Trevecca Nazarene University
Accreditation History

First accredited: October 1978
Next review: April 2027
Maximum class size: 50

October 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 **did not accept the report**. While no further information is being requested at this time, the ARC-PA will pay particular attention to the areas described in the report during the upcoming probation visit on October 19-20, 2026.

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

- How the program announcements and advertisements reflect that some rotations are scheduled for a different duration than other rotations and evidence that preceptors and hold or have held board certification.

No further information requested.
Report due September 15, 2026:

- Update Graduation Rate Table and success in achieving goals on the program website

January 2026
The commission **reviewed and more information requested** of the report addressing (*Standards*, 5th edition):

- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)

Additional information (how the program announcements and advertisements reflect that some rotations are scheduled for a different duration than other rotations and evidence that preceptors and hold or have held board certification) due April 3, 2026.

No additional information required for (*Standards*, 5th edition):

- ***Standard B3.07f*** (provided 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 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)
- ***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)

Report due March 16, 2026:

- Update PANCE pass rate data, tuition and fees data and student attrition data in the program management portal.

The commission **accepted** the report addressing the observation for (*Standards*, 5th edition):

- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***Standard B3.03c*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])

and noted 0 areas of noncompliance with the *Standards*.

<u>September 2025</u>

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

- Updates to the program's website.

No further information requested.

<u>March 2025</u>

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards.* The commission noted 8 areas of noncompliance with the *Standards* and 2 new observations by the commission. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 50. The commission's decision of extended probation is not appealable.

Report due May 1, 2025:

- Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on the program's website

Report due September 1, 2025 (*Standards*, 5th edition):

- ***Standard A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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 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)

- ***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)

Report due August 3, 2026 (*Standards*, 5th edition) modified self-study report:

- ***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 (program will provide evidence at its next probation review in March 2027):

- ***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)

Observation response due September 1, 2025 (*Standards*, 5th edition):

- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***Standard B3.03c*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])

<u>June 2024</u>

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

- Updates to the program's Program Management Portal. No further information requested.

<u>March 2024</u>

The commission **Accepted** the report addressing 5th edition:

- ***Standard B3.03a*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)
- ***Standard B3.03d*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- ***Standard B3.03e*** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)

- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.07f*** (provided 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 B4.01a*** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- ***Standard B4.01b*** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

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.

<u>September 2023</u>
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)
- ***Standard A1.02c*** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- ***Standard A1.02d*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A2.09d*** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (provided evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***Standard A3.03*** (provided evidence program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- ***Standard A3.04*** (provided evidence program defines, publishes, makes readily available and consistently applies a policy that PA students must not be required to work for the program)
- ***Standard A3.05a*** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as instructional faculty)
- ***Standard A3.08b*** (provided evidence program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk,

including addressing procedures for care and treatment after exposure)

- ***Standard A3.08c*** (provided evidence program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk, including clearly defining financial responsibility)
- ***Standard A3.09*** (provided evidence the program defines, publishes, makes readily available and consistently applies policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation)
- ***Standard A3.10*** (provided evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)
- ***Standard A3.12b*** (provided evidence 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 A3.15d*** (provided evidence program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)

Report due November 10, 2023:

- Update SCPE tab in Program Management Portal

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

- Updates to the program's Program Management Portal and website. 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.

<u>March 2023</u>

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The sponsoring institution's responsibility for program assessment and effective leadership.
- Policies that are defined, inclusive of all required aspects related to the standard, and readily available to prospective and/or enrolled students.
- 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.
- Supervised clinical practice experiences that occur with preceptors who enable students to meet program defined learning outcomes for women's health to include prenatal and gynecologic care.

- The program's methods of assessment in the clinical curriculum aligned with what is expected and taught as defined in the supervised clinical education learning outcomes.
- The program's methods of assessment in supervised clinical practice experiences that 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.
- 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.
- Submission of reports or documents as required by the ARC-PA.

A focused probation visit will occur in advance of the March 2025 commission meeting. The program's maximum class size remains 50. The program did not appeal the commission's decision.

