Lawrence Technological University
Accreditation History

First accredited: March 2022
Next review: October 2036
Maximum class size: 30

October 2026 (following Final Provisional review)
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. The commission noted one (1) area of noncompliance with the *Standards*.
Next Comprehensive Evaluation: October 2036. Maximum class size: 30.
Report due December 16, 2026 (*Standards*, 5th edition-program will respond in 6th):

- ***Standard A1.01*** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested more information of the report**. Revised and resubmitted PANCE report due October 23, 2026.

July 2026
The commission **accepted** the report addressing

- How the preceptor can verify that the student has met the expected learning outcomes to accurately identify deficiencies and how the program addresses identified deficiencies in a timely manner

No further information required.

April 2026
The commission **accepted** the report addressing the observation for 5th edition

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

and noted 0 areas of noncompliance with the *Standards*.
Report due June 1, 2026:

- Update PANCE pass rate data in Program Management Portal.

January 2026
The commission **reviewed and requested more information** of the report addressing

- list of topics that align with learning outcomes and instructional objectives to be covered in some courses, description of how the program aligns mid-rotation student evaluation with what the program expects of students on SCPEs, and description of how the preceptor mid-rotation evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner

Additional information (how the preceptor can verify that the student has met the expected learning outcomes to accurately identify deficiencies and how the program addresses identified deficiencies in a timely manner) due April 7, 2026.

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

September 2025

The commission reviewed the report addressing the change in program faculty and noted 1 commission observation.

Commission observation response due December 1, 2025 (*Standards*, 5th edition):

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

No report due:

- ***Standard A2.06a*** (lacked evidence the program director is a PA and possessed at least three years of full-time higher education experience at the time of appointment)

June 2025

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

- ***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, including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***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)

Additional information (list of topics that align with learning outcomes and instructional objectives to be covered in some courses, description of how the program aligns mid-rotation student evaluation with what the program expects of students on SCPEs, and description of how the preceptor mid-rotation evaluation allows the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due July 10, 2025.

September 2024 (following Provisional Monitoring review)

Lawrence Technological University
Accreditation History

First accredited: March 2022
Next review: October 2036
Maximum class size: 30

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. The commission noted twelve areas of noncompliance with the *Standards*. Next Comprehensive Evaluation: September 2026 (Final *Provisional).* Maximum class size: 30.
Report due November 1, 2024:

- Update Budget tab in Program Management Portal

Report due January 6, 2025 (*Standards*, 5th edition):

- ***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, including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***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)

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

- ***Standard C1.01b*** (lacked evidence the program defined 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 the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- ***Standard C1.01f*** (lacked evidence the program defined 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 C1.02b*** (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 C1.03*** (lacked evidence 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)

- ***Standard E1.03*** (lacked evidence the program submits reports or documents as required by the ARC-PA)

<u>September 2022</u>

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

- ***Standard A2.01*** (provided evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties)
- ***Standard B1.03*** (provided evidence of defining and publishing learning outcomes and instructional objectives, in measurable terms that can be assessed and that guide student acquisition of required competencies, for each didactic and clinical course (including required and elective rotations)
- ***Standard B4.01a, b*** (provided evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)
- ***Standard D1.04g*** (provided evidence of providing detailed information for each course and rotation offered in the program including g) methods of student assessment/evaluation)

No further information requested.

<u>March 2022</u>

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards.* Next Comprehensive Evaluation: September 2024 (Provisional Monitoring). The program is approved for up to 30 students.

Report due June 30, 2022 (*Standards*, 5th edition) -

- ***Standard A2.01*** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties)
- ***Standard B1.03*** (lacked evidence of defining and publishing learning outcomes and instructional objectives, in measurable terms that can be assessed and that guide student acquisition of required competencies, for each didactic and clinical course (including required and elective rotations)
- ***Standard B4.01a, b*** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely)
- ***Standard D1.04g*** (lacked evidence of providing detailed information for each course and rotation offered in the program including g) methods of student assessment/evaluation)

No report due for the following citaton(s) (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; corrected subsequent to the visit)