Arizona School of Health Sciences
Accreditation History

First accredited: October 1996
Next review: April 2034
Maximum class size: 100

October 2026
The commission **Accepted** the report addressing 5th edition

- ***Standard B4.01a*** (provided 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*** (provided 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)

No further information required.

April 2026 (following Probation review)
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 2 areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: April 2034. Maximum class size: 100.
Report due June 29, 2026 (*Standards*, 5th edition):

- ***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)

September 2025
The commission **Accepted** the report providing evidence of

- the program defines, publishes, and makes readily available to enrolled and prospective students the estimates of all costs (tuition, fees, etc.) related to the program, description of how the program defines and publishes learning outcomes and instructional objectives that address clinical/technical skills and procedures within the required SCPEs, in measurable terms that can be assessed and that guide student acquisition of required competencies, expected learning outcomes for each SCPE, description of how the program conducts and documents its summative evaluation within the last four months of the program

No further information requested.

March 2025
The commission **reviewed and more information requested** of the report addressing 5th edition

- ***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 B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes 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 B4.03b*** (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 clinical reasoning and problem-solving abilities)

Additional information (evidence that the program defines, publishes, and makes readily available to enrolled and prospective students the estimates of all costs (tuition, fees, etc.) related to the program, description of how the program defines and publishes learning outcomes and instructional objectives that address clinical/technical skills and procedures within the required SCPEs, in measurable terms that can be assessed and that guide student acquisition of required competencies, expected learning outcomes for each SCPE, description of how the program conducts and documents its summative evaluation within the last four months of the program.) due May 23, 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 A1.11a*** (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 A2.09d*** (provided evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A3.03*** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- ***Standard A3.12g*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- ***Standard A3.15b*** (provided evidence the program defines, publishes and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program*)*
- ***Standard A3.15c*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration*)*
- ***Standard B3.03a*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)

- ***Standard B3.03c*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)
- ***Standard B3.03d*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, postoperative care)
- ***Standard B3.03e*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B4.01a*** (provided 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)
- ***Standard B4.01b*** (provided 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)

<u>March 2024</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Sponsoring institutional responsibility for supporting the planning by program faculty in program assessment.
- Sponsoring institutional support for the program in having a documented action plan for diversity, equity and inclusion.
- The program director's knowledge of programmatic review and analysis.
- Making readily available to prospective and/or enrolled students, policies related to the solicitation of clinical sites, estimates of all program costs, program required competencies, deadlines for program completion, and policy and procedure for deceleration.
- Learning outcomes and instructional objectives defined in measurable terms for the clinical courses that would guide student acquisition of required competencies.
- Supervised clinical practice experiences that would enable all students to meet the program's learning outcomes related to acuity of care, care across the lifespan, women's health, surgical management, and behavioral health conditions.
- Evaluation of student performance in meeting learning outcomes that are aligned with what is expected and taught and that allow the program to identify and address student deficiencies in a timely manner.
- Summative evaluation of students that assessed student attainment of program competencies specific to clinical reasoning and problem-solving abilities.
- Implementation of an ongoing self-assessment process that included critical data analysis with application of results to identify program strengths, areas in need of improvement, and action plans.
- Submission of the application and associated documents as required by the ARC-PA.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 100. The program requested reconsideration of the commission's action. The action was upheld.
Report due June 15, 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 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 A2.09d*** (lacked evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A3.03*** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- ***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 A3.12g*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- ***Standard A3.15b*** (lacked evidence the program defines, publishes and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program*)*
- ***Standard A3.15c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration*)*
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes 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 B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)

- ***Standard B3.03d*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, postoperative care)
- ***Standard B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***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)
- ***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 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 that each student meets the program competencies required to enter clinical practice, includingclinical reasoning and problem-solving abilities)

Report due June 9, 2025 (*Standards*, 5th edition) 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 C1.01d*** (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 C1.02b*** (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)

Arizona School of Health Sciences
Accreditation History

March 2023
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 2022
The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

Program Change: Increase maximum entering class size to 100 students. The commission **approved the program's proposed change** effective July 10, 2023. No further information requested.

