

Wagner College Accreditation History

First accredited: April 1996
Next review: October 2029
Maximum class size: 40
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July 2026

Focused Visit; The commission noted 11 areas of noncompliance with the *Standards*.

Report due September 14, 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 A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **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 August 31, 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.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)

June 2025

The commission **did not accept the report** providing evidence of

- Resubmitted modified Self-Study Report.

The program received a Warning Letter regarding concerns about the program's ability to accurately and succinctly document its self-assessment process.

March 2025

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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March 2023

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

- Resubmitted modified Self-Study Report.

Additional information (resubmitted full Self-Study Report) due December 1, 2024

March 2022

The commission **did not accept** the report addressing 5th edition

- **Standards C2.01b-c, e**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and e) self-identified program strengths and areas in need of improvement).

Additional information (resubmitted modified Self-Study Report) due September 23, 2022

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.

September 2021

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

- Update on the class of 2021, upon graduation, of the change in rotation length in response to COVID-19. No further information requested.

September 2020

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

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

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 2020

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

- The proposed plan in response to COVID-19.

Additional information (update for the class of 2021 on graduation, include sample rotation syllabus) due June 15, 2021.

March 2020

The commission **did not accept the report** addressing 4th edition

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

Report due May 11, 2020 (*Standards*, 4th edition) -

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

September 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum Class Size: 40.

Report due December 15, 2019 (*Standards*, 4th edition) -

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

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

- **Standards C2.01b-c, e**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program and e) self-identified program strengths and areas in need of improvement).

March 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.

April 2016

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2016 to September 2019 due to this change.

September 2015

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

- Technology resources, including capacity of computer labs. No further information requested.

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

- Technology resources.

Additional information (technology resources, including capacity of computer labs) due August 1, 2015.

March 2015

Program Change: Change in class size (30 to 40), effective June 1, 2015. The commission **approved the proposed change**. Additional information (report on technology resources) due May 1, 2015.

March 2012

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

- **Standard A1.07** (provided evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),
- **Standard A3.14** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students first time PANCE rates for the five most recent graduating classes) and

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- **Standards B3.03a-d** (provided evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program-defined requirements). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 60.

Report due December 31, 2011 (*Standards*, 4th edition) -

- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students),
- **Standard A3.14** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students first time PANCE rates for the five most recent graduating classes) and
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program-defined requirements).

September 2009

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

- **Standard A3.03** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard A3.07g** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- **Standards C1.01a-b, d and g** (provided evidence the program regularly collects and analyzes a) estimates of all costs related to the program, b) faculty attrition, d) student evaluations of individual didactic courses, clinical experiences, and faculty and g) graduate performance on the PANCE) and
- **Standards C2.01b1-5 and 7** (provided evidence the self-study report documents b1) student attrition, deceleration and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations, b4) student evaluations of individual didactic courses, clinical experiences and faculty, b5) graduate evaluations of curriculum and program effectiveness and b7) the most recent five-year first time and aggregate graduate performance on the PANCE). No further information requested.

September 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 60.

Report due July 10, 2009 (*Standards*, 3rd edition) -

- **Standard A3.03** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard A3.07g** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),

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- **Standards C1.01a-b, d and g** (lacked evidence the program regularly collects and analyzes a) estimates of all costs related to the program, b) faculty attrition, d) student evaluations of individual didactic courses, clinical experiences, and faculty and g) graduate performance on the PANCE) and
- **Standards C2.01b1-5 and 7** (lacked evidence the self-study report documents b1) student attrition, deceleration and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations, b4) student evaluations of individual didactic courses, clinical experiences and faculty, b5) graduate evaluations of curriculum and program effectiveness and b7) the most recent five-year first time and aggregate graduate performance on the PANCE).

March 2007

The commission **did not accept the report** providing evidence of

- Graduate survey, description of self-study process, documentation of evaluation of students and of clinical experience sites and most recent affiliation agreement. No further information requested; will be reviewed during next comprehensive evaluation.

