

Augsburg University Accreditation History

First accredited: October 1996

Next review: June 2029

Maximum class size: 33

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March 2022

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

- **Standard C1.02c.i** (provided evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths).

September 2021

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

- Update of the Program Management Portal and update of the attrition table on the program's website. No further information requested.

June 2021

Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum Class Size: 33.

Report due August 30, 2021 (*Standards*, 5th edition) -

- **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).

No report due (*Standards*, 5th edition) -

- **Standard A3.12b** (lacked evidence at the time of the site visit the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals; corrected subsequent to the visit)

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

- Changes in response to COVID-19. No further information requested.

March 2021

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

September 2020

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

- **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences [SCPEs] 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). No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

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Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due March 20, 2021.

March 2020

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (provided evidence the program publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),
- **Standard A3.15a** (provided evidence the program publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in social and behavioral sciences related to the response to illness, injury and stress),
- **Standard B2.14** (provided evidence the program curriculum includes instruction about PA licensure and credentialing). No further information requested.

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

- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program learning outcomes),
- **Standards B3.03a-d** (provided evidence of learning outcomes for students in SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions and methods to determine students have attained the expected learning outcomes),
- **Standards B3.06a-b** (provided some evidence of SCPEs 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),
- **Standards B3.07d-e** (provided evidence of SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn) and
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

Additional information (evidence that all SCPEs occur with physicians specialty board certified in their area of instruction and PAs teamed with physicians who are specialty board certified in their area of instruction) due June 1, 2020.

June 2019

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the June 2021 commission meeting. Maximum class size: 33. The program did not appeal the commission's decision.

Report due September 9, 2019 (*Standards*, 4th edition) -

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- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),
- **Standard A3.15a** (lacked evidence the program publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in social and behavioral sciences related to the response to illness, injury and stress),
- **Standard B2.14** (lacked evidence the program curriculum includes instruction about PA licensure and credentialing).

Due December 20, 2019 (*Standards*, 4th edition) -

- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program learning outcomes),
- **Standards B3.03a-d** (lacked evidence of learning outcomes for students in SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions and methods to determine students have attained the expected learning outcomes),
- **Standards B3.06a-b** (lacked evidence of SCPEs 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),
- **Standards B3.07d-e** (lacked evidence of SCPEs with preceptors practicing in d) pediatrics and e) ob/gyn) and
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

Due January 13, 2021 (*Standards*, 4th edition) -

- **Standards C2.01b-f**, modified self-study report (for focused probation visit) (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

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

- **Standard C4.01** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-P)

September 2017

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Program Change: Increase in Class Size (Incremental) up to a class size of 33, effective May 29, 2018; 36, effective May 26, 2020; and 40, effective May 25, 2021. The commission **approved the proposed change**. No further information requested.

September 2015

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

- Hiring faculty, clarification of cohorts on clinical rotations and SCPE tab update. No further information requested.

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

- The website update. No further information requested.

March 2015

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

- Hiring faculty and faculty FTE.

Additional information (any changes in program staffing) due within 30 days of faculty changes.

The commission **did not accept the report** providing evidence of

- Sufficient SCPEs.

Additional information (clarification of number of student cohorts on clinical rotations at one time and SCPE tab update) due May 1, 2015.

Update PANCE pass rate data on program website due April 1, 2015.

September 2014

The commission reviewed the reports. Additional reports due September 30 (update personnel tab in Program Management Portal) and October 30, 2014 and January 9, 2015 (update on hiring faculty and faculty FTE and sufficient supervised clinical practice experiences [SCPEs]).

March 2014

Program Issue: The commission **acknowledged the changes** in class size and PA program faculty positions. Updates on faculty recruitment and securing clinical site due May 16 and August 15, 2014.

September 2012

Program Change: The commission **acknowledged the change** in the length of the program from 36 months to 31 months (preclinical phase from 19 to 18 months and clinical phase from 17 to 13 months). No further information requested.

March 2012

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

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- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students) and
- **Standard A3.15c** (provided evidence the program defines, publishes and makes readily available to prospective students policies and procedures concerning awarding or granting advanced placement). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2018. The program is approved for up to 90 students.

Report due December 31, 2011 (*Standards*, 4th edition) -

- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students) and
- **Standard A3.15c** (lacked evidence the program defines, publishes and makes readily available to prospective students policies and procedures concerning awarding or granting advanced placement).

May 2010

The commission determined the reports on long-term care experiences would no longer be required, as the 4th edition Standards no longer include this standard.

March 2010

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

- Documentation of efforts to provide long-term care experiences.

Additional report due December 31, 2010 (update on providing long-term care experiences to 100 percent of the class of 2011).

September 2009

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

- **Standards A1.07b-d** (provided evidence the sponsoring institution assures the program has b) the human resources needed to operate the program, c) the human resources needed to process admission applications and d) sufficient computer hardware, software, and audio/visual equipment for the faculty and staff to perform their duties),
- **Standard A2.23** (provided evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standard A3.01** (provided evidence program policies apply to all students and faculty regardless of location),
- **Standard A3.07g** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),

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- **Standard B7.02** (provided 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) and
- **Standard B7.04e** (provided evidence supervised clinical practice experience is provided in long-term care settings).

Additional report due December 31, 2009 (documentation of efforts to provide long-term care experiences).

September 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. The program is approved for up to 84 students.

Report due July 10, 2009 (*Standards*, 3rd edition) -

- **Standards A1.07b-d** (lacked evidence the sponsoring institution assures the program has b) the human resources needed to operate the program, c) the human resources needed to process admission applications and d) sufficient computer hardware, software, and audio/visual equipment for the faculty and staff to perform their duties),
- **Standard A2.23** (lacked evidence there are sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them),
- **Standard A3.01** (lacked evidence program policies apply to all students and faculty regardless of location),
- **Standard A3.07g** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- **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) and
- **Standard B7.04e** (lacked evidence supervised clinical practice experience is provided in long-term care settings).

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2008. The program is approved for up to 84 students. The commission noted zero areas of noncompliance with the *Standards*.

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1996 by CAAHEP is not available.