June 2021
Program Change: Change in class size (one-time temporary increase from 70 to 73 students for year-two cohort), effective July 6, 2021. The commission **approved the proposed change**. No further information requested.

March 2021
The commission **approved the request** for a one-time temporary increase in class size (70 to 72), effective July 6, 2021, to accommodate students from another program. No further information requested.

June 2020
The commission acknowledged the report providing evidence of

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students successfully completed both the learning outcomes and the program) due September 20, 2020.

March 2020
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 2018
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.

March 2018
Program Change: Change in graduation requirements (quarter to semester-based calendar), effective July 15, 2019. The commission **acknowledged the proposed change**. No further information requested.

May 2016
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2021 to March 2024 due to this change.

March 2016
The commission **accepted the modified Self-Study Report**

- Self-study and assessment process provided evidence of critical analysis of data intended to measure outcomes or results. No further information requested.

March 2015
The commission accepted the report addressing 4th edition

- ***Standard B3.02*** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- ***Standards B3.03a-d*** (provided evidence of SCPEs providing 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) and
- ***Standard B3.07f*** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health); No further information requested.

March 2014
Accreditation-Continued; Next Comprehensive Evaluation: March 2021.
Maximum class size: 70.
Report due December 1, 2014 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- ***Standards B3.03a-d*** (lacked evidence of SCPEs providing 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) and
- ***Standard B3.07f*** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health); and

Due December 1, 2015 -

- **Modified Self-Study Report (mSSR)** (lacked evidence of a self-study and assessment process that included critical analysis of data intended to measure outcomes or results).

March 2013
The commission **accepted the report** addressing 4th edition

- ***Standard A1.04*** (provided evidence of the sponsoring institution providing clinical experience),
- ***Standard A1.11*** (provided evidence of the sponsoring institution supporting the program in securing sufficient clinical sites),
- ***Standard A2.14*** (provided evidence of sufficient instructional faculty),
- ***Standard B3.02*** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),

- ***Standard B3.03b*** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking women's health),
- ***Standards B3.04b-c*** (provided evidence of SCPEs in the emergency department and inpatient settings) and
- ***Standards B3.07c, e*** (provided evidence of SCPEs with preceptors practicing in general surgery and ob/gyn). No further information requested.

May 2012
The program requested reconsideration of the commission's action to withdraw accreditation. The reconsideration panel voted to modify the initial decision of the commission and to place the PA program on Accreditation-Probation until its next comprehensive review in March 2014.
Report due December 31, 2012 (Standards, 4th edition) -

- ***Standard A1.04*** (lacked evidence of the sponsoring institution providing clinical experience),
- ***Standard A1.11*** (lacked evidence of the sponsoring institution supporting the program in securing sufficient clinical sites),
- ***Standard A2.14*** (lacked evidence of sufficient instructional faculty),
- ***Standard B3.02*** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),
- ***Standard B3.03b*** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking women's health),
- ***Standards B3.04b-c*** (lacked evidence of SCPEs in the emergency department and inpatient settings) and
- ***Standards B3.07c, e*** (lacked evidence of SCPEs with preceptors practicing in general surgery and ob/gyn).

