

Franciscan Missionaries of Our Lady University
(formerly Our Lady of the Lake College)
Accreditation History

First accredited: September 2010

Next review: October 2033

Maximum class size: 30

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September 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 4 areas of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: October 2033. Maximum class size: 30.

Report due November 17, 2025 (*Standards*, 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 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 November 1, 2027 (*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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

Commission observation response due December 15, 2025 (*Standards*, 5th edition):

- **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)

June 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 **did not accept the report**. No further information requested at this time.

March 2025

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

- current board certification in pediatrics for preceptor, clarification of the number of identified clinical instructional faculty preceptors for family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health and behavioral and mental health care

No further information requested.

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June 2024

The commission **reviewed and more information requested** of 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 A1.07** (provided 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 A1.10a** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 defining its goal(s) for diversity, equity and inclusion)
- **Standard A2.02b** (provided evidence the program has at least three FTE principal faculty, of which two FTE principal faculty must be PAs who are currently NCCPA-certified)
- **Standard A2.03** (provided 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 A2.09b** (provided evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (provided evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)
- **Standard A2.10** (provided evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- **Standard A2.13a** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard A2.13b** (provided evidence instructional faculty are knowledgeable in course

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- content and effective in teaching assigned subjects)
- **Standard A2.16** (provided evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- **Standard A2.17a** (provided evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program informs the student which principal or instructional faculty member is designated by the program to assess and supervise the student's progress in achieving the learning outcomes it requires of students and how to contact this faculty member)
- **Standard A2.17b** (provided evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students)
- **Standard B2.11d** (provided evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11e** (provided evidence the curriculum includes instruction in the patient response to stress area of social and behavioral sciences and its 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 B3.01** (provided 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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (provided evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard B3.06c** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **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)

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- **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** (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 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 that allow the program to identify and address any student deficiencies in a timely manner)
- **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 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 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 students are able to fulfill program learning outcomes with access to supervision)

Additional information (evidence of current board certification in pediatrics for preceptor, clarification of the number of identified clinical instructional faculty preceptors for family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health and behavioral and mental health care) due October 1, 2024.

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

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

No further information requested.

September 2023

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

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- Sponsoring institutional responsibility for ensuring effective program leadership.
- Provision of sufficient program principal faculty necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students.
- Sponsoring institutional support of compliance with the ARC-PA accreditation *Standards* and policies.
- Sufficient guidance provided by the sponsoring institution to the program to ensure it implemented a comprehensive ongoing self-assessment process.
- Sponsoring institutional support of the program in securing sufficient clinical sites and preceptors to allow students to meet the program learning outcomes for supervised clinical practice experiences.
- The program director's knowledge of and responsibility for program administration, programmatic review and analysis, completion of ARC-PA required documents, and adherence to the *Standards* and ARC-PA policies.
- Instructional faculty who are qualified through academic preparation and/or experience and knowledgeable and effective in teaching assigned subjects.
- A process to verify and document that preceptors used for supervised clinical practice experiences hold a valid license and are specialty board certified in their area of instruction.
- Supervised clinical practice experiences that occur with preceptors who enable students to meet program learning outcomes for family medicine, emergency medicine, internal medicine, surgery, pediatrics, women's health, and behavioral and mental health care.
- Evaluation of student performance in meeting learning outcomes that are aligned with what is expected and taught and that allow the program to identify and address student deficiencies in a timely manner.
- A process for initial and ongoing evaluation of clinical sites.
- Implementation of an ongoing self-assessment process that includes critical data analysis with application of results to identify program strengths, areas in need of improvement, and action plans.
- Submission of the application and associated documents as required by the ARC-PA.

A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 30. The program did not appeal the commission's decision.

Report due November 10, 2023 (*Standards*, 5th edition):

- Update PANCE pass rate data in Program Management Portal and program website and update attrition table on program website

Report due May 15, 2024 (*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

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effective program leadership)

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **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 A1.10a** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **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 defining its goal(s) for diversity, equity and inclusion)
- **Standard A2.02b** (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty must be PAs who are currently NCCPA-certified)
- **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 A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)
- **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 A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard A2.13b** (lacked evidence instructional faculty are knowledgeable in course content and effective in teaching assigned subjects)
- **Standard A2.16** (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- **Standard A2.17a** (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program informs the student which principal or instructional faculty member is designated by the program to assess and supervise the student's progress in achieving the learning outcomes it requires of students and how to contact this faculty member)

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- **Standard A2.17b** (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students)
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11e** (lacked evidence the curriculum includes instruction in the patient response to stress area of social and behavioral sciences and its 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 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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **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

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- 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 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 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 February 1, 2025 (*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 E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

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June 2020

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

- The proposed plan in response to COVID-19. 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 2018

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

- Additional information related to the modified SSR. No further information requested.

March 2017

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.

October 2016

Program Change: Commission notified of name change (Our Lady of the Lake College to Franciscan Missionaries of Our Lady University). No further information requested.

May 2016

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 September 2020 to September 2023 due to this change.

March 2016

The commission **accepted the modified SSR** (mSSR, requested September 2013). Additional information (mSSR, related to student evaluations of courses/rotations and preceptor feedback of student preparedness for SCPEs) due May 18, 2018.

