Red Rocks Community College
Accreditation History

First accredited: October 1998
Next review: July 2027
Maximum class size: 32

April 2026
The number of students in the Program Management Portal 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 2025
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.

March 2025
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.

March 2023
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.

March 2021
Program Change: Change in maximum class size (maximum class size remains 32). Commission determined program demonstrated adequate resources and rationale to accept one-time transfer of student who replaces a decelerated student. No further information requested.

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.

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 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.

March 2019
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.

Red Rocks Community College
Accreditation History

First accredited: October 1998
Next review: July 2027
Maximum class size: 32

September 2018
The commission **accepted the reports** addressing 4th edition

- ***Standards B3.07d-e*** (provided evidence that all students have SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn). No further information requested.
- ***Standard C2.01c*** (provided evidence of a self-study report (SSR) that documents faculty evaluation of the curricular and administrative aspects of the program). No further information requested.

June 2018
The commission **did not accept the report** addressing 4th edition

- ***Standards B3.07d-e*** (lacked evidence that all students have SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn). Additional information due July 11, 2018**.**

March 2018
The commission **did not accept the report** addressing 4th edition

- ***Standard C2.01c*** (lacked evidence of a self-study report (SSR) that documents faculty evaluation of the curricular and administrative aspects of the program).

Additional information (standard C2.01c, lacked evidence of the SSR that documents faculty evaluation of the curricular and administrative aspects of the program [Appendix 13L]) due July 2, 2018.
The commission **did not accept the report** addressing 4th edition

- ***Standards B3.07d-e*** (lacked evidence of supervised clinical practice experiences (SCPEs) with preceptors practicing in d) pediatrics and e) ob/gyn).

Additional information (standards B3.07d-e, lacked evidence that all students have SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn) due February 12, 2018.

July 2017
The commission **acknowledged the report** providing evidence of

- The website update and

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

- ***Standard B1.09*** (provided evidence of instructional objectives for didactic and clinical courses). No further information requested.

January 2017
Accreditation-Continued; Next Comprehensive Evaluation: March 2027. The program is approved for up to 32 students.
Report due March 21, 2017

- Website update

Due March 21, 2017 (*Standards*, 4th edition) -

- ***Standard B1.09*** (lacked evidence of instructional objectives for didactic and clinical courses),

Due July 15, 2017 (*Standards*, 4th edition) -

Red Rocks Community College
Accreditation History

- ***Standards B3.07d-e*** (lacked evidence of supervised clinical practice experiences with preceptors practicing in d) pediatrics and e) ob/gyn) and

Due December 1, 2017 (*Standards*, 4th edition) -

- ***Standard C2.01c*** (lacked evidence of a self-study report that documents faculty evaluation of the curricular and administrative aspects of the program).

September 2015

Program Change: Change in Academic Degree. The commission **approved the proposed change** to a master curriculum. No further information requested.

March 2014

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

- Updated PANCE in Program Management Portal.

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

- Clarification of how grades for each clerkship module are calculated and how students are informed of learning expectations. No further information requested.

September 2013

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

- ***Standard B1.09*** (provided evidence of measurable learning objectives in clerkship syllabi).

Additional clarifying information (update PANCE in Program Management Portal by October 31, 2013 and explain how grades for each clerkship module are calculated and how students are informed of learning expectations due January 1, 2014).

March 2013

The commission **did not accept the report** addressing 4th edition

- ***Standard B1.09*** (lacked evidence of measurable learning objectives in clerkship syllabi).

Additional information (standard B1.09, lacked evidence of ongoing work to provide learning objectives in clerkship syllabi) due July 1, 2013.

September 2012

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

- Website and Program Management Portal update.

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

- ***Standard B1.09*** (provided some evidence of instructional objectives that guide student acquisition of required competencies for all courses).

Additional information (standard B1.09, lacked evidence of ongoing work to provide learning objectives in clerkship syllabi) due December 31, 2012.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2017. The program is approved for up to 64 students**.**

Red Rocks Community College
Accreditation History

Report due April 20, 2012

- Website and Program Management Portal update and

Due July 1, 2012 (*Standards*, 4th edition) -

- ***Standard B1.09*** (lacked evidence of instructional objectives that guide student acquisition of required competencies for all courses).

<u>September 2010</u>

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

- ***Standard B1.06*** (provided evidence of a published syllabus for the elective rotation that defines expectations and guides student acquisition of expected competencies),
- ***Standard B3.04d*** (provided evidence of learning objectives for rehabilitative care). No further information requested.

Program Change: Program length increased to 25 months and the Maximum Aggregate Student Enrollment has been changed to 96. The commission **acknowledged the proposed change.** No further information requested.

<u>March 2010</u>

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

- ***Standard B1.06*** (provided some evidence of a published syllabus that defines expectations and guides student acquisition of expected competencies for each clinical course),
- ***Standard B3.04d*** (provided some evidence of instruction in rehabilitative care) and
- ***Standards C2.01b4, 6-7*** (provided evidence of a self-study report that documents b4) student evaluations of individual didactic courses, clinical experiences, and faculty, 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).

Additional information (standards B1.06 [lacked evidence of a published syllabus for the elective rotation] and B3.04d [lacked evidence of the learning objectives/outcomes for rehabilitative care]) due July 1, 2010.

<u>March 2009</u>

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. The program is approved for up to 64 students.

