Franklin Pierce University – Goodyear, AZ Hybrid Program
Accreditation History

First accredited: June 2022
Next review: April 2027
Maximum class size: 48

October 2026
The commission **accepted** the report providing evidence of:

- How the sponsoring institution will provide sufficient faculty to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students and how the program will determine that each student has met the program's expected SCPE learning outcomes and will monitor the progress of each student to promptly identify and document deficiencies in a timely manner.

No further information required.

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 **accepted the report**. No further information required.

The number of students in the Program Management Portal exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

April 2026
The commission **accepted** the**:**

- Resubmitted PANCE report for 2024 cohort.

No further information required.

January 2026
The commission **reviewed and more information requested** of the report addressing 5th edition:

- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***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 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 B4.01b*** (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)

Additional information (how the sponsoring institution will provide sufficient faculty to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled

students and how the program will determine that each student has met the program's expected SCPE learning outcomes and will monitor the progress of each student to promptly identify and document deficiencies in a timely manner) due July 7, 2026.

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 A1.06*** (provided evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)
- ***Standard A2.09d*** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.12*** (provided evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.
- ***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 A3.17d*** (provided 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 A3.17e*** (provided 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 summaries of any formal academic/behavioral disciplinary action taken against a student)
- ***Standard A3.19*** (provided evidence student health records are confidential and are 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 B2.10c*** (provided evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)
- ***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 C1.01a*** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01b*** (provided evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)

- ***Standard C1.01f*** (provided 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 C2.01a*** (provided 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*** (provided 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*** (provided 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 April 1, 2026:

- Update tuition and fees data in program management portal
- Update accreditation status on program website

The program received a Warning Letter regarding lack of institutional support for complying with the ARC-PA accreditation *Standards* and providing the program with the human resources necessary to operate, meet the academic needs of the enrolled students, and manage the administrative responsibilities consistent with the complexity of the program.

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

- Updated website and Program Portal.

No further information requested.

<u>September 2025</u>
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 **reviewed and more information requested of the report**. Additional information (revised and resubmitted PANCE report) due December 31, 2025.
Report due November 14, 2025:

- Update PANCE report, student attrition/graduation rate and program goal attainment on program website.
- Update campus specific information in the Details tab of the Program Portal.

<u>March 2025 (following Provisional Monitoring review)</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institution did not provide effective support for the program's self-assessment, did not demonstrate responsibility for compliance with the Standards, did not provide sufficient resources to the program, and did not provide sufficient human resources for the program.
- The program did not have a medical director nor sufficient principal faculty.
- The program director did not demonstrate sufficient knowledge about program administration, completing ARC-PA documents, nor knowledge of the Standards.
- The program did not provide evidence that admissions decisions were made in accordance with published practices.
- Student academic records did not include evidence of remediation or disciplinary action.
- Student health records contained HIPAA-protected personal health information that was available in EXAAT.
- The curriculum did not contain evidence of instruction on applying principles of working collaboratively in interprofessional patient-centered teams nor contain learning outcomes related to technical skills for women's health.
- Physician preceptors were not all board certified in their area of instruction, and there was insufficient evidence that all nurse practitioner preceptors were qualified in their area of instruction.
- The program did not provide evidence that the preceptor evaluation of the students consistently identified deficiencies in a timely manner.
- The program did not provide a complete self-assessment process related to administrative aspects of the program and institutional resources, effectiveness of the didactic curriculum, and sufficiency and effectiveness of principal and instructional faculty and staff.
- The program did not consistently describe nor document in the SSR its collection and analysis of data, drawing data-driven conclusions, or making data-driven action plans.
- The program did not provide evidence of initial and ongoing evaluation of approximately 75% of its clinical sites.
- The program did not provide the required documents during the site visit.