September 2015

The program's PANCE pass rate percentage was 81% for its 2013 cohort. As pass rate was less than 82%, the program submitted the required PANCE performance analysis report. The commission **accepted the report**. No further information requested.

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

- SCPEs updated in the portal. No further information requested.

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March 2015

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

- **Standard B3.03b** (provided evidence supervised clinical practice experiences [SCPEs] allow each student to meet program-defined requirements with patients seeking women's health).

Additional information (update SCPEs in Program Management Portal) due July 1, 2015.

March 2014

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

- **Standard B2.06** (provided evidence the program curriculum includes instruction in the provision of clinical medical care across the life span, to include rehabilitative care) and
- **Standard B2.08** (provided evidence the program curriculum includes instruction in principles of violence identification and prevention).

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

- **Standard B3.03b** (lacked evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking women's health to allow each student to meet program-defined requirements).

Additional information (evidence that the women's health supervised clinical practice experiences [SCPEs] allow students to meet program-defined requirements) due December 31, 2014.

September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 30.

Report due November 1, 2013

- Update program hyperlink in the Program Management Portal

Due December 31, 2013 (*Standards*, 4th edition) -

- **Standard B2.06** (lacked evidence the program curriculum includes instruction in the provision of clinical medical care across the life span, to include rehabilitative care),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in principles of violence identification and prevention),
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences provide sufficient patient exposure with patients seeking women's health to allow each student to meet program-defined requirements).

Due October 1, 2015

- Modified self-study report (mSSR).

September 2011

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

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- Supervised clinical practice experiences and personnel forms. No further information requested.

September 2010

Accreditation-Provisional; Next Comprehensive Review: September 2013. Maximum Student Capacity: 90.

Report due July 1, 2011

- Supervised clinical practice experiences and personnel forms.
-

The program was accredited from September 2005 through September 2009.

March-September 2009

Adverse Action-Accreditation-Withdrawn.

The program was found to be in noncompliance with (*Standards*, 3rd edition) -

- **Standards A1.07a-c** (lacked evidence the sponsoring institution assures the program has a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students, b) the human resources needed to operate the program and c) the human resources needed to process admission applications),
- **Standard A1.08a** (lacked evidence the sponsoring institution assures the program has classroom and laboratory environments conducive to student learning),
- **Standard A2.01** (lacked evidence core program faculty possess the qualifications by education and experience to perform their assigned duties),
- **Standard A2.02** (lacked evidence core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs),
- **Standard A2.03** (lacked evidence core program faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standards A2.05e, g-h** (lacked evidence core program faculty have responsibility for e) academic counseling of PA students, g) designing, implementing, coordinating and evaluating curriculum and h) administering and evaluating the program),
- **Standard A2.09** (lacked evidence the program director provides effective leadership and management),
- **Standard A2.10** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- **Standards A2.11a-f** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's a) organization, b) administration, c) fiscal management, d) continuous review and analysis, e) planning and f) development),
- **Standard A2.17** (lacked evidence there is sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession),

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- **Standards A2.18a-b** (lacked evidence instructional faculty are a) qualified through academic preparation and experience to teach assigned subjects and b) qualified through academic preparation and experience to teach assigned subjects),
- **Standard A2.23** (lacked evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standard A3.05** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard A3.07e** (lacked evidence all required curricular components are defined, published and readily available to prospective and enrolled students),
- **Standards A3.13a-b** (lacked evidence student files kept by the program include documentation a) that the student has met published admission criteria and b) of the evaluation of student performance while enrolled),
- **Standard B1.03** (lacked evidence the curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice),
- **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in long-term care settings),
- **Standards C1.01a-d, f** (lacked evidence the program collects and analyzes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty and
 - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standards C2.01a, C2.01b1-b6, C2.01d** (lacked evidence the self-study report documents
 - a) the program's process of ongoing self-assessment,
 - b1) student attrition, deceleration and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
 - d) modifications that occurred as a result of self-assessment),
- **Standard C3.01** (lacked evidence the program uses objective evaluation methods that are administered equitably to all students in the program),

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- **Standard C3.02** (lacked evidence objective evaluation methods are related to expected student competencies for both didactic and supervised clinical education components),
- **Standard C3.04** (lacked evidence the program assesses and documents student demonstration of professional behaviors),
- **Standard C3.05** (lacked evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established),
- **Standard C3.06** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice),
- **Standard C4.01** (lacked evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences) and
- **Standard C4.03** (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 program's expectations of the clinical experience).

The program appealed the commission's decision. The Reconsideration Review Panel upheld the commission's decision.

The program requested a formal appeal hearing before the ARC-PA. The commission's decision to Withdraw Provisional Accreditation was affirmed. The program voluntarily withdrew from the accreditation process.

September 2006

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

- **Standard F1.13** (provided evidence qualified faculty in sufficient number to provide instruction for the first 12 months of the program have been identified).

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

- Clarification of immunization policy and
- Verification college has been approved to grant master's degree.

No further information required.

September 2005

Accreditation-Provisional; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 90.

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Report due July 14, 2006 (*Standards*, 2nd edition) –

- **Standard F1.13** (lacked evidence qualified faculty in sufficient number to provide instruction for the first 12 months of the program have been identified).
- Clarification of immunization policy and
- Verification college has been approved to grant master's degree.