**Central Michigan University**
**Accreditation History**

First accredited: March 1996
Next review: April 2034
Maximum class size: 60


October 2026
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 **reviewed and requested more information of the report**. Additional information (Clarification of course and instructor evaluations and preceptor feedback) due October 27, 2026.

January 2026 (following Probation review)
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 1 area of noncompliance with the *Standards*.
Next Comprehensive Evaluation: April 2034. Maximum class size: 60.
Report due April 1, 2026:

- Update student attrition data in the program management portal and Graduation Rate Table on website.

No report due (program provided evidence of compliance in response to site visit observations):

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

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

- Updates to the program's website.

No further information requested.

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

- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible for 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 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 A2.16*** (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***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, outline of topics to be covered that align with learning outcomes and instructional objectives*)*
- ***Standard B2.16c*** (lacked evidence the curriculum includes instruction in quality improvement*)*
- ***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 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)

No additional information requested at this time; will be addressed at the next site visit in August 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 A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***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 A2.08b*** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- ***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 A3.12b*** (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 A3.13a*** (provided 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 A3.13c*** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)
- ***Standard A3.14*** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- ***Standard A3.19*** (provided evidence student health records are confidential and not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student*)*
- ***Standard B1.03g*** (provided 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 B2.07b*** (provided evidence the curriculum includes instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including performing complete and focused physical examinations*)*
- ***Standard B2.20a*** (provided evidence the curriculum includes instruction about provider personal wellness including prevention of impairment*)*
- ***Standard B3.06b*** (provided evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B4.03e*** (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 meets the program competencies required to enter clinical practice, including

Report due May 1, 2025:

- Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on program website.

<u>March 2024</u>

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

- The sponsoring institution's responsibility for program assessment, effective leadership, and compliance with ARC-PA accreditation *Standards* and policies.
- The sponsoring institution supporting its commitment to student, faculty and staff *diversity, equity*, and *inclusion*.
- Published policies that were clearly defined and *readily available* to *prospective* and currently enrolled students.

- Accurate and up to date published information on the program's website related to *effectiveness* in meeting the program's *goals*, estimates of costs related to the program, admission and enrollment practices.
- Student academic records kept by the sponsoring institution or program, in paper or electronic format, readily accessible to authorized program personnel and that included documentation that the student has met published admissions criteria.
- Licensed supervised clinical practice experience instructional faculty members that were either board certified in their area of instruction, NCCPA-certified PAs, or licensed healthcare practitioners qualified in their area of instruction *sufficient* to meet the program's clinical cohort size.
- Clinical course syllabi (including *required* and *elective rotations*) with defined and published *learning outcomes* and *instructional objectives*, in measurable terms that can be assessed, and that guide student acquisition of required *competencies* related to professional behaviors.
- The program's methods of assessment in the curriculum aligned with what was expected and taught in the didactic and *supervised clinical practice experience learning outcomes*.
- The program's methods of assessment in *supervised clinical practice experiences* monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills in the specific program defined *learning outcomes*.
- The program's summative evaluation verified each student meets the program's *competencies* required to enter clinical practice, including professional behaviors.
- A fully implemented, ongoing self-assessment process that documented program *effectiveness* and fostered program 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.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 60. The program did not request reconsideration of the commission's action.

Report due October 1, 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 A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- ***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 A2.08b*** (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)

- ***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 A2.16*** (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***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 A3.12b*** (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 A3.13a*** (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 A3.13c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)
- ***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 A3.19*** (lacked evidence student health records are confidential and not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student*)*
- ***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, 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 B2.07b*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including performing complete and focused physical examinations*)*
- ***Standard B2.16c*** (lacked evidence the curriculum includes instruction in quality improvement*)*
- ***Standard B2.20a*** (lacked evidence the curriculum includes instruction about provider personal wellness including prevention of impairment*)*
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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 B4.03e*** (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 professional behaviors)

Report due June 9, 2025 (*Standards*, 5th edition) 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 (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)

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
Program Change: Increase maximum entering class size to 60 students, effective May 8, 2023. The commission **approved the program's proposed change.** No further information required.

September 2021
The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2021
The commission **accepted the report** providing evidence of

- Follow-up for the class of 2020 on graduation, including confirmation all students met all program and supervised clinical practice experience learning outcomes and sufficient number of SCPEs in the portal. No further information requested.

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

- Confirmation that students in the class of 2020 met supervised clinical practice experiences [SCPEs] and program learning outcomes and the program ensured sufficient number of SCPEs are identified in the Program Management Portal. No further information requested.

September 2020
The commission **accepted the report** providing evidence of

- The status of the medical director. 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 after Class of 2020 has graduated regarding students meeting supervised clinical practice experiences [SCPEs] and program learning outcomes and program ensuring sufficient number of SCPEs are identified in the Program Management Portal) due October 1, 2020.

September 2018
The commission **accepted the report** addressing 4th edition

- ***Standards C2.01b-c***, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty

evaluation of the curricular and administrative aspects of the program). No further information requested.

March 2018
The commission **accepted the report** addressing 4th edition

- ***Standard B3.02*** (provided evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- ***Standard B3.03c*** (provided evidence SCPEs provide sufficient patient exposure with patients seeking surgical management). No further information requested.

July 2017
The commission **did not accept the report** addressing 4th edition

- ***Standard B3.02*** (lacked evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- ***Standard B3.03c*** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking surgical management).

Additional information (report as requested for standards B3.02 and B3.03c) due November 17, 2017**.**

May 2017
Program Change: New program director appointed May 15, 2017.

January 2017
The commission **acknowledged the report** providing evidence of

- An update on the program director search. Additional information (program director update) due February 2017.

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

- ***Standard B3.02*** (lacked evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- ***Standard B3.03c*** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking surgical management).

