Indiana State University
Accreditation History

First accredited: September 2010
Next review: October 2027
Maximum class size: 30

October 2026

The commission reviewed the report addressing the observation for 6th edition

- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the *instructional objectives* in measurable terms that guide student learning in syllabi or an appendix to the syllabi)

and noted 1 area of noncompliance with the *Standards*. Report due February 1, 2027.
Report due December 15, 2026:

- Update accreditation status statement and NCCPA PANCE Exam Performance Summary Report on website.

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

- ***Standard B1.03e*** (provided evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- ***Standard B1.03g*** (provided 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)
- ***Standard B4.01a*** (provided evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components and that align with what is expected and taught)

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

The commission **accepted** the report addressing

- How the program aligns student assessment with student learning outcomes for all required and elective supervised clinical practice experiences and identifies and addresses deficiencies in a timely manner.

No further information requested.

April 2026

The commission **did not accept** the report regarding 6th edition

- ***Standard B4.01b*** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* 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 program aligns student assessment with student learning outcomes for all required and elective supervised clinical practice experiences and identifies and addresses deficiencies in a timely manner) due July 17, 2026.

No additional information required for 6th edition:

- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)
- ***Standard A1.07a*** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including sufficient program faculty)

Commission observation response due July 17, 2026 (*Standards*, 6th edition):

- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the *instructional objectives* in measurable terms that guide student learning in syllabi or an appendix to the syllabi)
- ***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)
- ***Standard B4.01a*** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components and that align with what is expected and taught)

<u>September 2025 (following Probation review)</u>
Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.*
The commission noted 10 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the October 2027 commission meeting. The program's maximum class size remains 30. The commission's decision of extended probation is not appealable.
Report due December 10, 2025 (*Standards*, 5th edition):

- ***Standard A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***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 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)

Report due February 1, 2027 (*Standards*, 5th edition) modified self-study report:

- ***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 A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***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 (will be assessed at time of probation site visit):

- ***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 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)

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

- How the sponsoring institution will provide sufficient faculty and technical staff to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students; evidence of the program's effectiveness in meeting its goals; how the program makes admission decisions in accordance with the published practices of the institution and program; describing how the program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner; and how the program will ensure compliance with applicable standards

The required citations report will address the additional information requested.

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

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

June 2025

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

- ***Standard A1.02b*** (provided evidence the sponsoring institution is responsible for hiring faculty and staff)
- ***Standard A2.02b*** (provided evidence the program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)

And providing evidence of

- How evaluation process and tool will assist sponsoring institution in ensuring effective program leadership, how institution plans to resolve the citation for standard A1.02d and assure compliance with this standard in the future, how sponsoring institution will provide and how program has sufficient faculty and technical staff to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students, evidence of program's effectiveness in meeting its goals, and how program makes admission decisions in accordance with the published practices of the institution and program
- How program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner

Additional information (how the sponsoring institution will provide sufficient faculty and technical staff to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students; evidence of the program's effectiveness in meeting its goals; how the program makes admission decisions in accordance with the published practices of the institution and program; describing how the program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner; and how the program will ensure compliance with applicable standards) due August 15, 2025.

Report due August 15, 2025:

- Update Personnel tab and Dashboard of Program Management Portal

Report due August 15, 2025 (*Standards*, 5th edition):

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

March 2025

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

- Updates to the program's Program Management Portal and website.

No further information requested.

September 2024

The commission accepted the findings of the site visit.

Report due December 1, 2024:

- Update class size and PANCE pass rate data in Program Management Portal
- Update goals, Attrition Table, and NCCPA PANCE report on program website

Report due January 25, 2025 (*Standards*, 5th edition):

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

- ***Standard A2.02b*** (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)

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 A1.02c*** (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 A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A1.11a*** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- ***Standard A2.01*** (provided evidence all program faculty possesses 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 and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard A2.09d*** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (provided evidence the program director is knowledgeable about and responsible 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 A3.12g*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- ***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 A3.13e*** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment)

- ***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 A3.15c*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)
- ***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)

Additional information (how evaluation process and tool will assist sponsoring institution in ensuring effective program leadership, how institution plans to resolve the citation for standard A1.02d and assure compliance with this standard in the future, how sponsoring institution will provide and how program has sufficient faculty and technical staff to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students, evidence of program's effectiveness in meeting its goals, and how program makes admission decisions in accordance with the published practices of the institution and program) due January 25, 2025.

