Harding University
Accreditation History

First accredited: March 2005
Next review: October 2034
Maximum class size: 36

October 2026 (following Probation review)
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted five (5) areas of noncompliance with the *Standards* and one (1) new observation by the commission.
Next Comprehensive Evaluation: October 2034. Maximum class size: 36.
Report due March 30, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A2.03*** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified 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)

Commission observation response due March 30, 2027 (*Standards*, 6th edition):

- ***Standard B1.03g*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)

The commission **did not accept** the report addressing

- How the program determined that preceptors assigned to the Family Medicine, Internal Medicine, Surgery, Pediatrics, and Women's Health SCPEs enabled students to meet all program-defined learning outcomes; how the program aligns its assessment of student performance with what it expects students to demonstrate during SCPEs; and how the preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner.

No additional information requested as the program will respond to the citations document from the October 2026 Commission meeting.

July 2026

The commission **reviewed and requested more information** of the report providing evidence of

- Process used to ensure all nurse practitioner (NP) preceptors hold or have held board certification; evidence the program's vetting process has been applied consistently; description of how the program has implemented the Family Medicine, revised Internal Medicine, Surgery, Pediatrics, and the Women's Health SCPEs; process used to verify that all assigned preceptors are qualified to enable students to meet the program-defined learning outcomes; documentation of the clinical schedules for the current cohort; description of how the program has revised preceptor evaluations for all SCPEs to reflect updated learning outcomes and instructional objectives, to align with what is expected and taught and to allow for timely identification of student deficiencies, including discussion of the program's assessment plan for professionalism during SCPEs; SCPE syllabi; and revised evaluation tools.

Additional information (How the program determined that preceptors assigned to the Family Medicine, Internal Medicine, Surgery, Pediatrics, and Women's Health SCPEs enabled students to meet all program-defined learning outcomes; how the program aligns its assessment of student performance with what it expects students to demonstrate during SCPEs; and how the preceptor evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due September 8, 2026.

<u>January 2026</u>

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

- Clarification of current program goals and how the program plans to determine success in achieving the goals.

No further information requested.

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

- Updated Personnel tab in Program Management Portal.
- Updated goals on program website.

No further information requested.

<u>September 2025</u>

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

- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)

- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B4.01a*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components 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 (Process used to ensure all nurse practitioner (NP) preceptors hold or have held board certification; evidence the program's vetting process has been applied consistently; description of how the program has implemented the Family Medicine, revised Internal Medicine, Surgery, Pediatrics, and the Women's Health SCPEs; process used to verify that all assigned preceptors are qualified to enable students to meet the program-defined learning outcomes; documentation of the clinical schedules for the current cohort; description of how the program has revised preceptor evaluations for all SCPEs to reflect updated learning outcomes and instructional objectives, to align with what is expected and taught and to allow for timely identification of student deficiencies, including discussion of the program's assessment plan for professionalism during SCPEs; SCPE syllabi; and revised evaluation tools) due February 1, 2026.

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

- ***Standard B3.03a*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***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 B3.03d*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.07b*** (provided evidence supervised clinical practice experiences occur with

preceptors who enable students to meet program defined learning outcomes for emergency medicine)

No further information requested.

Report due November 14, 2025

- Update Personnel tab in Program Management Portal.
- Update goals on program website.

June 2025

The commission **reviewed and more information requested** of the report addressing 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 A1.02d*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.11b*** (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 implementing recruitment strategies)
- ***Standard A1.11c*** (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 implementing retention strategies)
- ***Standard A1.11d*** (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 making available, resources which promote diversity, equity and inclusion)
- ***Standard A2.09d*** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (provided evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***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 A3.15b*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)
- ***Standard B1.01d*** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***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 B2.15c*** (provided evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)
- ***Standard B2.20a*** (provided evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)

Additional information (clarification of current program goals and how the program plans to determine success in achieving the goals) due September 30, 2025.

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

- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A2.09g*** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

No further information requested.

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

- Updates to goals and the attrition table on the program website.

No further information requested.

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

1. Evidence of the sponsoring institution's responsibility for program assessment and effective leadership.
2. Evidence that the sponsoring institution did not support the program in facilitating the self-assessment process or demonstrate its responsibility in complying with the ARC-PA Standards.
3. Evidence of a commitment to student, faculty, and staff diversity, equity, and inclusion through recruitment strategies, retention strategies, and available resources.
4. Evidence that the program director lacked knowledge of and responsibility for the required continuous programmatic review and analysis and complying with the ARC-PA Standards.
5. Evidence of programmatic policies regarding effectiveness in meeting its goals and progression in and completion of the program.
6. Evidence of didactic and clinical courses (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.
7. Evidence of a curriculum with opportunities for all students to learn the concepts of patient advocacy and provider personal wellness, including prevention of impairment.
8. Evidence the program's supervised clinical practice experiences did not include learning outcomes (rotation objectives) that addressed medical care for preventive, emergent, acute, and chronic patient encounters; across the life span, to include infants, children,

adolescents, adults, and the elderly; for women's health (to include prenatal and gynecologic care); and for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care.

