

Rush University Accreditation History

First accredited: March 2010

Next review: April 2028

Maximum class size: 40

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April 2026 (following Probation review)

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

The commission noted 6 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 40. The commission's decision of extended probation is not appealable.

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

- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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)

January 2026

The commission deferred its decision regarding the program's accreditation status pending additional on-site verification through a focused site visit to fully evaluate the program's current status and institutional and programmatic functioning.

The commission **did not accept** the 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)
- **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)
- **Standard B4.03e** (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 meets the program competencies required to enter clinical practice, including professional behaviors)

No further information is requested at this time as the standards referenced were evaluated during the probation site visit conducted after the report's submission.

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September 2025

The commission **deferred its decision for the 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)
- **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)
- **Standard B4.03e** (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 meets the program competencies required to enter clinical practice, including professional behaviors)

Deferred until the program's probation review at the January 2026 commission meeting.

September 2024

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

- Updates to the program's Program Management Portal.

No further information requested.

June 2024

The commission **accepted** the report addressing 5th 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 and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02b** (provided evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.02g** (provided evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)

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- **Standard A1.07** (provided 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 A1.10a** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard A2.03** (provided 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 A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.12b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.15c** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include policies and procedures for remediation and deceleration)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (provided evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard B3.06c** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07e** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard C2.01a** (provided 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)

No further information requested.

March 2024

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

- Sponsoring institutional responsibility for hiring sufficient faculty and staff, ensuring effective program leadership, and a comprehensive ongoing self-assessment process.
- Sponsoring institutional support of the program in securing sufficient clinical sites and preceptors to allow students to meet the program learning outcomes for supervised clinical practice experiences.

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- Sponsoring institutional responsibility for documenting appropriate personal safety measures for PA students at all supervised clinical practice experience sites.
- Sponsoring institutional responsibility to ensure the program director's knowledge of and responsibility for programmatic review and analysis, and completion of ARC-PA required documents.
- Provision of sufficient program principal faculty necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students.
- A process to verify and document that preceptors used for supervised clinical practice experiences were specialty board certified in their area of instruction.
- Supervised clinical practice experiences that occur with preceptors who enable students to meet program learning outcomes for Pediatrics.
- Evaluation of student performance in meeting learning outcomes that are aligned with what is expected and taught and that allow the program to identify and address student deficiencies in a timely manner.
- Summative evaluation of students that assessed student attainment of program competencies specific to professional behaviors and system-based practice.
- An effective process for initial and ongoing evaluation of clinical sites.
- Implementation of an ongoing self-assessment process that included critical data analysis with application of results to identify program strengths, areas in need of improvement, and action plans.
- Submission of the application and associated documents as required by the ARC-PA.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 30. The program did not request reconsideration of the commission's action.

Report due April 25, 2024

- Update student enrollment information in Program Management Portal

Report due April 26, 2024 (*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 and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **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)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)

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- **Standard A1.02g** (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- **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 A1.10a** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 A2.09d** (lacked evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard A3.15c** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **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 June 9, 2025 (*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)
- **Standard B4.01b** (lacked evidence that the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes)

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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)

- **Standard B4.03e** (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 meets the program competencies required to enter clinical practice, including professional behaviors)
- **Standard C1.02a** modified self-study report (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **Standard C1.02b** modified self-study report (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **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 C1.02c.ii.** modified self-study report (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.** modified self-study report (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** modified self-study report (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 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)

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)

June 2022

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

- Changes in response to COVID-19

No further information requested.

September 2021

Program Change: Change in class size (up to 40), effective May 1, 2022. Based on review of the additional information, the commission **approved the proposed change**. No further information requested.

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June 2021

Program Change: Change in class size (30 to 32, effective May 1, 2022; to 34, effective May 1, 2023; to 36, effective May 1, 2024; and to 40, effective May 1, 2025). The commission **reviewed and more information requested** for the change. Additional information (narrative addressing the curricular design and faculty perception of sufficiency) due June 18, 2021.

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.

May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2021 to March 2024 due to this change.

September 2015

Program Change: Change in length of program (decreased from 33 to 30 months), effective August 2017. The commission **acknowledged the proposed change**. No further information requested.

September 2014

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

- **Standard C3.01** (provided evidence student evaluations related to learning outcomes for both didactic and supervised clinical education components assess the program's pre-specified criteria) and
- **Standard C3.04** (provided evidence of the program conducting and documenting an appropriate summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice). No further information requested.

March 2014

Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 30.

Report due May 9, 2014 (*Standards*, 4th edition) -

- **Standard C3.01** (lacked evidence student evaluations related to learning outcomes for both didactic and supervised clinical education components assess the program's pre-specified criteria) and
- **Standard C3.04** (lacked evidence of the program conducting and documenting an appropriate 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 2010

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

- **Standard E1.15** (provided evidence of a written plan describing the program's ongoing self-assessment process) and

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- **Standard E1.16** (provided evidence of a full plan for comprehensive program evaluation). No further information requested.

March 2010

Accreditation-Provisional; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 90.

Report due July 1, 2010 (*Standards*, 3rd edition) -

- **Standard E1.15** (lacked evidence of a written plan describing the program's ongoing self-assessment process) and
- **Standard E1.16** (lacked evidence of a full plan for comprehensive program evaluation).