Report due by January 8, 2010 (*Standards*, 3rd edition) -

- ***Standard B1.06*** (lacked evidence of a published syllabus that defines expectations and guides student acquisition of expected competencies for each clinical course),
- ***Standard B3.04d*** (lacked evidence of instruction in rehabilitative care) and
- ***Standards C2.01b4, 6-7*** (lacked evidence of a self-study report that documents b4) student evaluations of individual didactic courses, clinical experiences, and faculty, 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).

Red Rocks Community College
Accreditation History

September 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard A2.02*** (provided evidence core program faculty includes two FTE NCCPA certified PAs). No further information requested.

March 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard A2.02*** (provided some evidence core program faculty includes two FTE NCCPA certified PAs),
- ***Standard A2.09*** (provided evidence the program director provided effective leadership and management),
- ***Standard A2.10*** (provided evidence the program director is knowledgeable about and responsible for the accreditation process),
- ***Standards A2.11d, e*** (provided evidence the program director is knowledgeable about and responsible for the program's d) continuous review and analysis and e) planning),
- ***Standard B7.03d*** (provided evidence supervised clinical practice experiences are provided in a long-term care setting),
- ***Standard C1.02*** (provided evidence the program consistently applies program assessment to all dimensions of the program),
- ***Standard C2.01a*** (provided evidence the self-study report documents the program's process of ongoing self-assessment),
- ***Standards C2.01b3-4, 6*** (provided evidence the self-study report documents outcome data and critical analysis of 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) and
- ***Standards C2.01c-e*** (provided evidence the self-study report documents the process and results of ongoing self-assessment including c) self-identified program strengths and areas in need of improvement, d) modifications that occurred as a result of self-assessment and e) plans for addressing areas needing improvement).

Additional information (standard A2.02, sufficient evidence of two FTE NCCPA certified PAs) due July 11, 2008.

March 2007
Accreditation-Continued; Next Comprehensive Evaluation: March 2009.
Report due January 11, 2008 (*Standards*, 3rd edition) -

- ***Standard A2.02*** (lacked evidence core program faculty includes two FTE NCCPA certified PAs),
- ***Standard A2.09*** (lacked evidence the program director provided effective leadership and management),
- ***Standard A2.10*** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),

- ***Standards A2.11d, e*** (lacked evidence the program director is knowledgeable about and responsible for the program's d) continuous review and analysis and e) planning),
- ***Standard B7.03d*** (lacked evidence supervised clinical practice experiences are provided in a long-term care setting),
- ***Standard C1.02*** (lacked evidence the program consistently applies program assessment to all dimensions of the program),
- ***Standard C2.01a*** (lacked evidence the self-study report documents the program's process of ongoing self-assessment),
- ***Standards C2.01b3-4, 6*** (lacked evidence the self-study report documents outcome data and critical analysis of 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) and
- ***Standards C2.01c-e*** (lacked evidence the self-study report documents the process and results of ongoing self-assessment including c) self-identified program strengths and areas in need of improvement, d) modifications that occurred as a result of self-assessment and e) plans for addressing areas needing improvement).

<u>September 2005</u>
The commission **acknowledged the report** addressing 2nd edition

- ***Standard B6.2g, h*** (provided evidence that every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
- ***Standard C2.1*** (provided evidence of analysis on student and recent graduate outcomes),
- ***Standard C2.2c-f*** (provided evidence of critical analysis in self-study reports of c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- ***Standard C4.1a-d*** (provided evidence that self-study reports document a) process and results of continuous evaluation, b) outcome data analysis, c) self-identified program strengths, weaknesses, and opportunities for improvement and d) modifications that occurred as a result of self-evaluation). No further information requested.

<u>March 2005</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2007. Maximum Student Capacity: 56. Report due July 15, 2005 (*Standards*, 2nd edition) -

- ***Standard B6.2g, h*** (lacked evidence that every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
- ***Standard C2.1*** (lacked evidence of analysis on student and recent graduate outcomes),
- ***Standard C2.2c-f*** (lacked evidence of critical analysis in self-study reports of c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program

effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and

- ***Standard C4.1a-d*** (lacked evidence that self-study reports document a) process and results of continuous evaluation, b) outcome data analysis, c) self-identified program strengths, weaknesses, and opportunities for improvement and d) modifications that occurred as a result of self-evaluation).

March 2002
The commission **accepted the report** addressing 1st/2nd edition

- ***Standard I C 2/C5.5*** (provided evidence the summary evaluation included assessment of students' technical skills) and
- ***Standard I C 3 a/D1.2*** (provided evidence the health screening policy insures that student and patients will be protected from exposure to tuberculosis). No further information requested.

Personnel Change: Program director appointed, effective December 2001.

March 2001
Accreditation-Continued; Next Comprehensive Evaluation: March 2005.
Report due February 1, 2002 (*Standards*, 1st/2nd edition) -

- ***Standard I C 2/C5.5*** (lacked evidence the summary evaluation included assessment of students' technical skills) and
- ***Standard I C 3 a/D1.2*** (lacked evidence the health screening policy insures that student and patients will be protected from exposure to tuberculosis).

September 2000
Personnel Change: Program director appointed, effective July 1, 2000.

October 1998
Accreditation-Provisional; Next Comprehensive Evaluation: March 2001. The commission noted zero areas of noncompliance with the *Standards*.