**Alvernia University**
**Accreditation History**

First accredited: March 2024
Next review: October 2028
Maximum class size: 30


October 2026

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Effective sponsoring institutional support for program assessment
- Effective sponsoring institutional support for hiring faculty and staff
- Effective sponsoring institutional support for complying with the ARC-PA accreditation Standards and policies
- Effective sponsoring institutional support for documenting security and safety measures for PA students at clinical sites
- Program director knowledge and leadership, including program self-assessment and adherence to the Standards
- Effective institutional support for maintaining sufficient clinical sites
- Program website accurately publishing and advertising its admissions preferences
- Didactic and clinical syllabi that contain learning outcomes and instructional objectives in measurable terms that guide the students' acquisition of required competencies and can be assessed to identify and address deficiencies
- Sufficiency of faculty and staff
- Clinical instructional faculty sufficiency, knowledge, and qualifications
- Preceptor vetting to meet all program requirements for the discipline, including certification and license information
- Initial and ongoing evaluation of clinical sites and preceptors
- Preceptors and clinical site evaluations for physical facilities, patient populations, and supervision
- A well-defined continuous self-assessment process that assessed the required programmatic components
- Implementation and documentation of an ongoing self-assessment process, including data collection and analysis that lead to conclusions and related action plans
- Submission of ARC-PA reports and documents completely and correctly

The commission noted 42 areas of noncompliance with the *Standards*. An initial focused visit will occur in advance of the July 2027 commission meeting, and a focused probation visit will occur in advance of the October 2028 commission meeting. The program's maximum class size remains 30. The program did not appeal the commission's decision.

Report due November 30, 2026:

- Update SCPEs in Program Management Portal

Report due January 15, 2027 (*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 A1.02b*** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)

- ***Standard A1.02g*** (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- ***Standard A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A1.10a*** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard A2.01*** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.
- ***Standard A2.03*** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***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 A2.13a*** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- ***Standard A2.13b*** (lacked evidence instructional faculty is knowledgeable in course content and effective in teaching assigned subjects)
- ***Standard A2.16*** (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***Standard A2.18b*** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- ***Standard A3.12f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)
- ***Standard A3.13a*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- ***Standard A3.14*** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.
- ***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 B2.15c*** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)

- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***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 B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B3.07g*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- ***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)
- ***Standard C2.01a*** (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 physical facilities)
- ***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)
- ***Standard C2.01c*** (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 supervision)

No report due (program will have an opportunity to demonstrate compliance through submission of a full self-study report in the final provisional and probation application and site visit):

- ***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 C1.01f*** (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)
- ***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)
- ***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 next submission):

- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

<u>March 2024</u>

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards.* Next Comprehensive Evaluation: September 2026 (Provisional Monitoring). The program is approved for up to 30 students. The commission noted zero areas of noncompliance with the *Standards*.