Bethel University
Accreditation History

First accredited: March 2013
Next review: July 2028
Maximum class size: 40

October 2026

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.

July 2026

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

- Institutional support for program self-assessment, ensuring effective program leadership and compliance with ARC-PA accreditation standards and policies.
- Institutional support to provide the program with the principal faculty to meet the needs of the students.
- Institutional support to support the program in securing clinical sites and preceptors to allow students to meet learning outcomes for supervised clinical practice experiences.
- Evidence of a program director who is both knowledgeable of, and responsible for, continuous programmatic review and analysis, completion of ARC-PA documents, and ensuring compliance with ARC-PA accreditation requirements.
- Comprehensive clinical course syllabi that identified topics, learning outcomes and instructional objectives to guide student acquisition of required competencies and a plan for grading.
- Evidence that all physician and PA preceptors were certified in their area of instruction and that other health care professionals met program defined qualifications.
- Evidence that all supervised clinical practice experiences (SCPEs) enabled each student to meet program defined learning outcomes.
- Evidence of ongoing data collection and implementation of critical analysis of data to identify program strengths, areas in need of improvement, and action plans to foster programmatic improvement.
- A self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.
- Complete and accurate submission of reports or documents as required by the ARC-PA.

The commission noted 44 areas of noncompliance with the *Standards* and one new observation by the commission. A focused probation visit will occur in advance of the July 2028 commission meeting. The program's maximum class size remains 40. The program did not appeal the commission's decision.
Report due September 16, 2026:

- Update personnel data in Program Management Portal.

Report due October 16, 2026 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A1.01*** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- ***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 A2.04*** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.
- ***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 A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard B2.11a*** (lacked evidence the curriculum includes instruction in death, dying and loss areas of social and behavioral sciences and their application to clinical practice)
- ***Standard B2.11g*** (lacked evidence the curriculum includes instruction in the violence identification and prevention area of social and behavioral sciences and its application to clinical practice)
- ***Standard B2.17e*** (lacked evidence the curriculum includes instruction about the PA profession to include the PA relationship with the physician and other health care providers)
- ***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 B3.04b*** (lacked evidence supervised clinical practice experiences occur in the inpatient setting)
- ***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 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)

Report due January 22, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***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 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 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 B1.03f*** (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, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***Standard B1.03g*** (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, methods of student assessment/evaluation)
- ***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 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)
- ***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)

Report due September 6, 2027 (*Standards*, 5th edition-program will respond in 6th) modified self-study report:

- ***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)
- ***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 C1.02a*** (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 (the institution will be expected to demonstrate compliance at its Probation review):

- ***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)

No report due (addressed in separate standard in 6th edition):

- ***Standard B1.04b*** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- ***Standard B4.04b*** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students)

No report due (not required for 6th edition):

- ***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)

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)

Commission observation response due January 22, 2027 (*Standards*, 6th edition):

- ***Standard B3.06e*** (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for pediatrics, including care for infants, children, and adolescents)

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.

March 2024
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 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.

March 2022
Program Change: Increase maximum entering class size to 40 students, effective June 1, 2023. The commission **approved the program's proposed change**. No further information requested.

September 2021
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 2020
The commission **acknowledged the report** providing evidence of

- Update regarding changes in response to COVID-19. No further information requested.

June 2020
The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19. No further information requested.

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.

March 2017
The commission **accepted the report** addressing 4th edition

- ***Standard B1.08*** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams) and
- ***Standard C3.04*** (provided 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 is prepared to enter clinical practice). No further information requested.

September 2016
Accreditation-Continued; Next Comprehensive Evaluation: September 2026. The program is approved for 32 students.
Report due January 13, 2017 (*Standards*, 4th edition) -

- ***Standard B1.08*** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams) and
- ***Standard C3.04*** (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 is prepared to enter clinical practice).

September 2015
The commission **accepted the report** addressing 4th edition

- ***Standard A1.09*** (lacked evidence of instructional objectives that guide student acquisition of required competencies for each didactic and clinical course).

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

- Updated website with program's success in achieving goals. No further information requested.

March 2015
Accreditation-Provisional; Next Comprehensive Evaluation: September 2016. The program is approved for 32 students in the third class.
Report due June 1, 2015 (*Standards*, 4th edition) -

- ***Standard A1.09*** (lacked evidence of instructional objectives that guide student acquisition of required competencies for each didactic and clinical course), and
- Update website with program's success in achieving goals.

March 2014
The commission **accepted the report** providing evidence of

- Each didactic and clinical course. No further information requested.

Bethel University
Accreditation History

September 2013

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

- ***Standard A1.09*** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- ***Standard A2.14*** (provided evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- ***Standard B1.09*** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies), and
- ***Standard D1.07*** (provided evidence the program has identified prospective clinical sites sufficient in number to meet the needs of the number of anticipated students).

Additional information (listing of each didactic and clinical course) due December 6, 2013.

May 2013

The program requested reconsideration of the commission's action to withhold accreditation. The commission's decision was reversed by the Reconsideration Review Panel; the program was granted Accreditation-Provisional; Next Comprehensive Evaluation: March 2015. The program is approved for 32 students in the first class of students, 32 in the second class and 32 in the third class.
Report due June 28, 2013 (*Standards*, 4th edition) -

- ***Standard A1.09*** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- ***Standard A2.14*** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- ***Standard B1.09*** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies), and
- ***Standard D1.07*** (lacked evidence the program has identified prospective clinical sites sufficient in number to meet the needs of the number of anticipated students).

March 2013

Adverse Action-Withheld Provisional Accreditation