Marywood University
Accreditation History

First accredited: March 1998
Next review: January 2036
Maximum class size: 75

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

- Revision and resubmission of Student Attrition Required Report for the classes of 2024 and 2025.

No further information required.

April 2026
The program's attrition rate was 15.9% or higher for the classes of 2024 and 2025. The program submitted the Student Attrition Required Report. The commission **reviewed and requested more information of the report**. Additional information (revision and resubmission of Student Attrition Required Report for the classes of 2024 and 2025) due May 11, 2026.

January 2026
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. The commission noted 7 areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: January 2036. Maximum class size: 75.
Report due March 16, 2026:

- Update PANCE Pass Rate data in program management portal.

Report due April 17, 2026 (*Standards*, 5th edition):

- ***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)
- ***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 B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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 and that align with what is expected and taught)

Report due January 30, 2027 (*Standards*, 5th edition):

- ***Standard B4.01b*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard C1.03*** modified self-study report (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and

succinctly documents the process, application and results of ongoing program self-assessment)

No report due (program demonstrated compliance with 6th edition Standards):

- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

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

- description of feedback from students unable to complete the program for the classes of 2023 and 2024 and analysis of preparation of students in the Pre-PA, PA eligibility and CASPA tracks for the PA curriculum.

No further information due as the ARC-PA will review the program's recently submitted 2025 student attrition report that includes the 2023 and 2024 cohorts.

<u>June 2025</u>

The program's attrition rate was 15.9% or higher for the classes of 2023 and 2024. The program submitted the Student Attrition Required Report. The commission **reviewed and requested more information of the report**. Additional information (description of feedback from students unable to complete the program for the classes of 2023 and 2024 and analysis of preparation of students in the Pre-PA, PA eligibility and CASPA tracks for the PA curriculum) due August 6, 2025.

<u>March 2024</u>

Program Change: Increase in class size to 75. The commission **Accepted** the report providing evidence of

- current principal faculty and administrative staff are sufficient to meet the needs of the enrolled students and manage the administrative responsibilities of the program consistent with the complexity of the program

No further information requested.

<u>June 2023</u>

Program Change: Increase in class size to 75. The commission **reviewed and more information requested of the proposed change.** Additional information (evidence that the current principal faculty and administrative staff are sufficient to meet the needs of the enrolled students and manage the administrative responsibilities of the program consistent with the complexity of the program) due by September 28, 2023.

Program Change: Change in credits to 103. The commission **Accepted** the report providing evidence of

- resources to execute the proposed curricular changes. No further information requested No further information requested.

<u>March 2023</u>

Program Change: Change in credits to 103. The commission **reviewed and more information requested of the proposed change.** Additional information (evidence of resources to execute the proposed curricular changes) due by February 22, 2023.

August 2022
Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 2022. Administrative-Probation removed post receipt of fee.

July 2022
Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2022.

June 2021
Program Change: Change in class size (one-time temporary increase from 60 to 61 students for year-two cohort), effective May 1, 2021. The commission **approved the proposed change**. No further information requested.

September 2020
The commission **accepted the report** providing evidence of

- Follow-up for the class of 2020 upon graduation. No further information requested.

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due July 20, 2020.

March 2020
The commission **accepted the report** providing evidence of

- Information delineating how and when the May 2020 entering cohort will be notified about the change in credits and additional tuition. No further information requested.

Program Change: Change in graduation requirements (clinical rotations change from 3 to 4 credits each, resulting in 89 credits awarded), effective May 2020. The commission **acknowledged the proposed change**.
Additional information (how and when the May 2020 entering cohort will be notified about the change in credits and additional tuition) due December 31, 2019.

March 2018
Program Change: Change in class size (45 to 60), effective May 21, 2018. The commission **approved the proposed change**. No further information requested.

September 2016

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

- ***Standard* B3.06a** (provided evidence of supervised clinical practice experiences [SCPEs] with physicians specialty board certified in their area of instruction). No further information requested.

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

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

July 2016

Program Change: Change in program length (27 to 24 months), effective May 2016. The commission **acknowledged the proposed change**. No further information requested.

March 2016

Accreditation-Continued; Next Comprehensive Evaluation: March 2026. Maximum class size: 45 (temporary increase to 55 for 2016 and 2017 cohorts to accommodate students from another program).
Report due April 21, 2016

- Correct supervised clinical practice experiences [SCPEs] in the Program Management Portal.

Due April 29, 2016 (*Standards*, 4th edition) -

- ***Standard* B3.06a** (lacked evidence of supervised clinical practice experiences [SCPEs] with physicians specialty board certified in their area of instruction).

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

- ***Standard A3.16*** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.)

Program Change: Temporary increase in class size (45 to 55) in order to accommodate incoming students from another program. The commission **approved the temporary increase**. No further information requested.

March 2014

The commission accepted the report providing evidence of

- Physical space. No further information requested.

