Middle Tennessee State University
Accreditation History

First accredited: September 2021
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 six (6) areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: October 2036. Maximum class size: 30.
Report due March 30, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***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 A3.12i*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- ***Standard A3.17a*** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)
- ***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 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)
- ***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)

September 2025
The commission **accepted** 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)

No further information requested.

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

- ***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 (Current version of Emergency Medicine (EM) learning outcomes with the associated EM Preceptor Evaluation demonstrating alignment and the program's ability to identify deficiencies in a timely manner and description of how the preceptor can assess the learning outcome (# 8) in EM.) due December 15, 2025

No additional information required for 5th edition:

- ***Standard A1.01*** (provided 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 A1.02k*** (provided evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees)
- ***Standard 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 A2.09d*** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard B1.03e*** (provided 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)

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

- Updates to the program's website.

No further information requested.

<u>March 2025</u>

The commission **did not accept** 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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

Report due May 1, 2025:

- Update attrition table on website.

Report due June 1, 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)

No report due (ARC-PA expects the program to demonstrate compliance with this standard at its Final Provisional visit):

- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

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.

<u>September 2024 (following Provisional Monitoring review)</u>
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 13 areas of noncompliance with the *Standards*. The program received a Warning Letter regarding the program's implementation and documentation of its self-assessment process, particularly when demonstrating that it had implemented data analysis.
Next Comprehensive Evaluation: September 2026 (Final Provisional). Maximum class size: 30
Report due January 3, 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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

Report due May 10, 2025 (*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 A1.02k*** (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees)
- ***Standard 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 A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***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 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)

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- ***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 C1.02b*** (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)
- ***Standard E1.03*** (lacked evidence program submits reports or documents as required by the ARC-PA)

<u>September 2023</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.

<u>June 2022</u>

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

- ***Standard B4.01b*** (lacked evidence student assessment in the supervised clinical practice experience components allows the program to identify and address any student deficiencies timely).

No further information requested.

<u>September 2021</u>

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 30.

Report due March 1, 2022 (*Standards*, 5th edition) -

- ***Standard B4.01b*** (lacked evidence student assessment in the supervised clinical practice experience components allows the program to identify and address any student deficiencies timely).