Grand Valley State University
Accreditation History

First accredited: October 1997
Next review: October 2034
Maximum class size: 48 (36 at the main and 12 in Traverse City)**.**

October 2026
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 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.

January 2026
Program Change: Change in credits from 103 to 107. The commission **approved the program's proposed change** effective August 31, 2026. No further information requested.

September 2025
The commission **accepted the report** addressing 5th edition

- ***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 B1.03e*** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B2.11g*** (provided evidence the curriculum includes instruction in the violence identification and prevention area of social and behavioral sciences and its application to clinical practice)
- ***Standard B3.07d*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07f*** (provided 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 B4.01b*** (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 that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard C1.01g*** (provided evidence the 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)

June 2025
The commission **accepted the report** addressing 5th edition

- ***Standard A1.02k*** (provided evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and

procedures for refunds of tuition and fees)
- ***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 A3.18*** (provided evidence PA students and other unauthorized persons do not have access to the academic records or other confidential information of other students or faculty)

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.

The commission **acknowledged the report** providing evidence of
- Updates to the program's Portal

No further information requested.

<u>September 2024</u>
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 10 areas of noncompliance with the *Standards*. Next Comprehensive Evaluation: September 2034. Maximum class size: 48.
Report due November 1, 2024:
- Update Budget Tab in Program Management Portal

Report due December 10, 2024 (*Standards*, 5th edition):
- ***Standard A1.02k*** (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees)
- ***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 A3.18*** (lacked evidence PA students and other unauthorized persons do not have access to the academic records or other confidential information of other students or faculty)

Report due April 1, 2025 (*Standards*, 5th edition):
- ***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 B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***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 B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)

- ***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 B4.01b*** (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)
- ***Standard C1.01g*** (lacked evidence the 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)

June 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.

June 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 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.

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

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

March 2020
Program Change: The program withdrew it's change in graduation requirements form and supporting material.

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

- The addition of credits to courses.

Additional information (objectives for infectious disease and pathophysiology course content) due January 17, 2020.

September 2019
Program Change: Change in graduation requirements (delete one three-credit course and increase one course from four to six credits and increase another course by one credit), effective Fall 2020. The

commission **acknowledged the proposed change**. Additional information (evidence to support addition of credits to courses) due September 9, 2019.

March 2019
The commission **acknowledged the report** providing evidence of

- Updated PANCE pass rate data in the Portal. No further information requested.

September 2018
Accreditation-Continued; Next Comprehensive Evaluation: September 2024. The program's maximum class size of 48; 12 at the distant campus in Traverse City, MI in addition to the class size of 36 at the main campus in Grand Rapids, MI. The commission noted zero areas of noncompliance with the *Standards*.
Report due November 7, 2018

- Update Program Management Portal with PANCE pass rate data.

March 2018
The commission **accepted the report** providing evidence of

- New policies and the updates to the portal and website. No further information requested.

September 2017
The commission **accepted the report** providing evidence of

- The plan to admit students only up the approved maximum entering class size. Additional information (new policies, update portal and website) due October 25, 2017.

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

- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis). No further information requested.

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 **did not accept** the exceeding class size explanation. Additional information (narrative addressing plan to admit students only up the approved maximum entering class size) due May 5, 2017.

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

- Updated SCPEs tab in the Portal. No further information requested.

September/December 2016
Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the September 2018 commission meeting. The program's maximum class size is 48 students per class

(12 at Traverse City, MI and 36 at Grand Rapids, MI). The program appealed the commission's decision which was upheld.
Report due October 21, 2016

- Update supervised clinical practice experiences (SCPEs) tab in the Program Management Portal.

Due December 19, 2016 (*Standards*, 4th edition) -

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

Due June 15, 2018 (*Standards*, 4th edition) -

- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- ***Standards C2.01a, c-f***, modified Self-Study Report, for focused visit (lacked evidence of a self-study report that documents a) 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).

<u>May 2016</u>
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 September 2021 to September 2024 due to this change.

<u>March 2015</u>
The commission **accepted the report** providing evidence of

- Exceeding class size form. No further information requested.

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

- Updated SCPEs tab in the Portal.

Additional information (exceeding class size report) requested January 9, 2015.

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

- ***Standard A3.14f*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program) and
- ***Standard A3.15a*** (provided evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups). No further information requested.

<u>September 2014</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2021. The program's maximum class size of 48; 12 at the distant campus in Traverse City, MI in addition to the class size of 36 at the main campus in Grand Rapids, MI.
Report due October 15, 2014 (*Standards*, 4th edition) -

- ***Standard A3.14f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program) and
- ***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).

Due December 15, 2014

- Update supervised clinical practice experiences (SCPEs) tab in the Program Management Portal.