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

- ***Standard B1.03d*** (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 course goal/rationale)
- ***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 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 B3.03e*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B4.01a*** (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 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 (how program identifies and addresses any student deficiencies within the clinical curriculum in a timely manner) due January 25, 2025.

<u>June 2024</u>
The commission **deferred its decision** regarding the report addressing 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 A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A1.11a*** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- ***Standard A2.01*** (lacked evidence all program faculty possesses 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 and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible

for completion of ARC-PA required documents)

- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible 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 A3.12g*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- ***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 A3.13e*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment)
- ***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 A3.15c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)
- ***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)

until the program's probation review at the September 2024 commission meeting, at which time the commission will review the report in conjunction with the results of the initial focused visit.

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

- Updates to the program's Program Management Portal. No further information requested.

<u>September 2023</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Sufficient principal faculty

- Learning outcomes and instructional objectives for all clinical and didactic courses
- Sponsoring institutional support of the program faculty in program assessment and compliance with the ARC-PA accreditation *Standards* and policies
- Completion of ARC-PA required documents
- Program director's sufficient knowledge and responsibility toward implementing a robust self-study process, demonstrating effective leadership, and submitting documents as required by the ARC-PA
- Policies and procedures regarding technical standards, granting advanced placement and deceleration
- Evidence of supervised clinical practice experience evaluation of student performance that aligned with the program's learning outcomes and instructional objectives and allowed for the identification of any student deficiencies in a timely manner
- Process for initial and ongoing evaluation of clinical sites.

An initial focused visit will occur in advance of the September 2024 commission meeting, and a focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 30. The program did not appeal the commission's decision.

Report due November 10, 2023:

- Update Personnel tab of Program Management Portal

Report due December 1, 2023:

- Update attrition table on program website and submit required report

Report due February 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 A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- ***Standard A1.11a*** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- ***Standard A2.01*** (lacked evidence all program faculty possesses 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 and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible 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 A3.12g*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- ***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 A3.13e*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment)
- ***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 A3.15c*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)
- ***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)

Report due May 15, 2024 (*Standards*, 5th edition):

- ***Standard B1.03d*** (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 course goal/rationale)
- ***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 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 B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B4.01a*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)

Report due February 1, 2025 (*Standards*, 5th edition) modified SSR:

- ***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 C1.02c.i.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***Standard C1.03*** (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 the program submits reports or documents as required by the ARC-PA)

<u>September 2022</u>

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. 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 2018
The commission **accepted the report** providing evidence of

- Updated website. No further information requested.

September 2017
Accreditation-Continued; Next Comprehensive Evaluation: September 2023. The program's maximum class size remains 30. The commission noted zero areas of noncompliance with the *Standards*.
Report due October 25, 2017

- Update website with PANCE pass rate data consistent with the Program Management Portal.

March 2016
Adverse Action-Accreditation-Probation. Maximum class size: 30. A focused probation site visit will occur in advance of the September 2017 commission meeting. The program did not appeal the commission's decision.
Report due April 1, 2017

- Hiring of permanent program director,
- Filling vacant faculty positions,
- Institutional oversight of the program
- Students' and preceptors' understanding of program expectations for clinical experiences,
- Documentation of clinical site evaluation,
- Evaluation of students in meeting program expectations, and
- Modified self-study report (mSSR).

September 2015
Adverse Action-Accreditation-Probation. The program did not appeal the commission's decision.
Report due December 15, 2015 (*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***Standards B3.03a-c*** (lacked evidence of program defined requirements, process for ensuring that the supervised clinical practice experience sites [SCPE] used by the program allow sufficient exposure to allow students to meet program-defined requirements for a) medical care across the life span, b) women's health and c) surgical management and plan to ensure that students will have met the program-defined requirements by graduation),
- ***Standard C4.01*** (lacked evidence of an effective process and documentation of the process for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures), and

- ***Standard C4.02*** (lacked evidence detailing how the program will assure that sites used for SCPEs provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).
- Modified self-study report (mSSR from 2013S and 2014S).

