

Frostburg State University Accreditation History

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Maximum class size: 25
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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 A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A2.05a** (lacked evidence principal faculty and the program director are responsible for, and actively participate in, the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)
- **Standard A2.09a** (provided evidence program director is knowledgeable about and responsible for program organization)
- **Standard A2.09d** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (provided evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A3.10** (provided evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)
- **Standard A3.11** (provided evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- **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 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 [if applicable])
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)

Additional information (narrative indicating how the program will ensure that the principal faculty and the program director will actively participate in reviewing and revising, as necessary, the program's competencies; evidence that the program goals have a defined benchmark to measure effectiveness in meeting each goal and are accurately defined, published, and made readily available to enrolled and prospective students on the program's website and URL where this information is published on the website; description of the published policies and procedures specific to the individuals or groups favored in the admissions process, including URL to any modified description of admissions criteria that

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will contain evidence of compliance with the standard; and program's admissions rubric(s) to screen applications that favor specified individuals or groups) due October 1, 2024.

The commission **did not accept** the follow up PANCE report providing evidence of

- admissions data and data and analysis for areas in need of improvement.

Additional information (resubmission of PANCE report) due October 1, 2024.

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and more information requested** of the change. Additional information (admissions data and data and analysis for areas in need of improvement) due by February 1, 2024.

September 2023

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

- Sponsoring institutional support of the program faculty in program assessment and compliance with the ARC-PA accreditation *Standards* and policies.
- Completion of ARC-PA required documents.
- Program director's sufficient knowledge and responsibility toward implementing a robust self-study process, demonstrating effective leadership, and submitting documents as required by the ARC-PA.
- Consistently defined and published learning outcomes and instructional objectives in measurable terms for each didactic and clinical course that would guide student acquisition of required competencies.
- Inconsistent labeling of learning outcomes, instructional objectives, and program-defined "course learning competencies."

A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 25. The program did not appeal the commission's decision.

Report due November 10, 2023:

- Update Personnel tab of Program Management Portal

Report due February 1, 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 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 demonstrates its commitment to student, faculty and staff diversity, equity and inclusion supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A2.05a** (lacked evidence principal faculty and the program director are responsible for, and actively participate in, the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)

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- **Standard A2.09a** (lacked evidence program director is knowledgeable about and responsible for program organization)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A3.10** (lacked evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)
- **Standard A3.11** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- **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 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 [if applicable])
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)

Report due May 15, 2024 (*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, and 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 B2.11c** (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)
- **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 C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised

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clinical practice experiences, to ensure that students are able to fulfill program learning outcomes with access to supervision)

Report due February 1, 2025 (*Standards*, 5th edition) modified self-study report:

- **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 A3.12f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

August 2023

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in August 2023. Administrative-Probation removed post receipt of fee.

July 2023

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2023.

March 2023

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

- **Standard A3.14** (provided evidence the program makes admission decisions in accordance with published practices)

No further information requested.

September 2022

The commission **reviewed and more information requested** of the report addressing 5th edition

- **Standard A3.14** (lacked evidence the program makes admission decisions in accordance with published practices),
- **Standard B2.10c** (provided evidence the curriculum includes experiences to apply principles in interprofessional teams) and

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- **Standard B4.01a-b** (provided evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Additional information (webpage link(s) to the published admission requirements which are readily available to prospective students, admissions rubric(s) and explanation of how the rubrics are used in making student admission decisions) due September 26, 2022.

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2022

The commission **reviewed and more information requested** of the report addressing 5th edition

- **Standard A3.13b** (provided evidence the program publishes and makes readily available to prospective students its admission requirements regarding prior education or work experience),
- **Standard A3.14** (lacked evidence the program makes admission decisions in accordance with published practices),
- **Standard B2.08e** (provided evidence the curriculum includes instruction in palliative care),
- **Standard B2.10c** (lacked evidence the curriculum includes experiences to apply principles in interprofessional teams) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Additional information (admissions webpage link and rubrics, evidence of the interdisciplinary simulation and where the content is addressed in the curriculum, program's learning outcomes and instructional objectives for Geriatric Course, method(s) of evaluation to assess all course instructional objectives, evidence that verifies student evaluations are aligned with what is expected and taught, and description of evaluation of student performance allowing for timely identification of student deficiencies in individual common laboratory procedures) due May 20, 2022.

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

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

September 2021 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2023 (Final Provisional). The program is approved for a maximum class size of 25.

Report due November 19, 2021 (*Standards*, 5th edition) -

- **Standard A3.12c, i** (lacked evidence the program publishes and makes readily available to enrolled and prospective students c) the most current annual NCCPA PANCE Exam Performance Summary Report [All Test Takers] and i) the most current annual student attrition information).

Report due December 21, 2021 (*Standards*, 5th edition) -

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- **Standard A3.13b** (lacked evidence the program publishes and makes readily available to prospective students its admission requirements regarding prior education or work experience),
- **Standard A3.14** (lacked evidence the program makes admission decisions in accordance with published practices),
- **Standard B2.08e** (lacked evidence the curriculum includes instruction in palliative care),
- **Standard B2.10c** (lacked evidence the curriculum includes experiences to apply principles in interprofessional teams) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

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

- **Standard A2.02b** (lacked evidence the program has at least three FTE principal faculty, of which two must be PAs currently certified by NCCPA; corrected subsequent to visit),
- **Standard A3.13a** (lacked evidence the program publishes and makes readily available to prospective students its admission and enrollment practices that favor specified individuals or groups; corrected subsequent to visit),
- **Standard B2.11g** (lacked evidence the curriculum includes instruction in violence identification and prevention; corrected subsequent to visit) and
- **Standard E1.06** (lacked evidence the interim program director meets the qualifications of the program director; corrected subsequent to the visit).

June 2020

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

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

September 2019

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

- **Standard A3.22a** (provided evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member).

March 2019

Accreditation-Provisional; Next Comprehensive Evaluation: September 2021 (Provisional Monitoring).

The program is approved for up to 25 students in the first class of students, 25 in the second class and 25 in the third class.

Report due May 10, 2019 (*Standards*, 4th edition) -

- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member).

No report due (*Standards*, 4th edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered)

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- **Standard A3.14e** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include academic credit offered by the program)
- **Standard C3.02** (lacked evidence the program documents student demonstration of defined professional behaviors)