

## Bethel University Accreditation History

First accredited: March 2008

Next review: March 2026

Maximum class size: 50

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### March 2024

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

- the sponsoring institution's responsibility for curriculum design, program assessment and effective leadership
- the sponsoring institution's responsibility for complying with ARC-PA accreditation *Standards* and policies
- the sponsoring institution's responsibility for supporting the program in having a documented action plan for diversity, equity and inclusion
- the program director's knowledge of program self- assessment, complying with ARC-PA accreditation *Standards* and policies and completion of ARC-PA required documents
- the program director's knowledge of program self- assessment, complying with continuous programmatic review and analysis
- the evidence of program effectiveness in meeting its goals
- the evidence of all program and institutional policies
- didactic and 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.
- the program's supervised clinical practice experiences occurred with physicians who are specialty board certified in their area of instruction
- a curriculum with instruction in supervised clinical practice experiences that enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters for patients across the life span, to include infants, children, adolescents, adults, and the elderly and for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care
- the program's methods of assessment in supervised clinical practice experiences aligned with what is expected and taught and allowed the program to 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 for each age group and visit type.
- a self-study report with consistent evidence that its identified strengths and areas in need of improvement were the result of performing critical analysis of the data in its ongoing self-assessment process and that effectively documented critical analysis of data and with clear linkage from data analysis to conclusions and action plans.

A focused probation visit will occur in advance of the March 2026 commission meeting. The program's maximum class size remains 50. The program did not appeal the commission's decision.

Report due May 5, 2024:

- Update attrition table on program website

Report due May 15, 2024 (*Standards*, 5<sup>th</sup> 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)

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- **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 A1.11a** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrate a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)
- **Standard A1.11c** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrate a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies)
- **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 A3.13a** (lacked evidence the program defines, publishes, consistently applies, and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups)
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **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 C2.01c** (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 October 1, 2024 (*Standards*, 5<sup>th</sup> 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)
- **Standard B1.03g** (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, methods of student assessment/evaluation)
- **Standard B2.12b** (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients modify their behaviors to more healthful patterns)
- **Standard B2.15c** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)

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- **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 B3.06a** (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 B3.07e** (lacked evidence supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (lacked evidence supervised clinical practice experiences must 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 that 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 that 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)

Report due June 9, 2025 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **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)

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- **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 A3.12b** (lacked evidence 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)
- **Standard E1.03** (lacked evidence program submits reports or 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.

### June 2023

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

- how the program calculated a decrease in budget lines and rationale and impact on program, narrative detailing the start and end dates of the program's fiscal year and **Acknowledged** the change in fiscal support. No further information requested.

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

- **Standard E1.11b.ii.** (lacked evidence the program immediately informs the ARC-PA in writing when it encounters a substantive decrease in fiscal support of 5% or more decrease in its operating budget)

### March 2023

Program Change: Change in program fiscal support. Additional information (narrative regarding how the program calculated a decrease in budget lines and rationale and impact on program, narrative detailing the start and end dates of the program's fiscal year) by May 15, 2023.

### June 2021

Program Change: Change in class size (one-time temporary increase from 50 to 51 students for year-one cohort), effective May 10, 2021. The commission **approved the proposed change**. No further information requested.

### June 2020

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

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

### July 2017

SACSCOC removed the institution from probation. No further information requested.

### December 2016

The program notified the commission of SACSCOC's December 2016 action in which the institution was continued in accreditation for good cause and placed on probation for six months.

### 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 March 2021 to March 2024 due to this change.

### March 2016

The commission acknowledged the notification of the University's Warning status with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). Updates due with any further changes in status.

### March 2014

Accreditation-Continued; Next Comprehensive Evaluation: March 2021. Maximum class size: 50. The commission noted zero areas of noncompliance with the *Standards*.

### September 2013

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

- Clarification of maximum student capacity, budget and faculty. No further information requested.

### March 2013

Program Change: Change in graduation requirements (149 to 147 credits), effective January 2013. The commission **acknowledged the proposed change**. Additional information (clarification of maximum student capacity, budget and faculty) due July 1, 2013.

### September 2011

The commission **accepted the report** addressing 3<sup>rd</sup>/4<sup>th</sup> edition

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 3<sup>rd</sup> to 4<sup>th</sup> edition of the *Standards*. The citations listing reflects the 3<sup>rd</sup> edition of the *Standards* and the corresponding standard in the 4<sup>th</sup> edition.

- **Standards B1.02/B1.03** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine) and
- **Standards B6.03b/B2.17** (provided evidence the program provides instruction on current trends of the PA profession). No further information requested.

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Program Change: Change in maximum student capacity (90 to 150), effective January 2014. The commission **acknowledged the proposed change**. No further information requested.

### March 2011

Accreditation-Continued; Next Comprehensive Evaluation: March 2014. Maximum Student Capacity: 90.

Report due July 1, 2011 (*Standards*, 3<sup>rd</sup>/4<sup>th</sup> edition) -

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 3<sup>rd</sup> to 4<sup>th</sup> edition of the *Standards*. The citations listing reflects the 3<sup>rd</sup> edition of the *Standards* and the corresponding standard in the 4<sup>th</sup> edition.

- **Standards B1.02/B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine) and
- **Standards B6.03b/B2.17** (lacked evidence the program provides instruction on current trends of the PA profession).

### September 2010

Program Change: Change in graduation requirements (76 to 80 credits), effective January 2010. The commission **acknowledged the proposed change**. No further information requested.

### April 2008

Accreditation-Provisional; Next Comprehensive Evaluation: March 2011. Maximum Student Capacity: 90. The commission noted zero areas of noncompliance with the *Standards*.

