

## Baldwin Wallace University Accreditation History

First accredited: March 2013

Next review: June 2026

Maximum class size: 35 (40 effective 5.5.25)

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### March 2024

Program Change: Increase maximum entering class size to 40 students effective May 5, 2025. The commission **approved the program's proposed change**. No additional information requested.

### June 2020

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

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

### September 2018

Accreditation-Continued; Next Comprehensive Evaluation: June 2026. The program is approved for up to 35 students. The commission noted zero areas of noncompliance with the *Standards*.

### March 2017

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

- Revised immunization policy, narrative describing how meeting program expectations ensures students have acquired competencies and rationale for benchmarks. No further information requested.

### January 2017

The commission **accepted the reports** addressing 4<sup>th</sup> edition

- **Standard A3.07** (provided evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals),
- **Standards A3.14b, f and h** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals, f) estimates of all costs [tuition, fees, etc.] related to the program and h) policies about student employment while enrolled in the program),
- **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03b** (provided evidence SCPEs provide sufficient patient exposure with patients seeking women's health to allow each student to meet program expectations),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standard C2.01b-c** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

Additional information (revised immunization policy, narrative describing how meeting program expectations ensures students have acquired competencies and rationale for benchmarks) due January 30, 2017.

### July 2016

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the September 2018 commission meeting. The program's maximum entering class size remains 35.

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Reports due August 26, 2016 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.07** (lacked evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals) and
- **Standards A3.14b, f and h** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the success of the program in achieving its goals, f) estimates of all costs [tuition, fees, etc.] related to the program and h) policies about student employment while enrolled in the program)

Due October 31, 2016 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03b** (lacked evidence SCPEs provide sufficient patient exposure with patients seeking women's health to allow each student to meet program expectations),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standard C2.01b-c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

Due May 1, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C2.01b-c**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

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

- **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 PAs teamed with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors practicing in ob/gyn)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

September 2015

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

- The process for determining students have met the program-defined requirements. No further information requested.

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A3.03b-c** (provided evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking b) women's health and c) surgical management).

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Additional information (clarify process of determining student has met program-defined requirements) due July 17, 2015.

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration). No further information requested.

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard A3.03b-c** (lacked evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking b) women's health and c) surgical management).

Additional information (resubmit response) due June 24, 2015.

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

- Updated portal. No further information requested.

March 2015 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2016 (Final Provisional). The program's maximum class size remains 35 for the third class.

Report due April 3, 2015

- Update information in the Program Management Portal.

Due June 1, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration), and
- **Standard A3.03b-c** (lacked evidence of program defined requirements and methods to determine students, after SCPEs with patients seeking b) women's health and c) surgical management).

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

- **Standard C2.01b** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing program self-assessment and results of critical analysis from the ongoing self-assessment)
- **Standard C2.01c** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing program self-assessment and faculty evaluation of the curricular and administrative aspects of the program)

September 2014

Program Change: The commission **acknowledged the proposed changed** in graduation requirements (credits awarded increased from 101 to 103). No further information requested.

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### March 2014

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard B3.02** (provided evidence of defined program expectations for students in SCPEs with preventive, emergent, acute and chronic patient encounters) and
- **Standards B3.03a-d** (provided evidence of program defined requirements with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions have attained the expected learning outcomes). No further information requested.

### September 2013

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A3.21** (provided evidence that student health records are confidential) and
- **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management). No further information requested.

### March 2013

Accreditation-Provisional; Next Comprehensive Evaluation: March 2015 (Provisional Monitoring). The program is approved for up to 20 students in the first class, 30 in the second class and 35 in the third class.

Report due July 1, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.21** (lacked evidence that student health records are confidential) and
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management).

Report due no later than three months before students begin their supervised clinical practice experiences (SCPEs) clinical rotations

- **Standard B3.02** (lacked evidence of defined program expectations for students in SCPEs with preventive, emergent, acute and chronic patient encounters) and
- **Standards B3.03a-d** (lacked evidence of program defined requirements with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions have attained the expected learning outcomes).