Due August 1, 2016

- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- ***Standards C2.01b-c*** (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).

<u>March 2013</u>
Program Change: Expansion to a distant campus. The commission **did not approve** the expansion to a distant campus.

<u>September 2012</u>
Program Change: Expansion to a distant campus and Increase class size. The commission **did not approve** the expansion to a distant campus.

<u>March 2012</u>
Program Change: Change in maximum student capacity. Maximum student capacity increased (105 to 144), effective August 2013. The commission **acknowledged the proposed change**. No further information requested.

<u>September 2011</u>
The commission **accepted the report** addressing 3rd/4th edition
NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards A2.23/A2.18*** (provided evidence of sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- ***Standards A3.07c/A3.15c*** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students policies regarding advance placement),
- ***Standards B4.01a/B2.09*** (provided evidence the program provides instruction in basic counseling and patient education skills necessary to help patients and families cope with illness and injury),
- ***Standards B7.01/B3.02*** (provided evidence the medical and surgical clinical practice experiences enable students to meet program expectations and acquire the competencies needed for clinical PA practice),

- ***Standards B7.02/C4.01*** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations),
- ***Standards B7.03b-c/B3.03b-c*** (provided evidence the program documents that every student has supervised clinical practice experiences with patients seeking b) prenatal and women's health care and c) care for conditions requiring surgical management),
- ***Standards B7.04d/B3.04d*** (provided evidence supervised clinical practice experience is provided in the operating room),
- ***Standards C1.01a/C1.01*** (provided evidence the program collects and analyzed student attrition, deceleration and remediation),
- ***Standards C2.01b1-3, 6/C2.01b*** (provided evidence the self-study report documents b1) student attrition, deceleration and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b6) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- ***Standards D1.04/A3.09*** (provided evidence core program faculty do not participate as health care providers for students in the program). No further information requested.

Program Change: Change in Maximum Student Capacity. The commission **could not acknowledge the change** as the report on additional faculty was insufficient.

<u>September 2010</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 105.
Report due July 1, 2011 (*Standards*, 3rd/4th edition) -
NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards A2.23/A2.18*** (lacked evidence of sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- ***Standards A3.07c/A3.15c*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students policies regarding advance placement),
- ***Standards B4.01a/B2.09*** (lacked evidence the program provides instruction in basic counseling and patient education skills necessary to help patients and families cope with illness and injury),
- ***Standards B7.01/B3.02*** (lacked evidence the medical and surgical clinical practice experiences enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standards B7.02/C4.01*** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations),
- ***Standards B7.03b-c/B3.03b-c*** (lacked evidence the program documents that every student has supervised clinical practice experiences with patients seeking b) prenatal and women's health care and c) care for conditions requiring surgical management),
- ***Standards B7.04d/B3.04d*** (lacked evidence supervised clinical practice experience is provided in the operating room),

- ***Standards C1.01a/C1.01*** (lacked evidence the program collects and analyzed student attrition, deceleration and remediation),
- ***Standards C2.01b1-3, 6/C2.01b*** (lacked evidence the self-study report documents b1) student attrition, deceleration and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b6) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- ***Standards D1.04/A3.09*** (lacked evidence core program faculty do not participate as health care providers for students in the program).

September 2009
Program Change: Change in maximum student capacity. Maximum student capacity increased (90 to 105), effective August 2011. The commission **acknowledged the proposed change**. Additional information (additional faculty) requested by July 1, 2011.

March 2009
The commission **accepted the report** providing evidence of

- Faculty changes. No further information requested.

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

- The budget, curriculum and class size. Additional information (faculty changes) requested by January 9, 2009.

March 2008
Program Change: Change in graduation requirements (decrease length of program from 32 to 28 months and decrease credits from 109 to 103), effective August 2009. Clinical phase decreased from 16 to 12 months, effective January 2011. The commission **acknowledged the proposed change**. Additional information (budget, curriculum comparison, change in class size) requested by July 11, 2008.

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

- ***Standard A2.5*** (provided evidence core program faculty includes two individuals currently certified as PAs),
- ***Standard A5.3b*** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students academic credit and costs to the student),
- ***Standard C6.1*** (provided evidence the program maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- ***Standard C6.3*** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives). No further information requested.

Grand Valley State University
Accreditation History

First accredited: October 1997
Next review: October 2034
Maximum class size: 48 (36 at the main and 12 in Traverse City)**.**

September 2006
Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 90.
Report due July 13, 2007 (*Standards*, 2nd edition) -

- ***Standard A2.5*** (lacked evidence core program faculty includes two individuals currently certified as PAs),
- ***Standard A5.3b*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students academic credit and costs to the student),
- ***Standard C6.1*** (lacked evidence the program maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- ***Standard C6.3*** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

September 2005
Report of focused visit: concerns remain about institutional support of the program and program leadership.