Report due May 15, 2023 (*Standards*, 5th edition):

- Update program URL in Program Management Portal
- Update PANCE data on program website
- ***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 A1.02d*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- ***Standard A2.09d*** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09h*** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- ***Standard A3.03*** (lacked evidence program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)
- ***Standard A3.04*** (lacked evidence program defines, publishes, makes readily available and consistently applies a policy that PA students must not be required to work for the program)
- ***Standard A3.05a*** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as instructional faculty)
- ***Standard A3.08b*** (lacked evidence program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk, including addressing procedures for care and treatment after exposure)
- ***Standard A3.08c*** (lacked evidence program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk, including clearly defining financial responsibility)
- ***Standard A3.09*** (lacked evidence the program defines, publishes, makes readily available and

consistently applies policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation)

- ***Standard A3.10*** (lacked evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)
- ***Standard A3.12b*** (lacked evidence 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 A3.15d*** (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)

Report due October 1, 2023 (*Standards*, 5th edition):

- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health (to include prenatal and gynecologic care)
- ***Standard B3.03d*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- ***Standard B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***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 B4.01a*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

Report due May 23, 2024 (*Standards*, 5th edition) modified SSR:

- ***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)

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

- ***Standard A2.10*** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- ***Standard E1.03*** (the program did not submit documents as required by the ARC-PA)

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 2022</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>
Program Change: Increase maximum entering class size incrementally to 120 students. The commission **did not approve the program's proposed change.** No additional information requested.

<u>September 2020</u>
The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19. No further information requested.

<u>March 2020</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>March 2017</u>
The commission **accepted the report** providing evidence of

- A complete Self-Study Report. No further information requested.

<u>May 2016</u>

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2020 to March 2023 due to this change.

March 2016
Program Change: Change in graduation requirements (116 to 142 credits), effective May 2016. The commission **acknowledged the proposed change**. No further information requested.

September 2015
The commission **acknowledged the report** providing evidence of

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

March 2015
Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 50.
Report due April 24, 2015

- Update supervised clinical practice experiences (SCPEs) in the Program Management Portal.

Due December 1, 2016

- Complete Self-Study Report.

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

- How program will ensure all student have SCPEs with general surgeons. No further information requested.

Based on report of focused visit, report due January 30, 2015 (narrative addressing how program will ensure all student have SCPEs with general surgeons).

September 2013
The commission **accepted the action** plan addressing 4th edition

- ***Standard A3.17a*** (provided evidence the program defines, publishes and makes readily available to students upon admission any required academic standards),
- ***Standards A3.19d-e*** (provided evidence that student files include documentation d) of remediation efforts and outcomes and e) of summaries of any formal academic/behavioral disciplinary action taken against a student),
- ***Standard B1.08*** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- ***Standard B1.09*** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- ***Standards B3.06a-b*** (provided evidence of supervised clinical practice experiences with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- ***Standard C2.01b*** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment) and

- ***Standard C4.01*** (provided evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

March 2013
Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 50. A focused site visit will occur in advance of the March 2015 commission meeting.
Report due June 1, 2013 (*Standards*, 4th edition) - Action plan addressing

- ***Standard A3.17a*** (provided evidence the program defines, publishes and makes readily available to students upon admission any required academic standards),
- ***Standards A3.19d-e*** (provided evidence that student files include documentation d) of remediation efforts and outcomes and e) of summaries of any formal academic/behavioral disciplinary action taken against a student),
- ***Standard B1.08*** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- ***Standard B1.09*** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- ***Standards B3.06a-b*** (provided evidence of supervised clinical practice experiences with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- ***Standard C2.01b*** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment) and
- ***Standard C4.01*** (provided evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

Due October 1, 2014 (*Standards*, 4th edition) - How standards have been addressed (basis of focused visit)

- ***Standard A3.17a*** (lacked evidence the program defines, publishes and makes readily available to students upon admission any required academic standards),
- ***Standards A3.19d-e*** (lacked evidence that student files include documentation d) of remediation efforts and outcomes and e) of summaries of any formal academic/behavioral disciplinary action taken against a student),
- ***Standard B1.08*** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- ***Standard B1.09*** (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- ***Standards B3.06a-b*** (lacked evidence of supervised clinical practice experiences with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- ***Standard C2.01b***, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment) and

- ***Standard C4.01*** (lacked evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures).

March 2011
Program Change: Change in maximum student capacity (120 to 144), effective May 31, 2011. The commission **accepted the proposed change**. No further information requested.

March 2010
The commission **accepted the report** providing evidence of

- Learning objectives. No further information requested.

September 2009
The commission **accepted the report** addressing 3rd edition

- ***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),
- ***Standard B1.09*** (provided evidence the program prepares students to provide medical care to patients from diverse populations),
- ***Standards B3.04a and d*** (provided evidence the program provides instruction in a) preventive and d) rehabilitative care) and
- ***Standard B4.02a*** (provided evidence the program provides instruction in normal psychological development of pediatric, adult, and geriatric patients).

Additional information (learning objectives) due December 31, 2009.

