Pfeiffer University
Accreditation History

First accredited: September 2019
Next review: October 2034
Maximum class size: 28

October 2026 (following Probation review)
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted zero (0) areas of noncompliance with the *Standards.*
Next Comprehensive Evaluation: October 2034. Maximum class size: 28.

September 2025
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.

June 2025
The commission **accepted** the report addressing 5th edition

- ***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 having a documented action plan for diversity, equity and inclusion)
- ***Standard A1.011c*** (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 retention strategies)
- ***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 and that align with what is expected and taught)
- ***Standard B4.01b*** (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 and that allow the program to identify and address any student deficiencies in a timely manner)

No further information requested.

September 2024
Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.*
The commission noted 9 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the September 2026 commission meeting. The program's maximum class size is 28. The commission's decision for extended probation is not appealable.
Report due January 15, 2025 (*Standards*, 5th edition):

- ***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 having a documented action plan for diversity, equity and inclusion)

- ***Standard A1.011c*** (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 retention strategies)
- ***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)

Report due March 2, 2026 (*Standards*, 5th edition) modified self-study report:

- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***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 C1.03*** (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 program submits reports or documents as required by the ARC-PA)

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

- Updates to the program's Program Management Portal.

No further information requested.

<u>March 2024</u>

The commission **did not accept** 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)

No further information requested. The program will be assessed for compliance at its upcoming final provisional and probation visit.

Report due May 1, 2024:

- Update SCPE data in Program Management Portal

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

- portal update, description of how the sponsoring institution has provided sufficient principal faculty to operate the program and update on the hiring of four planned principal faculty members

No further information requested.

Program Change: decrease maximum class size to 28 students. The commission **approved the proposed change.** No further information requested.

Program Change: Change in graduation requirements (115 to 116 credits). The commission **Approved the proposed change**. No further information requested.

<u>September 2023</u>

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

- ***Standard A2.18b*** **(**provided evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- ***Standard B3.04a*** (provided evidence supervised clinical practice experiences occur in the emergency department setting)
- ***Standard B3.04d*** (provided evidence supervised clinical practice experiences occur in the operating room setting)
- ***Standard C1.01a-g*** (provided evidence the 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, effectiveness of the didactic curriculum, effectiveness of the clinical curriculum, preparation of graduates to achieve program defined competencies, PANCE performance, sufficiency and effectiveness of principal and instructional faculty and staff, and success in meeting the program's goals*)*

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

- ***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 demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in defining its goal(s) for diversity and inclusion)
- ***Standard A1.11c (***lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- ***Standard A1.11d (***lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by making available, resources which promote diversity and inclusion)

- ***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 A2.05a*** (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)

Additional information (portal update, description of how the sponsoring institution has provided sufficient principal faculty to operate the program and update on the hiring of four planned principal faculty members) due December 1, 2023. No additional information due for standards A1.11a, A1.11c, A1.11d, and A2.05a as the program is expected to demonstrate compliance for these standards at the final provisional and probation site visit.

June 2023

The commission accepted the findings of the virtual site visit. No further information requested.

No report due for the following standards as the program is expected to demonstrate compliance for this standard at the upcoming probation site visit:

- ***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 **t**he 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 A1.02g*** (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs,
- ***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 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 A2.09g*** (lacked evidence the program director is knowledgeable and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable and responsible for adherence to the *Standards* and ARC-PA policies)
- ***Standard A2.14*** **(**lacked evidence that in addition to the principal faculty, there are sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- ***Standard A2.16*** (lacked evidence instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)

- ***Standard A2.18b*** **(**lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard B3.04a*** (lacked evidence supervised clinical practice experiences occur in the emergency department setting)
- ***Standard B3.04d*** (lacked evidence supervised clinical practice experiences occur in the operating room setting)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B3.07g*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental healthcare)
- ***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 program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted** the report. No further information requested.

