

## North Greenville University Accreditation History

First accredited: September 2016  
Next review: September 2030  
Maximum class size: 30  
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### March 2024

Program Change: Change in graduation requirements (131 to 108 credits). The commission **approved the program's proposed change**. No further information requested.

### September 2023

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

- **Standard B3.06c** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)

### June 2023

Program Change: Change in graduation requirements (131 to 108 credits), effective January 1, 2024. The commission **reviewed and requested additional information** (data summaries/meeting minute summaries; side-by-side comparison of curricular maps indicating courses to be changed; details of the content of courses deleted, added, changed, or consolidated) by October 1, 2023.

### September 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2030. Maximum class size: 30. Report due April 15, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)

Due October 15, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard C1.02.c.ii-iii, C1.03**, modified Self-Study Report (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 and action plans, 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)

### March 2022

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

- **Standard A1.01** (provided evidence there are written and signed agreements between the PA program and all clinical affiliates)
- **Standard B4.01a** (provided evidence the evaluation of students related to the supervised clinical education components of the curriculum parallel the program's learning outcomes)

### June 2021

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

- **Standard A1.01** (lacked evidence there are written and signed agreements between the PA program and all clinical affiliates),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about program continuous review and analysis),
- **Standards B2.17a and f** (provided evidence the PA curriculum includes instruction in a)

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credentialing and f) policy issues that affect practice),

- **Standard B3.06b** (provided evidence supervised clinical practice experiences occur with PAs teamed with physician who are specialty board certified in their area of instruction) and
- **Standard B4.01a** (lacked evidence the evaluation of students related to the supervised clinical education components of the curriculum parallel the program's learning outcomes).

Additional information (A1.01-narrative clarifying discrepancy in dates on affiliation agreement and B4.01a-how the program ensures that evaluations of student performance for the supervised clinical education components of the curriculum align with the learning expectations) due October 15, 2021.

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report and Program Management Portal updated.

### March 2021

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

- Follow-up PANCE report. No further information requested.

### September 2020 (following Final Provisional review)

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the September 2022 commission meeting. The maximum approved class size is 30 students per class.

The program did not appeal the commission's decision.

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

- **Standard A1.01** (lacked evidence there are written and signed agreements between the PA program and all clinical affiliates),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about program continuous review and analysis),
- **Standards B2.17a and f** (lacked evidence the PA curriculum includes instruction in a) credentialing and f) policy issues that affect practice),
- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with PAs teamed with physician who are specialty board certified in their area of instruction) and
- **Standard B4.01a** (lacked evidence the evaluation of students related to the supervised clinical education components of the curriculum parallel the program's learning outcomes).

Report due March 1, 2022 (*Standards*, 5<sup>th</sup> edition) -

- **Standards C1.01a-g** (lacked evidence the program has an ongoing self-assessment process that addresses a) administrative aspects and instructional resources, b) effectiveness of the didactic curriculum, c) effectiveness of the clinical curriculum, d) graduate preparation, e) PANCE performance, f) sufficiency and effectiveness of principal and instructional faculty and staff and g) success in meeting the program's goals),
- **Standards C1.02b-c i-iii** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by b) performing critical analysis of data and c) applying the results leading to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans) and

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

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

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA).

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. The program is required to revise and resubmit an acceptable response no later than December 28, 2020.

### June 2020

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

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

### March 2020

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

- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams). No further information requested.

### March 2019 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Final Provisional).

Maximum class size: 30.

Report due December 15, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams).

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

- **Standard A3.22b** (lacked evidence principal faculty records include current curriculum vitae)
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program)
- **Standard C2.01b-f** (lacked evidence the program prepares a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment and documents the results of critical analysis from the ongoing self-assessment, faculty evaluation of the curricular and administrative aspects of the program, modifications that occurred as a result of self-assessment, self-identified program strengths and areas in need of improvement, and plans for addressing areas needing improvement )

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Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (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*.