September 2012

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

- ***Standard A1.09*** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- ***Standard A3.13*** (provided evidence the program announcements and advertising accurately reflect the program offered),

- ***Standard A3.14c*** (provided evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- ***Standard B1.09*** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies), and
- ***Standard C4.01*** (provided evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs).

Additional information (physical space solution) due December 31, 2013.

March 2012
Accreditation-Continued; Next Comprehensive Evaluation: March 2016. Maximum Student Capacity: 135.
Report due July 1, 2012 (*Standards*, 4th edition) -

- ***Standard A1.09*** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- ***Standard A3.13*** (lacked evidence the program announcements and advertising accurately reflect the program offered),
- ***Standard A3.14c*** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes),
- ***Standard B1.09*** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies), and
- ***Standard C4.01*** (lacked evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs).

September 2010
Program Change: Change in maximum student capacity (90 to 135). The commission **acknowledged the proposed change**. No further information requested.

March 2010
The commission **did not accept the report**. No further information requested.

March 2009
Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 90.
Report due January 8, 2010 (*Standards*, 3rd edition) -

- ***Standard B1.06*** (lacked evidence for each didactic and clinical course, the program provides a syllabus that defines expectations and guides student acquisition of expected competencies),

- ***Standards C1.01c-f*** (lacked evidence the program collects and analyzes c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences and faculty, e) graduate evaluations of curriculum and program effectiveness and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- ***Standards C2.01b1, 3, 4, 6*** (lacked evidence the self-study documents
  - b1) student attrition, deceleration, and remediation,
  - b3) student failure rates in individual courses and rotations,
  - b4) student evaluations of individual didactic courses, clinical experiences, and faculty and
  - b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2008

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

- ***Standards A1.07a and b*** (provided evidence the sponsoring institution assures that the program has a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students and b) the human resources needed to operate the program),
- ***Standard A2.03*** (provided evidence core faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A2.09*** (provided evidence the program director provides effective leadership and management),
- ***Standard B1.06*** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- ***Standards B4.01a and c*** (provided evidence the program provides instruction in basic counseling and patient education skills necessary to help patients and families a) cope will illness and injury and c) modify their behaviors to more healthful patterns),
- ***Standards B4.02c and e*** (provided evidence the program provides instruction in c) human sexuality and e) response to illness, injury and stress),
- ***Standards B6.01b and d*** (provided evidence the program provides instruction in b) health care delivery systems and health policy and d) quality assurance and risk management in medical practice),
- ***Standard B6.03i*** (provided evidence the program provides instruction in credentialing),
- ***Standards C1.01d and e*** (provided evidence the program collects and analyzes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) graduate evaluations of curriculum and program effectiveness),
- ***Standards C2.01a and b1-7*** (provided evidence the self-study report documents
  - a) the program's process of ongoing self assessment,
  - b1) student attrition, deceleration, and remediation,
  - b2) faculty attrition,

- b3) student failure rates in individual courses and rotations,
- b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
- b5) graduate evaluations of curriculum and program effectiveness,
- b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
- b7) the most recent five-year first time and aggregate graduate performance on the PANCE),

- ***Standard D1.02a*** (provided evidence health screening and immunization of students is based on current Centers for Disease Control recommendations for health professionals). No further information requested.

<u>September-October 2007</u>
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 90. The program appealed the commission's decision. The Appeal Review Panel upheld the commission's decision.
Report due January 11, 2008 (*Standards*, 3rd edition) -

- ***Standards A1.07a and b*** (lacked evidence the sponsoring institution assures that the program has a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students and b) the human resources needed to operate the program),
- ***Standard A2.03*** (lacked evidence core faculty are sufficient in number to meet the academic needs of enrolled students),
- ***Standard A2.09*** (lacked evidence the program director provides effective leadership and management),
- ***Standard B1.06*** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- ***Standards B4.01a and c*** (lacked evidence the program provides instruction in basic counseling and patient education skills necessary to help patients and families a) cope will illness and injury and c) modify their behaviors to more healthful patterns),
- ***Standards B4.02c and e*** (lacked evidence the program provides instruction in c) human sexuality and e) response to illness, injury and stress),
- ***Standards B6.01b and d*** (lacked evidence the program provides instruction in b) health care delivery systems and health policy and d) quality assurance and risk management in medical practice),
- ***Standard B6.03i*** (lacked evidence the program provides instruction in credentialing),
- ***Standards C1.01d and e*** (lacked evidence the program collects and analyzes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) graduate evaluations of curriculum and program effectiveness),
- ***Standards C2.01a and b1-7*** (lacked evidence the self-study report documents
  - a) the program's process of ongoing self assessment,

- b1) student attrition, deceleration, and remediation,
- b2) faculty attrition,
- b3) student failure rates in individual courses and rotations,
- b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
- b5) graduate evaluations of curriculum and program effectiveness,
- b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
- b7) the most recent five-year first time and aggregate graduate performance on the PANCE),

- ***Standard D1.02a*** (lacked evidence health screening and immunization of students is based on current Centers for Disease Control recommendations for health professionals).