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

- ***Standard A3.11*** (provided evidence the sponsoring institution and program's announcements and advertising accurately reflects the program offered)
- ***Standard A3.12b*** (provided 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 A3.14*** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- ***Standard B1.01a*** (provided evidence the curriculum is consistent with the mission and goals of the program)
- ***Standard B1.03*** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- ***Standard B2.10c*** (provided evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams, including application of these principles in interprofessional teams)
- ***Standard B2.11g*** (provided evidence the curriculum includes instruction in the violence identification and prevention areas of social and behavioral sciences and their application to clinical practice)
- ***Standard B2.12c*** (provided evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)
- ***Standard B2.16b*** (provided evidence the curriculum includes instruction in prevention of medical errors)
- ***Standard B2.19a*** (provided evidence the curriculum includes instruction in intellectual honesty)
- ***Standard B2.19b*** (provided evidence the curriculum includes instruction in academic integrity)
- ***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*** (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)
- ***Standard B4.03a*** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)

- ***Standard B4.03c*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including interpersonal skills)
- ***Standard B4.03e*** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)

Additional information (description of how the PAEA EOR exams align with the program's learning outcomes and instructional objectives for each SCPE, and how students are informed of what is expected and how the program monitors the progress of each student to identify and address individual deficiencies in learning outcomes that have multiple expectations as in the program's preceptor evaluation forms) due August 18, 2023.

Program Change: Change in graduation requirements (115 to 116 credits). The commission **Reviewed and More Information Requested** the change.
Additional information (comparison of faculty workload with the current and proposed curriculum, analysis of whether the program has sufficient principal and/or instructional faculty to execute the change and how the program determined this, and description of whether the proposed changes would result in any change to administrative staff responsibilities consistent with the organizational complexity and how the program determined this due September 4, 2023.

<u>March 2023</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 A1.02c*** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02g*** (provided evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- ***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 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 A2.09g*** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there are sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)

- ***Standard A2.18b*** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard B3.04a*** (lacked evidence supervised clinical practice experiences occur in the emergency department setting)
- ***Standard B3.04d*** (lacked evidence supervised clinical practice experiences occur in the operating room setting)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- ***Standard B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B3.07g*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- ***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 that 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 that 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 that students are able to fulfill program learning outcomes with access to supervision)

No follow up report required at this time. The program is expected to demonstrate compliance for these standards at the upcoming focused site visit.

No report due for the following standards as the program is expected to demonstrate compliance for these standards at the upcoming focused site visit:

- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- ***Standard A2.09h*** **(**lacked evidence the program director is knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- ***Standard A2.16*** **(**lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors must hold a valid license to practice at the clinical site)

<u>September 2022 (following Provisional Monitoring review)</u>
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- the sponsoring institution's responsibility for program assessment and effective leadership
- the sponsoring institution providing the program with sufficient principal faculty, instructional faculty, and administrative staff to operate the educational program, comply with standards, and fulfill obligations to matriculating and enrolled students, specifically while increasing class size
- student academic records kept by the sponsoring institution or program, in a paper or electronic format, readily accessible to authorized program personnel and that includes documentation that the student has met published admissions criteria, student performance criteria while enrolled, and all requirements for program completion
- didactic and clinical courses (including required and elective rotations) with defined and published learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.
- a curriculum with opportunities for all students to apply the principles of interprofessional practice in an interprofessional team setting; instruction in violence prevention, developing coping mechanisms, prevention of medical errors, intellectual honesty and academic integrity.
- documented initial and ongoing evaluation of clinical sites to ensure adequate safety and security for students, patient populations, access to physical facilities, and that each preceptor/clinical site, as part of the supervised clinical practice experiences, enables students to meet program defined outcomes for family medicine, internal medicine, emergency medicine, pediatrics, women's health, general surgery, orthopedics, and behavioral and mental health.
- the program's methods of assessment in the clinical curriculum aligned with what is expected and taught in the supervised clinical education learning outcomes
- the program's methods of assessment in supervised clinical practice experiences monitor and document the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes for each age group and visit type.

- the program's summative evaluation verified each student meets the program's competencies required to enter clinical practice, including clinical and technical skills, interpersonal skills, and professional behaviors
- a fully defined, ongoing self-assessment process that documented program effectiveness and fostered program improvement
- a self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans

A focused probation site visit will need to occur in advance of the September 2024 commission meeting. The maximum approved class size is 45 students per class. The program did not appeal the commission's decision.