September 2006

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

- **Standard A2.10** (provided evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A5.1** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard A5.12c** (provided evidence student files include documentation of remediation and/or disciplinary action),
- **Standard A5.15** (provided evidence the program has a current curriculum vitae for each course director),
- **Standards C2.2e and f** (provided evidence the self-study report includes critical analysis of e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standards C4.1b and f** (lacked evidence the self-study report documents b) outcome data analysis and f) response to the last accreditation citations),
- **Standard C5.1** (provided evidence written criteria for successful progression to and completion of each segment of the curriculum and for graduation is given to each student upon enrollment),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences).

Additional information (graduate survey, description of self-study process, documentation of evaluation of students and of clinical experience sites and most recent affiliation agreement) due January 12, 2007.

March 2006

The commission **did not accept the report** providing evidence of

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- The affiliation agreement. A focused site visit to be conducted and results reviewed in September 2006.

September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2008. Maximum Student Capacity: 60.

Report due January 13, 2006

- Copy of affiliation agreement between Wagner College and Staten Island University Hospital.

Due July 14, 2006 (*Standards*, 2nd edition) -

- **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A5.1** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard A5.12c** (lacked evidence student files include documentation of remediation and/or disciplinary action),
- **Standard A5.15** (lacked evidence the program has a current curriculum vitae for each course director),
- **Standards C2.2e and f** (lacked evidence the self-study report includes critical analysis of e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standards C4.1b and f** (lacked evidence the self-study report documents b) outcome data analysis and f) response to the last accreditation citations),
- **Standard C5.1** (lacked evidence written criteria for successful progression to and completion of each segment of the curriculum and for graduation is given to each student upon enrollment),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences).

September 2004

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

- Regional accreditation approval, tuition, course descriptions and start date. No further information requested.

March 2004

Program Change: Change in degree awarded (baccalaureate to a master's degree). The commission **acknowledged the proposed change**. Additional information (regional accreditation approval, tuition, course descriptions and start date) due July 15, 2004.

March 2001

The commission **accepted the report** addressing 1st edition

- **Standard I A 3** (provided evidence that program sponsorship is clearly described/documented in a manner that facilitates clarity or origin, administration, instruction, supervision, and implementation of the program, policies, and procedures),

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- **Standard I C 1** (provided evidence that technical standards are available and readily accessible to prospective students and the public),
- **Standard I D 1 a** (provided evidence recruitment material, announcements, and advertising consistently or accurately reflect the program offered) and
- **Standard I D 1 c** (provided evidence published academic credit and costs to the student are consistently or routinely made available to prospective applicants). No further information requested.

September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2005.

Report due January 15, 2001 (*Standards*, 1st edition) -

- **Standard I A 3** (lacked evidence that program sponsorship is clearly described/documented in a manner that facilitates clarity or origin, administration, instruction, supervision, and implementation of the program, policies, and procedures),
- **Standard I C 1** (lacked evidence that technical standards are available and readily accessible to prospective students and the public),
- **Standard I D 1 a** (lacked evidence recruitment material, announcements, and advertising consistently or accurately reflect the program offered) and
- **Standard I D 1 c** (lacked evidence published academic credit and costs to the student are consistently or routinely made available to prospective applicants).

September 1998 (Wagner College/Staten Island University Hospital)

Accreditation-Continued; Next Comprehensive Evaluation: September 2000.

Report due February 1, 1999 (*Standards*, 1st edition) -

- **Standard I C 1** (lacked evidence the program defines, publishes and makes readily accessible to prospective students admissions criteria),
- **Standard I E 1** (lacked evidence of documentation for a plan to secure information regarding program graduate outcomes) and
- **Standard I E 3** (lacked evidence the self-study report documents the process of self-evaluation, the outcomes data, and the program modifications that occurred as a result of the self-evaluation).

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1996 by CAAHEP is not available.