

## Monmouth University Accreditation History

First accredited: September 2013

Next review: September 2025

Maximum class size: 30

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### June 2024

The commission **accepted** the report addressing 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)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

No further information requested.

### March 2024

The commission **accepted** the findings of the focused site visit.

### September 2023

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

- The program did not prepare a modified self-study (mSSR), specifically appendix 14G - Sufficiency and Effectiveness of Principal and Instructional Faculty and Staff, that consistently documented the program's process of ongoing data analysis and linked to the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- The sponsoring institution did not provide sufficient guidance to the program to ensure it implemented a comprehensive ongoing self-assessment process.
- The program did not demonstrate the requisite knowledge of continuous program review and analysis.

An initial focused visit will occur in advance of the March 2024 commission meeting, and a focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 30. The program requested reconsideration of the commission's action. The action was upheld.

Report due January 5, 2024:

- **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 A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

Report due February 6, 2025 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **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)

### 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.

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### March 2023

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

Additional information (modified self-study report - appendix 14G-Sufficiency and Effectiveness of Principal and Instructional Faculty and Staff) due April 25, 2023.

### June 2022

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

- Hiring effort to fill the program director roll. No further information requested.

### September 2021

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

- **Standard B4.03a** (provided evidence the summative evaluation of each student within the final four months of the program verify that each student meets the program competencies related to clinical and technical skills). No further information requested.

### June 2021

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report. No further information requested.

### March 2021

Accreditation-Continued; Next Comprehensive Evaluation: March 2029. Maximum class size: 30.

Report due April 1, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A3.12c** (lacked evidence the most current annual NCCPA PANCE Exam Performance Summary Report is published on the program website).

Report due June 15, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard B4.03a** (lacked evidence the summative evaluation of each student within the final four months of the program verify that each student meets the program competencies related to clinical and technical skills).

Report due December 15, 2022 (*Standards*, 5<sup>th</sup> edition) -

- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

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

- Update regarding changes in response to COVID-19. No further information requested.

### September 2020

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

- Follow-up to the proposed plan in response to COVID-19. No further information requested.

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### June 2020

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

- The proposed plan in response to COVID-19.

Additional information (institutional approval of plan and report of success of Class of 2020 in completing program requirements and graduating) due July 15, 2020.

### March 2020

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction) and
- **Standards B3.07a-f** (provided evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care). No further information requested.

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

- Updated PANCE pass rate data and statement of accreditation on program website. No further information requested.

### September 2019

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

- **Standard A1.03c** (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 program participation in the accreditation process),
- **Standard A3.14b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals,
- **Standards B3.06a-c** (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
- **Standards B3.07a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care),
- **Standard C3.04** (provided evidence the program documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice) and

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- **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 (update PANCE pass rate data and statement of accreditation on program website) due November 22, 2019.

Additional information (standards A1.03c, A2.09g, B3.06a-b and B3.07a-f) due December 17, 2019.

### March 2019 (following Final Provisional review and probation site visit)

Adverse Action-Accreditation-Probation (extended; program has made positive, yet incomplete, progress in demonstrating compliance with the *Standards*). A focused probation site visit will occur in advance of the March 2021 commission meeting. Maximum class size: 30.

Report due May 29, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.03c** (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 program participation in the accreditation process),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals,
- **Standards B3.06a-c** (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
- **Standards B3.07a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care),
- **Standard C3.04** (lacked evidence the program documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice) 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).

Report due August 3, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b and d**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

### September 2018

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

- **Standard B3.07d** (provided evidence of SCPEs with preceptors practicing in pediatrics).

Program documentation (list of preceptors utilized in supervised clinical practice experiences) due for focused site visit.

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### September 2017

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

- **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.08** (provided evidence the program curriculum includes instruction in the treatment of substance abuse or principles of violence identification and prevention),
- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standards B3.03a-d** (provided evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations). No further information requested.

### July 2017

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

- **Standard A1.11** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards B3.06a-b** (provided 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),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience). No further information requested.

### March 2017 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the March 2019 commission meeting in conjunction with the Final Provisional visit. The program is approved to accept up to 30 students in the third class. The program did not appeal the commission's decision.

Report due May 31, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),

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- **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),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Report due June 30, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in the treatment of substance abuse or principles of violence identification and prevention),
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations).

Report due June 15, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.07d** (lacked evidence of SCPEs with preceptors practicing in pediatrics).

### September 2013

Accreditation-Provisional; Next Comprehensive Evaluation: March 2017 (Provisional Monitoring). The program is approved for up to 20 students in the first class of students, 25 in the second class and 30 in the third class. The commission noted zero areas of noncompliance with the *Standards*.