The commission noted 34 areas of noncompliance with the *Standards* and 2 new observations by the commission. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 48. The program did not appeal the commission's decision.
Report due September 8, 2025 (*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 A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.06*** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)
- ***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 A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.12*** (lacked evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.
- ***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 A3.17d*** (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 A3.17e*** (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 summaries of any formal academic/behavioral disciplinary action taken against a student)
- ***Standard A3.19*** (lacked evidence student health records are confidential and are 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 B2.10c*** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)
- ***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 B3.06a*** (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 B4.01b*** (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 C1.01a*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01b*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)

- ***Standard C1.01f*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- ***Standard C2.01a*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- ***Standard C2.01b*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- ***Standard C2.01c*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

No report due (program notified ARC-PA of hiring of medical director):

- ***Standard A2.02a*** (lacked evidence the program has program faculty that include the program director, principal faculty, medical director, and instructional faculty)
- ***Standard A2.11a*** (lacked evidence the medical director is a currently licensed allopathic or osteopathic physician)
- ***Standard A2.11b*** (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)

No report due (program will submit a self-study report with its final provisional application):

- ***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.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 compliance at final provisional site visit):

- ***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.

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)
- ***Standard E1.04b*** (lacked evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of medical director (or interim) within 30 days of the vacancy)
- ***Standard E1.05*** (lacked evidence the program demonstrates active recruitment to permanently fill vacated or interim positions and provides quarterly updates to the ARC-PA on progress filling vacated or interim positions)

June 2023

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

- The process used by the program to verify all supervised clinical practice experiences occur with physicians who are board certified in their area of instruction,

No further information requested.

March 2023

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

- ***Standard A3.12d*** (provided evidence of defining and publishing curricular components to be made readily available to enrolled and prospective students d) all required curricular components including required rotation disciplines),
- ***Standard A3.13a*** (provided evidence of defining and publishing admissions process to be made readily available to prospective students a) admission and enrollment practices that favor specified individuals or groups),
- ***Standard A3.14*** **(**provided evidence student admission decisions made in accordance with clearly defined and published practices of the institution and program)**,**
- ***Standard B3.06a*** (lacked evidence that all supervised clinical practice experiences (SCPEs) occur with a) physicians who are specialty board certified in their area of instruction),
- ***Standard B4.01b*** (provided evidence of student assessment in the supervised clinical practice experience (SCPE) components b) allow the program to identify and address any student deficiencies in a timely manner),
- ***Standard D1.04e*** (provided evidence each course and rotation syllabus included e) learning outcomes and instructional objectives) and
- ***Standard D1.04g*** (provided evidence of providing detailed information for each course and rotation offered in the program including g) methods of student assessment/evaluation) -

Additional information (process used by the program to verify all supervised clinical practice experiences occur with physicians who are board certified in their area of instruction or description of why the requirement can't be met) due March 2, 2023.

June 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

Franklin Pierce University – Goodyear, AZ Hybrid Program
Accreditation History

First accredited: June 2022
Next review: April 2027
Maximum class size: 48

Comprehensive Evaluation: March 2025 (Provisional Monitoring). The program is approved for up to 48 students.
Report due September 1, 2022 (*Standards*, 5th edition) -

- ***Standard A3.12d*** (lacked evidence of defining and publishing curricular components to be made readily available to enrolled and prospective students d) all required curricular components including required rotation disciplines),
- ***Standard A3.13a*** (lacked evidence of defining and publishing admissions process to be made readily available to prospective students a) admission and enrollment practices that favor specified individuals or groups),
- ***Standard A3.14*** **(**lacked evidence student admission decisions made in accordance with clearly defined and published practices of the institution and program)**,**
- ***Standard B3.06a*** (lacked evidence that all supervised clinical practice experiences (SCPEs) occur with a) physicians who are specialty board certified in their area of instruction),
- ***Standard B4.01b*** (lacked evidence of student assessment in the supervised clinical practice experience (SCPE) components b) allow the program to identify and address any student deficiencies in a timely manner),
- ***Standard D1.04e*** (lacked evidence each course and rotation syllabus included e) learning outcomes and instructional objectives) and
- ***Standard D1.04g*** (lacked evidence of providing detailed information for each course and rotation offered in the program including g) methods of student assessment/evaluation) -

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

- ***Standard D1.02c*** (lacked evidence that it informed, in writing, everyone who requested information or planned to enroll of c) the implications of non-accreditation by the ARC-PA; the program stated the website is the primary source for the implications of non-accreditation statement) and
- ***Standard E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA).