

Fairleigh Dickinson University Accreditation History

First accredited: September 2021

Next review: July 2036

Maximum class size: 40

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July 2026 (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. The commission noted 9 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: July 2036. Maximum class size: 40.

Report due September 1, 2026:

- Update SCPE data in Program Management Portal

Report due November 1, 2026 (*Standards*, 5th edition-program will respond in 6th):

- **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 A2.09h** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.)
- **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)

Report due July 1, 2027 (*Standards*, 5th edition-program will respond in 6th) 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.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)

No report due:

- **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)

January 2026

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

- Description of current clinical year curriculum listing all required clinical year courses, including required and elective rotations; description of the vetting process used to determine how preceptors not board-certified or not board certified in their area of instruction were deemed appropriate for supervising students in the specific rotation discipline; description of how the program aligns student assessments with what the program expects of a student on SCPEs); and description of how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner.

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No further information requested as the program will have the opportunity to demonstrate compliance at its upcoming site visit in March 2026.

The commission noted 1 new observation. No report due as the program will have the opportunity to demonstrate compliance at its upcoming site visit in March 2026.

- **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 that align with what is expected and taught)

March 2025

The commission **reviewed and additional information requested** of the report addressing 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 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 A3.12d** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07b** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard C2.01b** (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 patient populations)

Additional information (description of current clinical year curriculum listing all required clinical year courses, including required and elective rotations; description of the vetting process used to determine how preceptors not board-certified or not board certified in their area of instruction were deemed appropriate for supervising students in the specific rotation discipline; description of how the program aligns student assessments with what the program expects of a student on SCPEs); and description of how the program will determine each student has met the program's expected SCPE learning outcomes and monitors the progress of each student to promptly identify and document deficiencies in a timely manner) due August 3, 2025.

September 2024

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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 2024 (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: June 2026 (Final Provisional). Maximum class size: 40.

The program received a Warning Letter regarding

- The program's significant attrition in program leadership and principal faculty that occurred between May and October 2023.
- The program's submitted self-study report demonstrated substantive deficiencies in data collection, critical analysis, and documentation of analysis leading to conclusions that identified strengths, areas needing improvement and actions plans.
- The sponsoring institution's lack of requisite oversight of the program in ensuring effective leadership and support for program assessment.

Report due October 1, 2024 (*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 A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.12d** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses 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)

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

- **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)

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- **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)

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 2022

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

- Curriculum includes instruction in physiology and application of this medical science to clinical practices

No further information requested.

March 2022

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

- **Standard B.02b** (lacked evidence the curriculum includes instruction in physiology)

Additional information (evidence the curriculum includes instruction in physiology and application of this medical science to clinical practices) due February 28, 2022.

September 2021

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 40.

Report due December 1, 2021 (*Standards*, 5th edition) -

- **Standard B.02b** (lacked evidence the curriculum includes instruction in physiology).

No report due (*Standards*, 5th edition) -

- **Standard A3.14** (lacked evidence the program will make admission decisions in accordance with published practices; corrected subsequent to the visit),
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences [SCPEs] occur with physicians specialty board certified in their area of instruction; corrected subsequent to the visit) and
- **Standard B4.01a** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected of students and taught; corrected subsequent to the visit).