March 2005
The commission **did not accept the report** addressing 2nd edition

- ***Standard A2.23*** (lacked evidence the institution provides sufficient administrative support to meet the needs of the program),
- ***Standard A2.24*** (lacked evidence of at least one full time support staff person assigned to the program to assist the core program faculty,
- ***Standard A4.7*** (lacked evidence students and faculty have convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum),
- ***Standard A5.12c*** (lacked evidence student files include documentation of remediation and/or disciplinary action),
- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings),
- ***Standard C1.1*** (lacked evidence the self-evaluation process systematically reviews the program's effectiveness and compliance with the *Standards*),
- ***Standard C2.1*** (lacked evidence the program collects data regarding student and recent graduate outcomes),
- ***Standards C2.2c-g*** (lacked evidence the self-study report includes
  - c) student failure rates in individual courses and rotations,
  - d) student failure rates in individual courses and rotations,
  - e) student failure rates in individual courses and rotations,
  - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),

- ***Standards C4.1b and g*** (lacked evidence the self-study report documents b) outcome data analysis and g) compliance with the *Standards*),
- ***Standard C6.2*** (lacked evidence the evaluation processes of clinical sites is applied consistently) and
- ***Standard C6.3*** (lacked evidence the program ensures and documents each clinical site provides the student access to necessary resources).

Report due June 24, 2005 (*Standards*, 2nd edition) (for focused visit in mid-2005) -

- ***Standard A2.23*** (lacked evidence the institution provides sufficient administrative support to meet the needs of the program),
- ***Standard A2.24*** (lacked evidence of at least one full time support staff person assigned to the program to assist the core program faculty,
- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings),
- ***Standard C1.1*** (lacked evidence the self-evaluation process systematically reviews the program's effectiveness and compliance with the *Standards*),
- ***Standard C2.1*** (lacked evidence the program collects data regarding student and recent graduate outcomes),
- ***Standards C2.2c-g*** (lacked evidence the self-study report includes
  - c) student failure rates in individual courses and rotations,
  - d) student failure rates in individual courses and rotations,
  - e) student failure rates in individual courses and rotations,
  - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- ***Standards C4.1b and g*** (lacked evidence the self-study report documents b) outcome data analysis and g) compliance with the *Standards*),
- ***Standard C6.2*** (lacked evidence the evaluation processes of clinical sites is applied consistently) and
- ***Standard C6.3*** (lacked evidence the program ensures and documents each clinical site provides the student access to necessary resources).

<u>September 2004</u>

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 90.

Report due January 14, 2005 (*Standards*, 2nd edition) -

- ***Standard A2.23*** (lacked evidence the institution provides sufficient administrative support to meet the needs of the program),
- ***Standard A2.24*** (lacked evidence of at least one full time support staff person assigned to the program to assist the core program faculty,
- ***Standard A4.7*** (lacked evidence students and faculty have convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum),

- ***Standard A5.12c*** (lacked evidence student files include documentation of remediation and/or disciplinary action),
- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings),
- ***Standard C1.1*** (lacked evidence the self-evaluation process systematically reviews the program's effectiveness and compliance with the *Standards*),
- ***Standard C2.1*** (lacked evidence the program collects data regarding student and recent graduate outcomes),
- ***Standards C2.2c-g*** (lacked evidence the self-study report includes
  - c) student failure rates in individual courses and rotations,
  - d) student failure rates in individual courses and rotations,
  - e) student failure rates in individual courses and rotations,
  - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- ***Standards C4.1b and g*** (lacked evidence the self-study report documents b) outcome data analysis and g) compliance with the *Standards*),
- ***Standard C6.2*** (lacked evidence the evaluation processes of clinical sites is applied consistently) and
- ***Standard C6.3*** (lacked evidence the program ensures and documents each clinical site provides the student access to necessary resources).

<u>September 2003</u>
Personnel Change: Program director appointed, effective July 1, 2003.

<u>September 2002</u>
The commission **accepted the report** addressing 1st edition

- ***Standard I E 1*** (provided evidence in the self-study report of analysis of educational outcomes data) and
- ***Standard I E 3*** (provided evidence the self-study report documents the program's compliance with the *Standards*). No further information requested.

<u>September 2000</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2004.
Report due August 1, 2002 (*Standards*, 1st edition) -

- ***Standard I E 1*** (lacked evidence in the self-study report of analysis of educational outcomes data) and
- ***Standard I E 3*** (lacked evidence the self-study report documents the program's compliance with the *Standards*).

Grand Valley State University
Accreditation History

First accredited: October 1997
Next review: October 2034
Maximum class size: 48 (36 at the main and 12 in Traverse City)**.**

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1997 by CAAHEP is not available.