The commission accepted the report addressing 3<sup>rd</sup> edition

- **Standard E1.04** (provided evidence there is a qualified program director responsible for the development of the program). No further information requested.

### March 2008

Defer Accreditation Action; The commission found the program to be in noncompliance with *Standards*, 3<sup>rd</sup> edition, **Standard E1.04** (lacked evidence there is a qualified program director responsible for the development of the program). Report due April 11, 2008.

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The program was accredited from March 2001 through December 2006.

### September-December 2006

Adverse Action-Accreditation-Withdrawn. Action based on noncompliance with *Standards*, 2<sup>nd</sup> edition

- **Standard A2.1** (lacked evidence the program has effective leadership and management),
- **Standard A2.5** (lacked evidence the core program faculty includes, at a minimum, two faculty positions for individuals currently certified as PAs),

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- **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A3.1** (lacked evidence financial resources to operate an educational program are sufficient to fulfill obligations to matriculating and enrolled students)
- **Standard A4.1** (lacked evidence classrooms and laboratories have sufficient seating to accommodate the class size),
- **Standard B1.2** (lacked evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice),
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B1.5** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- **Standards B3.1a-f** (lacked evidence the program provides instruction in a) personality development, b) child development, c) normative responses to stress, d) psychosomatic manifestations of illness and injury, e) sexuality and f) responses to death and dying),
- **Standard B3.2** (lacked evidence the program provides instruction in basic counseling skills),
- **Standards B3.3a-d** (lacked evidence the program provides instruction in the counseling of patients regarding a) issues of health care management, b) normal growth and development, c) family planning and d) emotional problems of daily living),
- **Standard B3.4** (lacked evidence the program provides instruction in advance directives and end of life decisions),
- **Standard B3.5** (lacked evidence the program provides instruction on the influence of multicultural issues and their impact on the delivery of patient care),
- **Standards B4.1a-b and d** (lacked evidence the program provides instruction on a) the impact of socioeconomic issues affecting health care, b) health care delivery systems and d) quality assurance and risk management in medical care),
- **Standards B6.2c-e, g** (lacked evidence the program documents that every student has clinical experiences in c) pediatrics, d) prenatal care and gynecology, e) general surgery and g) psychiatry/behavioral medicine),
- **Standard B7.2** (lacked evidence the program provides an historical perspective of the PA profession),
- **Standards B7.4b and e** (lacked evidence instruction includes content relating to b) PA program accreditation and e) credentialing),
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process),
- **Standard C3.1** (lacked evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program),

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- **Standards C4.1b, f and g** (lacked evidence the self-study report documents b) outcome data analysis, f) response to the last accreditation citations and g) compliance with the *Standards*) and
- **Standard C5.2** (lacked evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components).

The program requested reconsideration of the commission's decision. The Appeal Review Panel upheld the commission's decision. The program originally requested a Formal Appeal. Request withdrawn by the program in January 2007. The action of the commission to withdraw accreditation was effective December 1, 2006.

### March 2004

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard A2.16** (provided evidence there are sufficient faculty and instructors to provide students with the necessary attention, instruction and supervised practice experience to acquire the knowledge and competence needed for entry into the profession) and
- **Standard A4.4** (provided evidence the program facilities include meeting space for faculty meetings, program committees, and any other meeting space relevant to the program). No further information requested.

### September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 48.

Report due January 15, 2004 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.16** (lacked evidence there are sufficient faculty and instructors to provide students with the necessary attention, instruction and supervised practice experience to acquire the knowledge and competence needed for entry into the profession) and
- **Standard A4.4** (lacked evidence the program facilities include meeting space for faculty meetings, program committees, and any other meeting space relevant to the program).

### March 2002

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

- The name and CV of the new clinical coordinator. No further information requested.

### September 2001

The commission **accepted the report** addressing 1<sup>st</sup>/2<sup>nd</sup> edition

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the *Standards*. The citations listing reflects the 1<sup>st</sup> edition of the *Standards* and the corresponding standard in the 2<sup>nd</sup> edition.

- **Standards I B 1 c (3)/A2.16** (provided evidence the number of faculty is sufficient to provide students with adequate attention, instruction, and supervised practice),



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- **Standards I B 3 b/A4.8** (provided evidence teaching equipment and related resources are adequate to meet the needs of the students),
- **Standards II B 1 c/B5.1** (provided evidence the clinical medicine component in clinical didactic instruction provides adequate time to present topics thoroughly) and
- **Standards I D 1 b/A5.2** (provided evidence admissions and college literature include statements of non-discrimination with regard to sexual orientation).

Additional information (name and CV of the clinical coordinator) due January 2002.

### March 2001

Accreditation-Provisional; Next Comprehensive Evaluation: September 2003. Maximum Student Capacity: 54.

Report due August 1, 2001 (*Standards*, 1<sup>st</sup>/2<sup>nd</sup> edition) –

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the *Standards*. The citations listing reflects the 1<sup>st</sup> edition of the *Standards* and the corresponding standard in the 2<sup>nd</sup> edition.

- **Standards I B 1 c (3)/A2.16** (lacked evidence the number of faculty is sufficient to provide students with adequate attention, instruction, and supervised practice),
- **Standards I B 3 b/A4.8** (lacked evidence teaching equipment and related resources are adequate to meet the needs of the students),
- **Standards II B 1 c/B5.1** (lacked evidence the clinical medicine component in clinical didactic instruction provides adequate time to present topics thoroughly) and
- **Standards I D 1 b/A5.2** (lacked evidence admissions and college literature include statements of non-discrimination with regard to sexual orientation).