Carlow University
Accreditation History

First accredited: March 2022
Next review: October 2028
Maximum class size: 44

<u>October 2026 (following Final Provisional and Probation review)</u>
Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.*
The commission noted nine (9) areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the October 2028 commission meeting. The program's maximum class size remains 44. The commission's decision of extended probation is not appealable.
Report due January 20, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A3.17d*** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)
- ***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)

Report due December 3, 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)

No report due (program is expected to demonstrate its responsibility for complying with the standard with submission of the self-study report prior to the accreditation probation visit):

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

No report due (program demonstrated evidence of compliance with 6th edition requirements in its previously submitted documents):

- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. The program must revise and resubmit the report by January 29, 2027.

The program's PANCE pass rate percentage was 85% or less for its 2025 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. The program must revise and resubmit the report by January 29, 2027.
Report due November 2, 2026:

- Update PANCE pass rate data in program management portal.

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

- Clarification regarding Program Coordinator position, program's SCPE expectations for each required rotation, and SCPE learning outcomes that are assessed by the preceptor for each required rotation.

No further information requested.

The commission **accepted** the report addressing the observation for 6th edition

- ***Standard A2.10*** (lacked evidence the program director supervises all individuals in the roles of *medical director*, principal and *instructional faculty*, and staff in activities that directly relate to the PA program.

and noted 0 areas of noncompliance with the *Standards*.

April 2026
The commission **reviewed and requested additional information** of the report providing evidence of

- The institution and program has hired the additional 1.0 FTE administrative staff position or provide an update, compelling reason for the use of physicians who were not board certified in their area of instruction, SCPE expectations for each required rotation, document(s) necessary to verify the program has a means to determine whether each student has met each component of the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected and in a timely manner.

Additional information (clarification regarding Program Coordinator position, program's SCPE expectations for each required rotation, and SCPE learning outcomes that are assessed by the preceptor for each required rotation) due by January 4, 2027.

Commission observation response due July 6, 2026 (*Standards*, 6th edition):

- ***Standard A2.10*** (lacked evidence the program director supervises all individuals in the roles of *medical director*, principal and *instructional faculty*, and staff in activities that directly relate to the PA program.

August 2025
Accreditation-Administrative Probation. Delinquent in paying annual accreditation fees. Administrative Probation removed post receipt of fees.

June 2025
The commission **reviewed and requested additional information** of the report addressing 5th edition

- ***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 A1.11a*** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)
- ***Standard A2.03*** (provided evidence principal faculty are 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*** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.12*** (provided evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- ***Standard A2.18b*** (provided 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 A3.12b*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- ***Standard A3.12f*** (provided 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 A3.15f*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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 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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (evidence the institution and program has hired the additional 1.0 FTE administrative staff position or provide an update, compelling reason for the use of physicians who were not board certified in their area of instruction, SCPE expectations for each required rotation, document(s) necessary to verify the program has a means to determine whether each student has met

each component of the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected and in a timely manner) due by December 8, 2025.

The commission **accepted** the report addressing 5th edition

- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)

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

- The sponsoring institution's provision to the program with sufficient principal faculty and administrative staff to operate the educational program, comply with *Standards*, and fulfill obligations to matriculating and enrolled students.
- The program's evidence of its effectiveness in meeting published program website goals.
- The program's methods of assessment align with what is expected and taught in the didactic and clinical curriculum.
- The program's methods of assessment in supervised clinical practice experiences monitored and documented the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes in a timely manner.
- A self-assessment process that provided evidence of performance of critical analysis of data and applying results of analysis leading to conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis and linked the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- Submission of the continuing application and associated documents as required.
- Maintenance of program's information in the ARC-PA Program Management Portal.

The commission noted 16 areas of noncompliance with the *Standards*. A focused probation visit will occur in conjunction with the final provisional visit in advance of the September 2026 commission meeting. The program's maximum class size remains 44. The program did not appeal the commission's decision.
Report due January 11, 2025 (*Standards*, 5th edition):

- ***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 A1.11a*** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)
- ***Standard A2.03*** (lacked evidence principal faculty are 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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.12*** (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current practice standards as they relate to the PA role)
- ***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 A3.12b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- ***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 A3.15f*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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 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 that allow the program to identify and address any student deficiencies in a timely manner)

Additional report due January 11, 2025 (*Standards*, 5th edition):

- ***Standard A1.02b*** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***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)
- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

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The commission **accepted** the report addressing 5th edition

- ***Standard B4.01b*** (provided evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)

No further information requested.

March 2022

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 2024 (Provisional Monitoring). The program is approved for up to 44 students.

Report due May 15, 2022 (*Standards*, 5th edition) -

- ***Standard B4.01b*** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)