9. Evidence that all physician preceptors were specialty board certified in their area of instruction and other licensed health care providers qualified in their area of instruction.
10. Evidence that all students had supervised clinical practice experience (SCPE) with preceptors who would enable students to meet learning outcomes for family medicine, emergency medicine, internal medicine, surgery, pediatrics, and women's health including prenatal and gynecologic care.
11. Evidence of supervised clinical practice experiences evaluation of student performance that aligned with the program's learning outcomes and instructional objectives; and allowed for identification of any student deficiencies in a timely manner.
12. Evidence the program had fully implemented and documented its ongoing self-assessment process to foster program improvement.
    - The program did not demonstrate a robust and systematic process of ongoing self-assessment that documented program effectiveness or fostered program improvement.
    - The program did not demonstrate consistent evidence of critical data analysis to support its strengths and areas in need of improvement across the curricular and administrative aspects of the program.
    - The program's action plans were based on conclusions, but those conclusions were not consistently based on analysis of supporting data.
    - The program did not prepare 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 September 2026 commission meeting. The program's maximum class size remains 36. The program did not appeal the commission's decision.

Report due December 1, 2024:

- Update Goals and Attrition Table on program website

Report due January 15, 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 for complying with ARC-PA accreditation Standards and policies)
- ***Standard A1.11b*** (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 implementing recruitment strategies)

- ***Standard A1.11c*** (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 implementing retention strategies)
- ***Standard A1.11d*** (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 making available, resources which promote diversity, equity and inclusion)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***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 A3.15b*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)
- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***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 B2.15c*** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)
- ***Standard B2.20a*** (lacked evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)

Report due May 1, 2025 (*Standards*, 5th edition):

- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***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 B3.03d*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative 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 B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B4.01a*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components 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)

Report due March 2, 2026 (*Standards*, 5th edition) modified Self-Study Report:

- ***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 C1.01c*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)

- ***Standard C1.01d*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- ***Standard C1.01e*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- ***Standard C1.01f*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- ***Standard C1.01g*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)
- ***Standard C1.02b*** (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)

Additional report due January 15, 2025 (*Standards*, 5th edition):

- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

<u>March 2024</u>

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.

Harding University
Accreditation History

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.

September 2021
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

March 2021
Program Change: Change in graduation requirements (110 to 112 credits), effective January 11, 2021. The commission **acknowledged the proposed change**. No further information requested.

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

- Changes to the plan in response to COVID-19. No further information requested.

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

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

March 2018
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.

May 2016
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.

September 2014
Accreditation-Continued; Next Comprehensive Evaluation: September 2021. The program is approved for up to 36 students. The commission noted zero areas of noncompliance with the *Standards*.

March 2012
The commission **accepted the report** providing evidence of

- Securing supervised clinical rotations for all students. No further information requested.

September 2010
Program Change: Change in student capacity (32 to 36 students per class), effective Fall 2010. The commission **acknowledged the proposed change** and requested additional information (update on program's success in securing supervised clinical rotations for all students) due December 31, 2011.

September 2009
Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum student capacity: 96. The commission noted zero areas of noncompliance with the *Standards*.

September 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard A2.14*** (provided evidence of an updated job description for the medical director),
- ***Standard A3.14a*** (provided evidence of current job descriptions for the core faculty),
- ***Standard B4.01a*** (provided evidence that the program provided instruction in basic counseling and patient education skills necessary to help patients and family cope with illness and injury),
- ***Standard B4.02c*** (provided evidence that the program provided instruction in human sexuality),
- ***Standard B7.04g*** (provided evidence that every student has supervised clinical practice experiences in prenatal care and women's health),
- ***Standard C1.01f*** (provided evidence of the program regularly collecting and analyzing preceptor evaluations of student performance and suggestions for curriculum improvement), and
- ***Standards C2.01b4 and C2.01b6*** (provided evidence of the self-study report documenting outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences and faculty and preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

September 2007
Accreditation-Continued; Next Comprehensive Evaluation: September 2009. The program is approved for up to 32 students.
Report due July 11, 2008 (*Standards,* 3rd edition) -

- ***Standard A2.14*** (lacked evidence of an updated job description for the medical director),
- ***Standard A3.14a*** (lacked evidence of current job descriptions for the core faculty),
- ***Standard B4.01a*** (lacked evidence that the program provided instruction in basic counseling and patient education skills necessary to help patients and family cope with illness and injury),

- ***Standard B4.02c*** (lacked evidence that the program provided instruction in human sexuality),
- ***Standard B7.04g*** (lacked evidence that every student has supervised clinical practice experiences in prenatal care and women's health),
- ***Standard C1.01f*** (lacked evidence of the program regularly collecting and analyzing preceptor evaluations of student performance and suggestions for curriculum improvement), and
- ***Standards C2.01b4 and C2.01b6*** (lacked evidence of the self-study report documenting outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences and faculty and preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2005

Accreditation-Provisional; Next Comprehensive Evaluation: September 2007. The program is approved for up to 16 students in the first class of students, 24 in the second class and 32 in the third class. The commission noted zero areas of noncompliance with the *Standards*.