North Central College
Accreditation History

First accredited: September 2021
Next review: April 2036
Maximum class size: 32

October 2026
The commission **accepted** the report addressing 5th edition

- ***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)

No further information required.

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

- A succinct summary/conclusions section and a revised ACTIONS table that includes all data-driven conclusions from the narrative, along with corresponding action plans, responsibilities, timelines, and expected outcomes in follow up to PANCE report for the 2024 cohort.

No further information required.

April 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 1 area of noncompliance with the *Standards*.
Next Comprehensive Evaluation: April 2036. Maximum class size: 32.
Report due July 24, 2026 (*Standards*, 5th edition):

- ***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)

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

- Revised SCPE preceptor evaluations for each required SCPE and revised initial and ongoing Assessment of Clinical Site forms.

No further information required.

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**. Additional information (A succinct summary/conclusions section and a revised ACTIONS table that includes all data-driven conclusions from the narrative, along with corresponding action plans, responsibilities, timelines, and expected outcomes) due April 15, 2026.

June 2025
The commission **reviewed and requested more information of the report** providing evidence of

- Revised SCPE preceptor evaluations for each required SCPE and revised initial and ongoing Assessment of Clinical Site forms

Additional information (description of the program's approach to its revisions on SCPE syllabi and preceptor evaluations to show how the preceptor evaluation allows the program to identify and address any student deficiencies in learning outcomes in a timely manner) due July 29, 2025.

March 2025

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

- ***Standard A3.15b*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)
- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B4.01b*** (lacked evidence that 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)
- ***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)

Additional information (Revised SCPE preceptor evaluations for each required SCPE and revised initial and ongoing Assessment of Clinical Site forms) due January 2, 2025.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2024 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2026 (Final Provisional). Maximum class size: 32.

Report due October 1, 2024 (*Standards*, 5th edition):

- ***Standard A3.15b*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B4.01b*** (lacked evidence that 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)

- ***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)

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

- ***Standard A3.12f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- ***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 2021</u>

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for a maximum class size of 32.

No report due (*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; corrected subsequent to the visit).