Report due December 22, 2022 (*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 A1.02g*** (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- ***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 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 A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there are sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- ***Standard A2.18b*** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard B3.04a*** (lacked evidence supervised clinical practice experiences occur in the emergency department setting)
- ***Standard B3.04*** (lacked evidence supervised clinical practice experiences occur in the operating room setting)
- ***Standard B3.07a*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)

- ***Standard B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***Standard B3.07e*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- ***Standard B3.07f*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- ***Standard B3.07g*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- ***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 that 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 that 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 that students are able to fulfill program learning outcomes with access to supervision)

Report due March 31, 2023 (*Standards*, 5th edition):

- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflects the program offered)
- ***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 A3.14*** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- ***Standard B1.01a*** (lacked evidence the curriculum is consistent with the mission and goals of the program)
- ***Standard B1.03*** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)

- ***Standard B2.10c*** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams, including application of these principles in interprofessional teams)
- ***Standard B2.11g*** (lacked evidence the curriculum includes instruction in the violence identification and prevention areas of social and behavioral sciences and their application to clinical practice)
- ***Standard B2.12c*** (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)
- ***Standard B2.16b*** (lacked evidence the curriculum includes instruction in prevention of medical errors)
- ***Standard B2.19a*** (lacked evidence the curriculum includes instruction in intellectual honesty)
- ***Standard B2.19a*** (lacked evidence the curriculum includes instruction in academic integrity)
- ***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)
- ***Standard B4.03a*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- ***Standard B4.03c*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including interpersonal skills)
- ***Standard B4.03e*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)

Report due June 30, 2023 (*Standards*, 5th edition):

- ***Standard A1.11a (***lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in defining its goal(s) for diversity and inclusion)
- ***Standard A1.11c (***lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by supporting the program in implementing retention strategies)
- ***Standard A1.11d (***lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity and inclusion by making available, resources which promote diversity and inclusion)

- ***Standard A2.05a*** (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)
- ***Standard C1.01a-g*** (lacked evidence the 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, effectiveness of the didactic curriculum, effectiveness of the clinical curriculum, preparation of graduates to achieve program defined competencies, PANCE performance, sufficiency and effectiveness of principal and instructional faculty and staff, and success in meeting the program's goals*)*

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

- ***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 that the student has met published admission criteria including advanced placement if awarded)
- ***Standard A3.17c*** (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 that the student has met published admission criteria including student performance while enrolled)
- ***Standard A3.17f*** (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 requirements for program completion)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with *NCCPA* certified PAs)
- ***Standard C1.02a*** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- ***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 program action plans)
- ***Standard C1.03*** (lacked evidence **t**he 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)

Pfeiffer University
Accreditation History

March 2021
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.

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

- Learning outcomes [LOs] and determination of student attainment in supervised clinical practice experiences of LOs. 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 2020
The commission **accepted the report** addressing 4th edition

- ***Standard A3.15a*** (provided evidence the program makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- ***Standard B2.17*** (provided evidence the program curriculum includes instruction about the physician-PA team relationship),
- ***Standard B3.02*** (provided some evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program learning outcomes for preventive, emergent, acute and chronic patient encounters),
- ***Standards B3.03a-d*** (provided some evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes),
- ***Standard C3.02*** (provided evidence the program has a method to document defined professional behaviors for students during the didactic phase of the program) and
- ***Standard C3.04*** (provided evidence the program's planned summative evaluation of each student would occur within the final four months of the program to verify that each student is prepared to enter clinical practice).

Additional information (standards B3.02 and B3.03a-d related to learning outcomes [LOs] and determination of student attainment in SCPEs of LOs) due April 13, 2020.

September 2019
Accreditation-Provisional; Next Comprehensive Evaluation: June 2022 (Provisional Monitoring).
The program is approved for up to 24 students in the first class of students, 36 in the second class and 45 in the third class.
Report due December 6, 2019 (*Standards*, 4th edition) -

- ***Standard A3.15a*** (lacked evidence the program makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),

- ***Standard B2.17*** (lacked evidence the program curriculum includes instruction about the physician-PA team relationship),
- ***Standard B3.02*** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program learning outcomes for preventive, emergent, acute and chronic patient encounters),
- ***Standards B3.03a-d*** (lacked evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes),
- ***Standard C3.02*** (lacked evidence the program has a method to document defined professional behaviors for students during the didactic phase of the program) and
- ***Standard C3.04*** (lacked evidence the program's planned summative evaluation of each student would occur within the final four months of the program to verify that each student is prepared to enter clinical practice).