

## Concordia University-Ann Arbor Accreditation History

First accredited: June 2020

Next review: June 2025

Maximum class size: 32/40/40

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### March 2024

The commission **did not accept** the report addressing 5<sup>th</sup> edition

- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

Additional information (how the program and institution will ensure that 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) due May 15, 2024 and (how the program monitors and addresses any student deficiencies related to supervised clinical practice experience (SCPE) program expected learning outcomes in a timely manner) due November 14, 2024.

Report due April 20, 2024:

- Update PANCE pass rate data in Program Management Portal
- Update program website so that it accurately reflects the success of the program in achieving its goals no

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

- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **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 A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

Report due November 14, 2024 (*Standards*, 5<sup>th</sup> edition)

- **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)

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 program submits reports or documents as required by the ARC-PA)

The program received a Warning Letter regarding the institution's willingness to fully support the program and the program director and the concern that the program director lacks demonstrated knowledge of the accreditation process and requirements to demonstrate compliance with the *Standards*.

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

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

No further information requested.

### September 2023

The commission **accepted the report** addressing 5<sup>th</sup> edition

- **Standard A2.08a** (provided evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)

### June 2023 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: June 2025 (Final Provisional). The program's maximum class size remains 40.

Report due August 15, 2023:

- Update personnel data in Program Management Portal

Report due October 1, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

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

- **Standard A2.06b** (lacked evidence program director be a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)
- **Standard A3.12i** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

### March 2023

The commission **reviewed and additional information requested of** the response to allegations regarding 5<sup>th</sup> edition

- **Standard A1.02b** (provided evidence the sponsoring institution is responsible for hiring faculty and staff,

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- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the *Standards* and to fulfill its obligations to matriculating and enrolled students.)
- **Standard A2.06b** (provided evidence the program director is a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time must be devoted to academic and administrative responsibilities in support of the program)
- **Standard A2.08a** (provided evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)

Additional information (narrative about the physical facilities at the campus demonstrating sufficient classroom, lab, study, and dining spaces) due April 30, 2023.

The program received a Warning Letter regarding concerns about the institution's willingness to fully support the program in the appointing of an interim program director that was 100% assigned to the program and physically onsite for the duration of the appointment.

Report due April 30, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.08a** (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)

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

- **Standard A2.06b** (lacked evidence the program director is a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time must be devoted to academic and administrative responsibilities in support of the program)

### March 2021

The commission **accepted the report** addressing 5<sup>th</sup> edition

- **Standard A2.04** (provided evidence the principal faculty and program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard A3.15b** (provided evidence the program defines, publishes and makes readily available to students upon admission, completion deadlines related to curricular components) and
- **Standard B3.03a** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with acute patient encounters). No further information requested.

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June 2020

Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).

The program is approved for up to 32 students in the first class of students, 40 in the second class and 40 in the third class.

Report due September 1, 2020 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A2.04** (lacked evidence the principal faculty and program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution),
- **Standard A3.15b** (lacked evidence the program defines, publishes and makes readily available to students upon admission, completion deadlines related to curricular components) and
- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] with acute patient encounters).

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** (the program did not submit documents as required by the ARC-PA)