March 2009
Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 120.
Report due July 1, 2009 (*Standards*, 3rd edition) -

- ***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),
- ***Standard B1.09*** (lacked evidence the program prepares students to provide medical care to patients from diverse populations),
- ***Standards B3.04a and d*** (lacked evidence the program provides instruction in a) preventive and d) rehabilitative care) and
- ***Standard B4.02a*** (lacked evidence the program provides instruction in normal psychological development of pediatric, adult, and geriatric patients).

Trevecca Nazarene University
Accreditation History

March 2008
The commission **accepted the report** providing evidence of

- Documentation that problems have been resolved with supervised clinical experiences in prenatal care and gynecology and long-term care settings. No further information requested.

March 2007
The commission **accepted the report** providing evidence of

- Data and analysis that every student has experiences in prenatal care, gynecology and long term care, data and analysis of previously identifed self-study standards and documentation on student medical information.

Additional information (documentation that problems have been resolved with supervised clinical experiences in prenatal care and gynecology and long-term care settings) due January 11, 2008.

September 2006
The commission **did not accept the report** addressing 2nd edition

- ***Standard B6.2d*** (lacked evidence every student has clinical experiences in prenatal care and gynecology),
- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings),
- ***Standards C2.2a, c and e*** (lacked evidence the self-study report includes critical analysis of a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations and e) timely surveys of graduates evaluating curriculum and program effectiveness) and
- ***Standard D1.2*** (lacked evidence student health records are confidential).

Report due January 12, 2007 (data and analysis that every student has experiences in prenatal care, gynecology and long term care, data and analysis of previously identifed self-study standards and documentation on student medical information).

March 2006
Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 66. Report due July 14, 2006 (*Standards*, 2nd edition) -

- ***Standard B6.2d*** (lacked evidence every student has clinical experiences in prenatal care and gynecology),
- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings),
- ***Standards C2.2a, c and e*** (lacked evidence the self-study report includes critical analysis of a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations and e) timely surveys of graduates evaluating curriculum and program effectiveness) and
- ***Standard D1.2*** (lacked evidence student health records are confidential).

September 2005
The commission **acknowledged the report** providing evidence of

- CV of program director and student access to health care services. No further information requested.

March 2005
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.1*** (provided evidence the program has effective leadership and management),
- ***Standard B6.3*** (provided evidence clinical experience is provided in long-term care settings),
- ***Standard* C1.1** (provided evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- ***Standard C6.3*** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives) and
- ***Standard D1.6*** (provided evidence core program faculty do not participate as the primary health care providers for students in the program).

Additional information (CV of program director and student access to health care services) due July 15, 2005.

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

- Geriatric course objectives. No further information requested.

March 2004
Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 66. Report due July 15, 2004

- Geriatric course objectives.

Due January 17, 2005 (*Standards*, 2nd edition) –

- ***Standard A2.1*** (lacked evidence the program has effective leadership and management),
- ***Standard B6.3*** (lacked evidence clinical experience is provided in long-term care settings),
- ***Standard* C1.1** (lacked evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),

- ***Standard C6.3*** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives) and
- ***Standard D1.6*** (lacked evidence core program faculty do not participate as the primary health care providers for students in the program).

December 2001
The commission **accepted the report** addressing 2nd edition

- ***Standard B1.3*** (provided evidence the learning objectives in didactic courses are sufficient to guide student learning). No further information requested.

March 2001
Accreditation-Continued; Next Comprehensive Evaluation: March 2004.
Report due August 1, 2001 (*Standards*, 2nd edition) -

- ***Standard B1.3*** (lacked evidence the learning objectives in didactic courses are sufficient to guide student learning).

September 1999
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2001.
Report due November 19, 1999 (*Standards*, 1st edition) -

- ***Standard I B 1 a (1)*** (lacked evidence the program director supervises the medical director in his activities that are in direct support of the PA program),
- ***Standard I B 1 c (3)*** (lacked evidence of sufficient faculty to provide students with adequate attention, to guide and supervise curriculum development and delivery, to accomplish ongoing program evaluation, and to provide classroom instruction in critical didactic courses),
- ***Standard I B 2*** (lacked evidence the institution has provided sufficient financial resources to operate an educational program),
- ***Standard I B 3 c (1)*** (lacked evidence students have ready access in time and location to resources that support the research requirements of the new graduate curriculum),
- ***Standard I E 1 c*** (lacked evidence of outcome information on employment, scope of practice, and entry level competency and knowledge of program graduates) and
- ***Standard II B 2 b*** (lacked evidence learning objectives in didactic courses are adequate to guide students or instructors in knowledge and competencies).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1978 by CAHEA and subsequent accrediting organizations is not available.