruction in the public health concepts of disease reporting) and
- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with a) clear parallels between what is expected, taught and assessed and b) allow the program to identify and address any student deficiencies in a timely manner).