University of North Dakota
Accreditation History

First accredited: December 1974
Next review: October 2036
Maximum class size: 35

October 2026

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. The commission noted sixteen (16) areas of noncompliance with the *Standards* and two (2) new observations by the commission. The program received a Warning Letter regarding the sponsoring institution's support for restoring and sustaining adequate principal faculty .
Next Comprehensive Evaluation: October 2036. Maximum class size: 35.
Report due November 16, 2026:

- Update accreditation status NCCPA PANCE Pass Rate Summary Report on website.

Report due March 31, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***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 B1.02*** (lacked evidence the curriculum design reflects content and course sequencing that builds upon previously achieved student learning)
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B2.07f*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including patient education and referral)
- ***Standard B2.10c*** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***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)

Report due June 30, 2027 (*Standards*, 5th edition-program will respond in 6th):

- ***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 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 September 30, 2027 (*Standards*, 5th edition-program will respond in 6th) 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)

Commission observation response due December 15, 2026 (*Standards*, 6th edition):

- ***Standard A1.07a*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient program faculty)*
- ***Standard A2.01a*** (lacked evidence all *program faculty*, including didactic and clinical *instructional faculty* meet program-defined academic and experiential qualifications to teach in their assigned instructional areas)

<u>March 2024</u>
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.

<u>September 2021</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 2021</u>
Program change: Change in program support (change in fiscal support). The commission **acknowledged the proposed change**. No further information requested.

University of North Dakota
Accreditation History

June 2020
The commission **acknowledged the report** providing evidence of

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

September 2019
Program change: Change in program support (change in fiscal resources). The commission **acknowledged the proposed change**. 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.

September 2017
The commission **accepted the report** addressing 4th edition

- ***Standards C2.01c-d***, modified Self-Study Report (provided evidence of a self-study report that documents c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment). No further information requested.

January 2017
The commission **accepted the report** providing evidence of

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

July 2016
Accreditation-Continued**;** Next Comprehensive Evaluation: September 2026. Maximum class size: 35. Report due September 5, 2016

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

Due June 30, 2017 (*Standards*, 4th edition) -

- ***Standards C2.01c-d***, modified Self-Study Report (lacked evidence of a self-study report that documents c) faculty evaluation of the curricular and administrative aspects of the program and d) modifications that occurred as a result of self-assessment).

March 2015
Program Change: The commission **acknowledged the proposed change** in the admissions process, effective April 2015**.** No further information requested.
March 2014
Program Change: Change in graduation requirements (72 to 90 credits), effective with May 2015 graduation. The commission **acknowledged the proposed change.** No further information requested.

September 2012
Program Change: Change in maximum student capacity (70 to 95), effective May 2013. One year only, then back to 70 (May 2014). The commission **acknowledged the proposed change**. No further information requested.

September 2009
Accreditation-Continued**;** Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 70. The commission noted zero areas of noncompliance with the *Standards*.

September 2007
Program Change: Change in length of program (22 to 24 months), effective June 2008. The commission **acknowledged the proposed change**. Additional information (decision of graduate committee) requested by January 11, 2008.

March 2006
The commission **acknowledged the report** providing evidence of

- Data analysis from the first two years of master's class courses. No further information requested.

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

- ***Standard B3.1d*** (provided evidence the program provides instruction in psychosomatic manifestations of illness and injury),
- ***Standard B3.3d*** (provided evidence the program provides instruction in the counseling of patients regarding emotional problems of daily living),
- ***Standard B6.2e*** (provided evidence the program documents that every student has clinical experiences in general surgery) and
- ***Standards C2.2c-d, g*** (provided evidence the self-study includes critical analysis of c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty and student evaluations of individual didactic courses, clinical experiences, and faculty). No further information requested.

March 2004
Accreditation-Continued**;** Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 70. Report due January 17, 2005 (*Standards*, 2nd edition) -

- ***Standard B3.1d*** (lacked evidence the program provides instruction in psychosomatic manifestations of illness and injury),
- ***Standard B3.3d*** (lacked evidence the program provides instruction in the counseling of patients regarding emotional problems of daily living),
- ***Standard B6.2e*** (lacked evidence the program documents that every student has clinical experiences in general surgery) and
- ***Standards C2.2c-d, g*** (lacked evidence the self-study includes critical analysis of c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty and student evaluations of individual didactic courses, clinical experiences, and faculty).

Report due January 16, 2006

- Analysis of data from the first two years of master's class courses.

December 2001
Program Change: Change in credential awarded (certificate to master's), effective August 2003 (first class graduates in May 2005). The commission **acknowledged the proposed change**. No further information requested.

NOTE: The ARC-PA commission action information available begins in December 2001. Information from initial accreditation in 1974 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.