<u>September 2005</u>
The commission **acknowledged the report** providing evidence of

- Clarification on anatomy and physiology objectives. No further information requested.

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

- ***Standard A2.1*** (provided evidence the program has effective leadership and management),
- ***Standard B1.2*** (provided evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice),
- ***Standards B2.1a and b*** (provided evidence instruction includes a) human anatomy and b) physiology),
- ***Standard B2.2*** (provided evidence while programs may require basic sciences as prerequisites to enrollment, those prerequisites do not substitute for the basic medical science education of the professional component of the program),
- ***Standards C2.2b and g*** (provided evidence critical analysis of outcome data includes b) faculty attrition and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standards C4.1a, b and c*** (provided evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement). No further information requested.

<u>March 2005</u>
The commission **acknowledged the report** providing evidence of

- Update on hiring and revised objectives for anatomy and physiology.

Additional information (clarification on anatomy and physiology objectives) due July 15, 2005.

September 2004
Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 60.
Report due January 14, 2005

- Update on hiring and revised objectives for anatomy and physiology.

Due August 15, 2005 (*Standards*, 2nd edition) -

- ***Standard A2.1*** (lacked evidence the program has effective leadership and management),
- ***Standard B1.2*** (lacked evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice),
- ***Standards B2.1a and b*** (lacked evidence instruction includes a) human anatomy and b) physiology),
- ***Standard B2.2*** (lacked evidence while programs may require basic sciences as prerequisites to enrollment, those prerequisites do not substitute for the basic medical science education of the professional component of the program),
- ***Standards C2.2b and g*** (lacked evidence critical analysis of outcome data includes b) faculty attrition and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- ***Standards C4.1a, b and c*** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement).

March 2004
The commission **acknowledged the report** providing evidence of

- Updated information on the curriculum transition. No further information requested.

September 2003
Program Change: Change in curriculum (baccalaureate to a master's degree). The commission **acknowledged the proposed** change. Additional information (timeline for implementation, course descriptions, clinical assignments and rotation schedule and clarification on transfer students) due January 15, 2004.

March 2003
The commission **accepted the report** providing evidence of

- The CVs of the program director and clinical coordinators and listing of faculty. No further information requested.

September 2002
The commission **accepted the report** providing evidence of

- FTE of clinical coordinator and CV of new program director.

Additional information (CVs of new program director and clinical coordinators and updated list of faculty) due January 15, 2003.

March 2002
The commission **did not accept the report** providing evidence of

- Listing and CVs of core and teaching faculty and analysis of difficulties experienced in recruitment and hiring.

Additional information (FTE of clinical coordinator and CV of program director) due as soon as possible.

December 2001
The commission reviewed May and November 2001 letters from the program director regarding faculty and noted the program was in noncompliance with standard A 2.5 (program employed only one PA as core faculty).

Additional information (listing and CVs of core and teaching faculty and analysis of difficulties experienced in recruitment and hiring) due February 1, 2002.

March 2001
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1 c (3)*** (provided evidence the program has an adequate number of core faculty).

Additional information (update on hiring an academic coordinator) due June 1, 2001.

September 2000
Accreditation-Continued; Next Comprehensive Evaluation: September 2004.
Report due January 15, 2001 (*Standards*, 1st edition) -

- ***Standard I B 1 c (3)*** (lacked evidence the program has an adequate number of core faculty).

September 1999
The commission **accepted the report** providing evidence of

- Update on addition or replacement of core faculty. No further information requested.

March 1999
The commission **accepted the report** providing evidence of

- CV and job description of the academic coordinator.

Additional information (update on addition or replacement of core faculty) due August 1, 1999.

September 1998
The commission **acknowledged the report** addressing 1st edition

- ***Standards I B 1 c (1) and (2)*** (provided evidence there are a sufficient number of experienced qualified faculty),

- ***Standard I C 2*** (provided evidence evaluation methods for all didactic courses are fully developed) and
- ***Standard II B 1*** (provided evidence instruction in searching and interpreting the medical literature is adequate to guide student learning).

Additional information (CV and job description of the academic coordinator) due February 1, 1999.

March 1998

Accreditation-Provisional; Next Comprehensive Evaluation: September 2000.
Report due August 1, 1998 (*Standards*, 1st edition) -

- ***Standards I B 1 c (1) and (2)*** (lacked evidence there are a sufficient number of experienced qualified faculty),
- ***Standard I C 2*** (lacked evidence evaluation methods for all didactic courses are fully developed) and
- ***Standard II B 1*** (lacked evidence instruction in searching and interpreting the medical literature is adequate to guide student learning).