

University of Texas–Rio Grande Valley Accreditation History

First accredited: September 1999

Next review: September 2033

Maximum class size: 100

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June 2024

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

- **Standard A3.12f** (provided 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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01b** (provided 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 allow the program to identify and address any student deficiencies in a timely manner)
- **Standard C1.03 modified self-study report** (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)

Additional information (process used by the program to verify all supervised clinical practice experiences (SCPEs) occur with physicians who are board-certified in their area of instruction or description of why the requirement cannot be met and resubmitted self-study 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 **accepted the report**. No further information requested.

September 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2033. Maximum class size: 100.

Report due February 1, 2024 (*Standards*, 5th edition):

- **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 B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B4.01b** (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 allow the program to identify and address any student deficiencies in a timely manner)
- **Standard C1.03 modified self-study report** (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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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)

June 2023

Program Change: Change in graduate required curriculum. The commission **did not approve the program's proposed change**. No additional information requested.

June 2022

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

- Second resubmitted PANCE report.

No further information requested.

March 2022

The commission **did not accept the report** providing evidence of

- Resubmitted PANCE report.

Additional information (second resubmitted PANCE report) due February 25, 2022.

September 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (resubmitted PANCE report) due September 27, 2021.

September 2020

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

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

June 2020

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

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

September 2016

Program Change: Change in class size (50 to 65, effective August 1, 2017, 65 to 80, effective August 1, 2018 and 80 to 100, effective August 1, 2019). The commission **approved the proposed change**. No further information requested.

Program Change: The commission **approved a temporary increase** (50 to 52), effective August 1, 2016, to accommodate students from another program. No further information requested.

September 2015

Program Change: The commission **acknowledged the merging** of The University of Texas – Pan American and The University of Texas – Brownsville into The University of Texas – Rio Grande Valley.

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March 2015

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

- Corrected personnel tab in the Portal. No further information requested.

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

- Updated SCPEs. No further information requested.

September 2014

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

- Updated SCPEs in the emergency department.

Additional information (correct personnel tab in Program Management Portal) due October 15 and December 15, 2014 (SCPE tab in portal).

March 2014

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

- **Standard B3.03d** (provided evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions) and
- **Standard B3.07f** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health). No further information requested.

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

- Updated SCPEs in the Portal and PANCE pass rate data on website.

Additional information (SCPEs in the emergency department) due May 16, 2014.

September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 50.

Report due December 31, 2013 (*Standards*, 4th edition) -

- **Standard B3.03d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions) and
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).
- Update supervised clinical practice experiences [SCPEs] in the Program Management Portal and PANCE pass rate data on website.

March 2013

Program Change: Change in maximum student capacity (150 to 300), effective August 2014. The commission **did not approve the proposed change**.

Additional information (official NCCPA PANCE Pass Rate Summary Report and link to PANCE on website) due April 26, 2013. Due May 1, 2013 (supervised clinical practice experiences [SCPEs] data).

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September 2011

Program Change: Change in maximum student capacity (120 to 150), effective September 1, 2011. The commission **acknowledged the proposed change**. No further information requested.

March 2009

The commission **accepted the report** addressing 3rd edition

- **Standard A3.14b** (provided evidence core faculty records include current curriculum vitae),
- **Standard B1.06** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B7.02** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- **Standards B7.04b and e** (provided evidence supervised clinical practice experiences are provided in b) emergency room/department and e) long-term care settings) and
- **Standard C2.01d** (provided evidence the self-study report documents modifications that occurred as a result of self-assessment). No further information requested.

September 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 120.

Report due January 9, 2009 (*Standards*, 3rd edition) -

- **Standard A3.14b** (lacked evidence core faculty records include current curriculum vitae),
- **Standard B1.06** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- **Standards B7.04b and e** (lacked evidence supervised clinical practice experiences are provided in b) emergency room/department and e) long-term care settings) and
- **Standard C2.01d** (lacked evidence the self-study report documents modifications that occurred as a result of self-assessment).

September 2005

Program Change: Change in maximum student capacity (50 to 90) and Change in program length (24 to 28 months), effective September 2006. The commission **acknowledged the proposed changes**. No further information requested.

March 2005

The commission **acknowledged the report** addressing 2nd edition

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- **Standards C2.2a, b, e-g** (provided evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis). No further information requested.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 54. Report due January 17, 2005 (*Standards*, 2nd edition) -

- **Standards C2.2a, b, e-g** (lacked evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

September-December 2001

The commission **accepted the report** addressing 1st/2nd edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standards I E 1 a/C2.2a** (provided evidence the self-study report includes critical analysis of student attrition),
- **Standards I E 1 b/C2.2c** (provided evidence the self-study report includes critical analysis of student failure rates in individual courses and rotations),
- **Standards I E 3/C4.1 and C4.1c** (provided evidence the self-study report documents the program's strengths, weaknesses, and areas for improvement),
- **Standards II B 2/B1.2** (provided evidence the curriculum design enables students to develop the clinical competence necessary for practice) and
- **Standards II B 2 b/B1.4** (provided evidence for each didactic course the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).

March 2001 (University of Texas-Pan American)

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Accreditation-Continued; Next Comprehensive Evaluation: March 2004. Maximum Student Capacity: 50.
Report due August 1, 2001 (*Standards*, 1st/2nd edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- ***Standards I E 1 a/C2.2a*** (lacked evidence the self-study report includes critical analysis of student attrition),
- ***Standards I E 1 b/C2.2c*** (lacked evidence the self-study report includes critical analysis of student failure rates in individual courses and rotations),
- ***Standards I E 3/C4.1 and C4.1c*** (lacked evidence the self-study report documents the program's strengths, weaknesses, and areas for improvement),
- ***Standards II B 2/B1.2*** (lacked evidence the curriculum design enables students to develop the clinical competence necessary for practice) and
- ***Standards II B 2 b/B1.4*** (lacked evidence for each didactic course the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).

September 1999

Accreditation-Provisional; Next Comprehensive Evaluation: March 2001. The commission noted zero areas of noncompliance with the *Standards*.