

Rocky Vista University Accreditation History

First accredited: March 2018
Next review: March 2033
Maximum class size: 36
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March 2024

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

- **Standard C1.03** modified Self-Study Report (provided evidence 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 further information requested.

March 2023 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: March 2033. The program is approved for a maximum class size of 36.

Report due October 1, 2023 (*Standards*, 5th edition):

- **Standard C1.03** modified Self-Study Report (lacked evidence 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 5th edition

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting program faculty in program assessment),
- **Standard A2.01** (provided evidence that all faculty possess the educational and experiential qualifications to perform their assigned duties),
- **Standards A3.08a-c** (provided evidence the program makes readily available policies addressing student exposure to infectious and environmental hazards that a) address methods of prevention, b) address procedures for care and treatment after exposure and c) clearly define financial responsibility),
- **Standard B1.03** (provided evidence the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.06a** (provided evidence supervised clinical practice experiences [SCPEs] occur with physicians specialty board certified in their area of instruction),
- **Standards B3.07c-d, f-g** (provided evidence SCPEs occur with preceptors who enable students to meet program defined learning outcomes for c) internal medicine, d) surgery, f) women's health and g) behavioral and mental health care),
- **Standard B4.01a** (provided evidence student assessment in the supervised clinical practice experience components parallels what is expected of students and taught) and
- **Standards C2.01a-c** (provided evidence the program defines and maintains effective processes and documents ongoing evaluation of sites and preceptors used for SCPEs to ensure students have access to a) physical facilities, b) patient populations and c) supervision).

No further information requested.

September 2021

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

- Analysis of PANCE Exam Performance First-Time Takers due to pass rate percentage of 85% or

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less for the class of 2020. 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 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the March 2023 commission meeting. The program's maximum class size remains 36. The program requested reconsideration of the commission's action. The action was upheld.

Report due July 1, 2021 (*Standards*, 5th edition) -

- Analysis of PANCE Exam Performance First-Time Takers due to pass rate percentage of 85% or less for the class of 2020.

Report due December 15, 2021 (*Standards*, 5th edition) -

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting program faculty in program assessment),
- **Standard A2.01** (lacked evidence that all faculty possess the educational and experiential qualifications to perform their assigned duties),
- **Standards A3.08a-c** (lacked evidence the program makes readily available policies addressing student exposure to infectious and environmental hazards that a) address methods of prevention, b) address procedures for care and treatment after exposure and c) clearly define financial responsibility),
- **Standard B1.03** (lacked evidence the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences [SCPEs] occur with physicians specialty board certified in their area of instruction),
- **Standards B3.07c-d, f-g** (lacked evidence SCPEs occur with preceptors who enable students to meet program defined learning outcomes for c) internal medicine, d) surgery, f) women's health and g) behavioral and mental health care),
- **Standard B4.01a** (lacked evidence student assessment in the supervised clinical practice experience components parallels what is expected of students and taught) and
- **Standards C2.01a-c** (lacked evidence the program defines and maintains effective processes and documents ongoing evaluation of sites and preceptors used for SCPEs to ensure students have access to a) physical facilities, b) patient populations and c) supervision).

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

- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **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)

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

June 2020

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

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

June 2019

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

- **Standard B3.07d** (provided evidence that all students would have supervised clinical practice experiences with preceptors practicing in pediatrics). No further information requested.

September 2018

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

- **Standard B2.08** (provided evidence that the curriculum included instruction in response to injury and principles of violence identification and prevention)

The commission **did not accept the report** addressing 4th edition

- **Standard B3.07d** (lacked evidence that all students would have supervised clinical practice experiences (SCPEs) with preceptors practicing in pediatrics).

Report due March 1, 2019 (standard B3.07d, lacked evidence that all students would have SCPEs with preceptors practicing in pediatrics). Approved maximum entering class size remains 36 until Provisional Monitoring visit.

March 2018

Accreditation-Provisional; Next Comprehensive Evaluation: March 2021 (Provisional Monitoring). The program is approved for up to 36 students in the first class of students, 50 in the second class and 50 in the third class.

Report due July 6, 2018 (*Standards*, 4th edition) -

- **Standard B2.08** (lacked evidence that the curriculum included instruction in response to injury and principles of violence identification and prevention) and
- **Standard B3.07d** (lacked evidence of supervised clinical practice experiences with preceptors practicing in pediatrics).