March 2012
Adverse Action-Withdraw Accreditation.
The commission **did not accept** the report addressing 3rd/4th edition

- ***Standard A1.04*** (lacked evidence of the sponsoring institution providing clinical instruction),
- ***Standards A2.17/A2.14*** (lacked evidence of sufficiency of faculty and instructors for clinical experiences),
- ***Standards B1.04/B1.07*** (lacked evidence of the program assisting students in becoming critical thinkers),
- ***Standards B7.01/B3.02*** (lacked evidence of the program providing clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standards B7.03b-e/B3.03b-d, B3.02 & B3.04*** (lacked evidence that every student has supervised clinical practice experiences with patients seeking b) prenatal care and women's health care, c) care for conditions requiring inpatient surgical management, d) care for conditions requiring emergency management, e) care for psychiatric/behavioral conditions),
- ***Standards B7.04b-e/B3.04b-d*** (lacked evidence that supervised clinical practice experiences are provided in b) emergency room/department, c) inpatient, d) operating room, e) long-term care),

- ***Standards B7.05a, d, f, g/B3.07c, e, f*** (lacked evidence that supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in a) emergency medicine, d) general surgery, f) psychiatry and g) obstetrics and gynecology),
- ***Standard C1.02*** (lacked evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program), and
- ***Standard A1.11*** (4th edition) (lacked evidence of the sponsoring institution supporting the program in securing sufficient numbers of clinical sites and preceptors).

September 2011
The commission reviewed the report of the focused visit. Program reminded of December 2011 report.

March 2011
Accreditation-Continued; Next Comprehensive Evaluation: March 2014. The program's maximum aggregate student enrollment remains 186. Program will undergo a focused visit.
Report due December 31, 2011 (Standards, 3rd/4th edition) -

- ***Standard A1.04*** (lacked evidence of the sponsoring institution providing clinical instruction),
- ***Standards A2.17/A2.14*** (lacked evidence of sufficiency of faculty and instructors for clinical experiences),
- ***Standards B1.04/B1.07*** (lacked evidence of the program assisting students in becoming critical thinkers),
- ***Standards B7.01/B3.02*** (lacked evidence of the program providing clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standards B7.03b-e/B3.03b-d, B3.02 & B3.04*** (lacked evidence that every student has supervised clinical practice experiences with patients seeking b) prenatal care and women's health care, c) care for conditions requiring inpatient surgical management, d) care for conditions requiring emergency management, e) care for psychiatric/behavioral conditions),
- ***Standards B7.04b-e/B3.04b-d*** (lacked evidence that supervised clinical practice experiences are provided in b) emergency room/department, c) inpatient, d) operating room, e) long-term care),
- ***Standards B7.05a, d, f, g/B3.07c, e, f*** (lacked evidence that supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in a) emergency medicine, d) general surgery, f) psychiatry and g) obstetrics and gynecology),
- ***Standard C1.02*** (lacked evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program), and
- ***Standard A1.11*** (4th edition) (lacked evidence of the sponsoring institution supporting the program in securing sufficient numbers of clinical sites and preceptors).

September 2008
The commission **accepted the report** providing evidence of

- Clinical sites and preceptors. No further information requested.

September 2007
The commission **accepted the report** addressing 2nd edition

- ***Standard C5.3*** (provided evidence of student evaluation during clinical experiences). No further information requested.

Program Change: Change in length of program (24 to 26 months), effective June 2006. The commission **acknowledged the proposed change**. Additional information (clinical sites and preceptors) due July 11, 2008.

March 2007
The commission **accepted the report** addressing 2nd edition

- ***Standard B6.2e*** (provided evidence that every student had a clinical experience in general surgery) and
- ***Standard B6.3*** (provided evidence that every student had clinical experiences in inpatient and long-term care settings). No further information requested.

September 2006
Accreditation-Continued; Next Comprehensive Evaluation: September 2010. The program's maximum aggregate student enrollment remains 186.
Reports due January 12, 2007 (Standards, 2nd edition) -

- ***Standard B6.2e*** (lacked evidence that every student had a clinical experience in general surgery) and
- ***Standard B6.3*** (lacked evidence that every student had clinical experiences in inpatient and long-term care settings) and

Due July 13, 2007 -

- ***Standard C5.3*** (lacked evidence of student evaluation during clinical experiences).

March 2006
Program Change: Change in maximum student enrollment (134 to 186), effective June 2006. The commission **acknowledged the proposed change**. No further information requested.