March 2015

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

- ***Standards B3.03a-c*** (lacked evidence of program defined requirements, how students are informed of requirements and definition of sufficient patient exposure to meet the program defined requirements for students with patients seeking a) medical care across the life span, b) women's health and c) surgical management),
- ***Standard C4.01*** (lacked evidence of how the program plans to assess that the processes for clinical site and preceptor evaluations are being followed consistently) and
- ***Standard C4.02*** (lacked evidence how the program will assure that sites used for supervised clinical practice experiences provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Administrative Probation until such time that the required report has been submitted, reviewed and accepted by the commission. Report due September 1, 2015.

Report due May 1, 2015

- Update website with current PANCE pass rate summary report.

The commission **acknowledged the October 2014 report** providing evidence of

- Website updated with PANCE pass rate summary report and accreditation statement. No further information requested.

September 2014

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

- ***Standard C1.01*** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),

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

- ***Standards B3.03a-c*** (lacked evidence sufficient patient exposure to meet program-defined requirements is defined and provided to students with patients seeking a) medical care across the life span, b) women's health and c) surgical management),
- ***Standards C2.01a-f*** (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 follows, maintains or documents the processes by which it evaluates clinical sites and preceptors in an ongoing fashion), and

- ***Standard C4.02*** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Report due October 10, 2014

- Update website with PANCE pass rate summary report and accreditation statement.

Due January 19, 2015 (*Standards*, 4th edition) -

- ***Standards B3.03a-c*** (lacked evidence of program defined requirements, how students are informed of requirements and definition of sufficient patient exposure to meet the program defined requirements for students with patients seeking a) medical care across the life span, b) women's health and c) surgical management),
- ***Standard C4.01*** (lacked evidence of how the program plans to assess that the processes for clinical site and preceptor evaluations are being followed consistently) and
- ***Standard C4.02*** (lacked evidence how the program will assure that sites used for supervised clinical practice experiences provide the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Due December 15, 2015

- Modified self-study report (mSSR) originally due October 2015.

<u>March 2014</u>

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

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

<u>September 2013</u>

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 30.
Report due November 1, 2013

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

Due July 1, 2014 (*Standards*, 4th edition) -

- ***Standards B3.03a-c*** (lacked evidence sufficient patient exposure to meet program-defined requirements is defined and provided to students with patients seeking a) medical care across the life span, b) women's health 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),
- ***Standards C2.01a-f*** (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 follows, maintains or documents the processes by which it evaluates clinical sites and preceptors in an ongoing fashion), and
- ***Standard C4.02*** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Due October 1, 2015

- Modified self-study report (mSSR)

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

- ***Standard A3.21*** (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 tuberculosis screening results which may be maintained and released with written permission from the student)

<u>September 2011</u>

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

- Objectives and the datasheet. No further information requested.

The commission **accepted the report** addressing 3rd/4th edition

- ***Standards A2.11e and f/A2.09e and f*** (provided evidence the program director is knowledgeable about and has primary responsibility for the program's e) planning) and f) development),
- ***Standard A3.07a/A3.15a*** (provided evidence any institutional policies and practices that favor specific groups of applicants are defined, published, and readily available to prospective and enrolled students) and
- ***Standard B3.04d/B2.06*** (provided evidence the program provides instruction in rehabilitative care).

Additional information (objectives and datasheet) due July 29, 2011**.**

<u>March 2011</u>

The commission **accepted the report** addressing 3rd/4th edition

- ***Standard E1.12f/D1.05*** (provided evidence qualified faculty in sufficient number to provide instruction for each course offered in the first 12 months are identified). Program to notify when open position filled, prior to Spring 2011 class start.

<u>September 2010</u>

Accreditation-Provisional; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 90.

Report due November 1, 2010 (*Standards*, 3rd/4th edition) -

- ***Standard E1.12f/D1.05*** (lacked evidence qualified faculty in sufficient number to provide instruction for each course offered in the first 12 months are identified).

Due July 1, 2011 (*Standards*, 3rd/4th edition) -

- ***Standards A2.11e and f/A2.09e and f*** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's e) planning) and f) development),
- ***Standard A3.07a/A3.15a*** (lacked evidence any institutional policies and practices that favor specific groups of applicants are defined, published, and readily available to prospective and enrolled students) and

- ***Standard B3.04d/B2.06*** (lacked evidence the program provides instruction in rehabilitative care).