

Utah Valley University Accreditation History

First accredited: June 2021

Next review: July 2036

Maximum class size: 30

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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 17 areas of noncompliance with the *Standards* and 1 new observation from the commission.

Next Comprehensive Evaluation: July 2036. Maximum class size: 30.

Report due September 18, 2026:

- Update Graduation Rate Table on program website

Report due September 18, 2026 (*Standards*, 5th edition-program will respond in 6th):

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

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

- **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 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 October 1, 2028 (*Standards*, 5th edition-program will respond in 6th) modified self-study report:

- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)

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- **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)
- **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)

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)

Commission observation response due October 1, 2028 (*Standards*, 6th edition):

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

March 2025

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

- Updates to the program's website.

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: 30.

Report due October 1, 2024:

- Update Attrition Table on program website

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)

June 2021

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Next review: July 2036

Maximum class size: 30

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Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 30.

Report due February 10, 2022 (*Standards*, 5th edition) -

- **Standard B4.03b** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify each student meets the program competencies including clinical reasoning and problem-solving abilities).

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

- **Standard A2.12** (lacked evidence at the time of the site visit that the medical director is an active participant in the program; corrected subsequent to the visit).

June 2022

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

- **Standard B4.03b** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify each student meets the program competencies including clinical reasoning and problem-solving abilities).

Additional information (how the program documents its summative evaluation process within the last four months of the program to verify each student meets the program competencies.) due July 1, 2022.

September 2022

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

- How the program documents its summative evaluation process within the last four months of the program to verify each student meets the program competencies.

No further information requested.