

Saint Elizabeth University Accreditation History

First accredited: June 2019

Next review: April 2027

Maximum class size: 50

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April 2026

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

- Amended job description(s) for principal faculty and current ARC-PA CV for each principal faculty member.

No further information requested.

January 2026

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

- How the program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner, learning outcomes/instructional objectives and evaluation tool(s) for each required SCPE and process utilized for initial and ongoing evaluation of clinical sites used for SCPEs)

Additional information (how the rotation-specific preceptor evaluation enables the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner for items that involve complex lists of knowledge or skills and the program's process for the initial and ongoing evaluation of clinical sites used for supervised clinical practice experiences) due March 9, 2026.

The commission **reviewed and more information requested** of the report addressing 5th edition

- **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)

Additional information (6th edition modified self-study report) due March 5, 2027.

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

- Rationale and details for the changes in courses, additional details for the rationale of course consolidation and deletions, side-by-side comparison of the current and proposed curricular changes, and how the sponsoring institution has provided sufficient faculty to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students for the change in credits.

and **approved the program's proposed change** in credits awarded from 104 to 120.

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

- Revised and resubmitted Attrition Required Report for 2022 and 2023 cohorts

No further information requested.

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**.

No further information requested.

September 2025

The commission **reviewed and more information requested of the report** addressing 5th edition

- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties)

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Additional information (amended job description(s) for principal faculty and current ARC-PA CV for each principal faculty member) due November 17, 2025

No additional information required for 5th edition:

- **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 A1.02d** (provided evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.05h** (provided evidence principal faculty and the program director are responsible for, and actively participate in the processes of evaluating the program)
- **Standard A2.08a** (provided evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A3.13d** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)
- **Standard A3.17d** (provided evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)

The commission **accepted** the report addressing the observation for 5th edition

- **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)

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

June 2025

Program Change: Change in credits awarded from 104 to 120. The commission **reviewed and requested more information from the program's proposed change**. Additional information (Rationale and details for the changes in courses, additional details for the rationale of course consolidation and deletions, side-by-side comparison of the current and proposed curricular changes, and how the sponsoring institution has provided sufficient faculty to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students) by August 20, 2025.

March 2025

Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institutions responsibility for program assessment.
- The sponsoring institutions responsibility for ensuring effective program leadership and compliance with the ARC-PA Standards and policies.

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- Principal faculty and the program director's active participation in the process of evaluating the program.
- Evidence of the consistent implementation of the program's ongoing self-assessment process through the performance of critical data analysis to address all aspects of the program.
- The program appointment of an interim program director within five business days of the vacancy caused by the resignation of the program director.

The commission noted 16 areas of noncompliance with the *Standards* and 1 new observation by the commission. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 50. The program did not appeal the commission's decision.

Report due May 12, 2025 (*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 A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.)
- **Standard A2.05h** (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of evaluating the program)
- **Standard A2.08a** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A3.13d** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)
- **Standard A3.17d** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)

Observation response due May 12, 2025 (*Standards*, 5th edition):

- **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)

No report due (program is expected to demonstrate compliance at its upcoming probation visit):

- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A2.09a** (lacked evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)

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- **Standard A2.09c** (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

No report due (will be addressed in program's upcoming modified self-study report):

- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)

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

- **Standard E1.07a** (lacked evidence the appointment of the IPD position occurred within five business days of the vacancy caused by the resignation/termination of the program director)

The commission **reviewed and more information requested of the report** addressing 5th edition

- **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 C2.01b** (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 patient populations)

Additional information (how the program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner, learning outcomes/instructional objectives and evaluation tool(s) for each required SCPE and process utilized for initial and ongoing evaluation of clinical sites used for SCPEs) due June 23, 2025

No additional information required for 5th edition:

- **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 defining its goal(s) for diversity, equity, and inclusion)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

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**.

Additional information (revised and resubmitted Attrition Required Report) due September 1, 2025.

September 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 2024 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation:

March 2034. Maximum class size: 50.

Report due May 1, 2024:

- Update student enrollment information in the Program Management Portal.

Report due October 1, 2024 (*Standards*, 5th edition):

- **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 A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **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 C2.01b** (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 patient populations)

Report due October 1, 2025 (*Standards*, 5th edition) modified self-study report:

- **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 B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2022

The commission **accepted** the report addressing 5th edition

- **Standard A2.16a** (provided evidence the program verifies and documents that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are board specialty certified in their area of instruction)
- **Standard B4.01a** (provided 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 align with what is expected and taught)

No further information requested.

March 2022 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2024 (Final Provisional). Maximum class size: 50.

Report due May 11, 2022 (*Standards*, 5th edition):

- **Standard A2.16a** (lacked evidence the program verifies and documents that all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are board specialty certified in their area of instruction)
- **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)

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.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)

June 2021

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

- Changes in response to COVID-19. 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.

Program Change: Change in program length (27 to 28 months) effective August 30, 2021. The commission **acknowledges the proposed change**. No further information requested.

March 2020

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

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- **Standard C3.01** (provided evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes). No further information requested.

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

- **Standard B1.08** (provided evidence the curriculum provides opportunities for all students to apply principles of interprofessional practice in an interprofessional team setting). No further information requested.

June 2019

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 50 students in the first class of students, 50 in the second class and 50 in the third class.

Report due August 14, 2019 (*Standards*, 4th edition) -

- **Standard B1.08** (lacked evidence the curriculum provides opportunities for all students to apply principles of interprofessional practice in an interprofessional team setting).

Due December 3, 2019 (*Standards*, 4th edition) -

- **Standard C3.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes).