

University of Utah Accreditation History

First accredited: November 1972

Next review: April 2036

Maximum class size: 68 (44 Salt Lake City [MC], 24 St. George [DC])

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April 2026

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. The commission noted 13 areas of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: April 2036. Maximum class size: 68 (44 Salt Lake City [MC], 24 St. George [DC]).

Report due June 15, 2026:

- Update NCCPA PANCE Exam Performance Summary Report on website.

Report due September 29, 2026 (*Standards*, 5th edition):

- **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 A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.13a** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- **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)
- **Standard B1.03f** (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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard B1.03g** (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, methods of student assessment/evaluation)
- **Standard B4.01a** (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 align with what is expected and taught)
- **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)

Report due May 19, 2028 (*Standards*, 5th 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)

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- **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)

Commission observation response due May 19, 2028 (*Standards*, 6th edition):

- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)

January 2026

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 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2020

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

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

March 2020

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

- **Standards C2.01a-d**, modified Self-Study Report (provided evidence of a self-study report that documents a) the program process of ongoing self-assessment, b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment). No further information requested.

March 2018

Program Change: Expansion to a distant campus (St. George, UT). The commission **approved the proposed change**. The program is approved to accept a maximum entering class size of 68 (by the third cohort): 16 in the first cohort, 20 in the second cohort and 24 in the third cohort at the distant campus in addition to the class size of 44 at the main campus in Salt Lake City, UT. No further information requested.

September 2017

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.

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July 2016

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

- Portal updates of SCPEs and PANCE and the report on the discrepancy in class size. No further information requested.

March 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2026. Maximum class size: 44.

Report due June 1, 2016

- Explanation of class size discrepancy and correct supervised clinical practice experiences [SCPEs] and PANCE data in Program Management Portal.

Due July 1, 2019 (*Standards*, 4th edition) -

- **Standards C2.01a-d**, modified Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment).

September 2009

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

- **Standard B7.04e** (provided evidence supervised clinical practice experiences are provided in long-term care settings) and
- **Standard D1.01** (provided evidence student health records are confidential). No further information requested.

Program Change: Change in maximum student capacity (108 to 120), effective May 2009. The commission **acknowledged the proposed change**.

March 2009

Accreditation-Continued; Next Comprehensive Evaluation: March 2016. Maximum Student Capacity: 108.

Report due July 1, 2009 (*Standards*, 3rd edition) -

- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in long-term care settings) and
- **Standard D1.01** (lacked evidence student health records are confidential).

September 2006

Program Change: Change in program length (24 to 27 months), effective May 2006. The commission **acknowledged the proposed change**. No further information requested.

March 2004

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

- **Standard B1.4** (provided evidence learning objectives provide measurable instructional objectives and expected outcomes sufficient to guide student learning),

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- **Standard C2.2g** (provided evidence the self-study report includes critical analysis of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis). No further information requested.

March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 64. Report due January 14, 2004 (*Standards*, 2nd edition) -

- **Standard B1.4** (lacked evidence learning objectives provide measurable instructional objectives and expected outcomes sufficient to guide student learning),
- **Standard C2.2g** (lacked evidence the self-study report includes critical analysis of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

March 2001

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

- Curriculum changes. No further information requested.

September 2000

Program Change: Change in curriculum (baccalaureate to master's), effective Fall 2000. The commission **acknowledged the program change**. Additional information (clarification of curricular changes) requested.

March 2000

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

- A complete Self-Study Report. No further information requested.

March 1999

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

- A complete Self-Study Report.

Additional information (full Self-Study Report with data and modification linked) due February 1, 2000.

March 1997

Accreditation-Continued; Next Comprehensive Evaluation: March 2003.

Report due February 1, 1999

- Complete Self-Study Report with data analysis.

NOTE: The ARC-PA commission action information available begins in March 1997. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.