Additional information (report as requested for standards B3.02 and B3.03c) due April 3, 2017.

September 2016
The commission **acknowledged the report** providing evidence of

- An update on the program director search. Additional information (program director update) due November 2016.

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

- SCPEs corrected in the Portal and

- Update on progress toward appointing permanent program director.

Additional information (program director update) due August 5, 2016.

March 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2024. Maximum class size: 40.
Report due May 6, 2016

- Correct supervised clinical practice experiences (SCPEs) in Program Management Portal and
- Update on progress toward appointing permanent program director.

Due August 26, 2016 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence of program expectations for supervised clinical practice experiences [SCPEs] that would enable students to acquire competencies needed for entry into clinical practice) and
- ***Standard B3.03c*** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking surgical management).

Due July 2, 2018 (*Standards*, 4th edition) -

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

September 2014

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

- The action plan which will again be reviewed at the next comprehensive validation visit. No further information requested.

March 2014

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2016 commission meeting. Maximum class size: 40. The program did not appeal the commission's decision.
Report due May 9, 2014

- Action plan for standards identified below.

Due October 2, 2015 (*Standards*, 4th edition) (basis of focused visit) -

- ***Standards A1.03a-c*** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment, b) hiring faculty and staff and c) complying with ARC-PA accreditation *Standards* and policies),
- ***Standard A2.01*** (lacked evidence all faculty possess the educational and experiential qualifications to perform their assigned duties),
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A2.08*** (lacked evidence the program director provides effective leadership and management),
- ***Standards A3.14b and f-g*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its

goals, f) estimates of all costs [tuition, fees, etc.] related to the program and g) policies and procedures for refunds of tuition and fees),

- ***Standard A3.15a*** (lacked evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- ***Standard A3.19b*** (lacked evidence that student files include documentation that the student has met institution and program health screening and immunization requirements),
- ***Standard A3.22b*** (lacked evidence principal faculty records include current curriculum vitae),
- ***Standard B1.08*** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- ***Standard B2.12*** (lacked evidence the program curriculum includes instruction about the role of population health, disease surveillance, reporting, and intervention),
- ***Standard B3.02*** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standards B3.03a and c*** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking a) medical care across the life span and c) surgical management),
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01a-f***, modified Self-Study Report (lacked evidence of a self-study report that documents
  - a) the program process of ongoing self-assessment,
  - b) results of critical analysis from the ongoing self-assessment,
  - c) faculty evaluation of the curricular and administrative aspects of the program,
  - d) modifications that occurred as a result of self-assessment,
  - e) self-identified program strengths and areas in need of improvement and
  - f) plans for addressing areas needing improvement),
- ***Standard C4.01*** (lacked evidence the program has an effective mechanism by which it evaluates new clinical sites and preceptors) and
- ***Standard E1.09e*** (lacked evidence the program informed the ARC-PA in writing prior to implementation of the class size increase).

<u>March 2008</u>

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

- ***Standard B1.06*** (provided evidence the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies for each didactic and clinical course) and
- ***Standards B3.02b and d*** (provided evidence the program provides students with instruction in patient assessment and management, including b) performance of physical examinations across

the life span and d) ordering and interpretation of diagnostic studies). No further information requested.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2014.
Report due July 13, 2007 (*Standards*, 3rd edition) -

- ***Standard B1.06*** (lacked evidence the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies for each didactic and clinical course) and
- ***Standards B3.02b and d*** (lacked evidence the program provides students with instruction in patient assessment and management, including b) performance of physical examinations across the life span and d) ordering and interpretation of diagnostic studies).

March 2004

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

- The program director. No further information requested.

September 2003

Personnel Change: Interim Program Director appointed, effective May 14, 2003. The commission **acknowledged the report**. Additional information (progress in hiring permanent program director) due January 15, 2004.

March 2003

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

- ***Standards A5.17b and c*** (provided evidence clearly defined and published b) policies regarding transfer of credit and c) technical standards are available to prospective students),
- ***Standard B1.4*** (provided evidence the program provides course syllabi for each didactic and clinical course with clearly written measurable instructional objectives and expected student competencies),
- ***Standard C4.1b*** (provided evidence the self-study report documents outcome data analysis of the results of graduate and employer surveys) and
- ***Standard C5.2*** (provided evidence evaluation methods for both didactic and clinical education components are objective and equitable). No further information requested.

**Central Michigan University**
**Accreditation History**



March 2002
Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 80.
Report due January 17, 2003 (*Standards*, 2nd edition) -

- ***Standards A5.17b and c*** (lacked evidence clearly defined and published b) policies regarding transfer of credit and c) technical standards are available to prospective students),
- ***Standard B1.4*** (lacked evidence the program provides course syllabi for each didactic and clinical course with clearly written measurable instructional objectives and expected student competencies),
- ***Standard C4.1b*** (lacked evidence the self-study report documents outcome data analysis of the results of graduate and employer surveys) and

- ***Standard C5.2*** (lacked evidence evaluation methods for both didactic and clinical education components are objective and equitable).

March 1999
The commission **accepted the report** addressing 2nd edition

- ***Standard I C 1*** (provided evidence specific technical standards have been defined and published) and
- ***Standard II B 2 b*** (provided evidence learning objectives in most didactic and clinical courses are adequate to guide student learning). No further information requested.

March 1998
Accreditation-Continued; Next Comprehensive Evaluation: March 2002.
Report due February 1, 1999 (*Standards*, 2nd edition) –

- ***Standard I C 1*** (lacked evidence specific technical standards have been defined and published) and
- ***Standard II B 2 b*** (lacked evidence learning objectives in most didactic and clinical courses are adequate to guide student learning).

March 1996
Accreditation-Provisional; Next Comprehensive Evaluation: March 1998. No additional information available.