September 2005
Program Change: Change in maximum student enrollment (120 to 134), effective August 2005. The commission **acknowledged the proposed change**. No further information requested.

March 2005
The commission **acknowledged the report** providing evidence of

- Addressing differences in student performance. No further information requested.

September 2004
The commission **acknowledged the report** providing evidence of

- Student performance.

Additional information (plan for addressing differences in student performance) due January 14, 2005.

March 2004
The commission **acknowledged the report** addressing 2nd edition

- ***Standard C4.1b*** (provided evidence of analysis of outcome data, including PANCE results, comparison of student performance/attrition/course failure rates/deceleration/remediation in the three separate tracks, course failure rates in the self-study report),
- ***Standard E1.1*** (provided evidence of equivalency of course content, student experience, and access to didactic and laboratory materials at geographically separate campuses),
- ***Standard E1.2*** (provided evidence of sites used during supervised clinical practice meeting the program's prescribed clinical course learning objectives and performance evaluation measures),
- ***Standard E2.1*** (provided evidence of the equivalency of policies among the three tracks) and
- ***Standard E2.2*** (provided evidence of the equivalency of services and resources for students and faculty at geographically separate campuses).

Additional information (student performance) due July 15, 2004.

September 2003
Accreditation-Continued; Next Comprehensive Evaluation: September 2006. The program is approved for up to 120 students.
Report due January 15, 2004 (Standards, 2nd edition) -

- ***Standard C4.1b*** (lacked evidence of analysis of outcome data, including PANCE results, comparison of student performance/attrition/course failure rates/deceleration/remediation in the three separate tracks, course failure rates in the self-study report),
- ***Standard E1.1*** (lacked evidence of equivalency of course content, student experience, and access to didactic and laboratory materials at geographically separate campuses),
- ***Standard E1.2*** (lacked evidence of sites used during supervised clinical practice meeting the program's prescribed clinical course learning objectives and performance evaluation measures),
- ***Standard E2.1*** (lacked evidence of the equivalency of policies among the three tracks) and
- ***Standard E2.2*** (lacked evidence of the equivalency of services and resources for students and faculty at geographically separate campuses).

Personnel Change: The program notified the commission of the new program director and the new medical director.

March 2003
Informational Item: The program director notified the commission that the Arizona School of Health Sciences will continue to sponsor the PA program under A.T. Still University of Health Sciences (formerly Kirksville College of Osteopathic Medicine).

Personnel Change: The program notified the commission of an interim medical director.

September 2002
The commission **accepted the report** providing evidence of

- Educational equivalency, student performance, detailed budget, relationship of directors of preclinical and clinical education to the program director(s).

Additional information to be included in next application for continuing accreditation.

Program Change: The commission **acknowledged the program's plans** to incorporate an extended track (Extended Physician Assistant Program [EPAP]) in addition to the full-time program, effective September 2002. The program will be expected at its next site visit to provide additional information.

March 2002

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

- Clinical rotations.

Additional information (educational equivalency, student performance, detailed budget, relationship of directors of pre-clinical and clinical education to the program director[s]), due July 2002.

March 2001

The commission accepted the report addressing 1st edition

- ***Standard I B 1 d*** (provided evidence of sufficient clerical and support staff),
- ***Standard I E 1 c*** (provided evidence of employer surveys being conducted) and
- ***Standard I E 3*** (provided evidence of the self-study process documenting the process of self-evaluation).

Additional information (clinical rotations) due February 1, 2002.

September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2003.
Report due January 15, 2001 (Standards, 1st edition) -

- ***Standard I B 1 d*** (lacked evidence of sufficient clerical and support staff),
- ***Standard I E 1 c*** (lacked evidence of employer surveys being conducted) and
- ***Standard I E 3*** (lacked evidence of the self-study process documenting the process of self-evaluation).

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1996 by CAHEA and subsequent accrediting organizations is not available.