

## University of Bridgeport Accreditation History

First accredited: September 2010

Next review: September 2033

Maximum class size: 40

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### June 2024

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

- **Standard A3.15f** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B4.01a** (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 align with what is expected and taught)
- **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)

No further information requested.

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

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

- Updates to the program's Program Management Portal

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: 40.

Report due November 15, 2023:

- Update PANCE pass rate data in Program Management Portal

Report due February 1, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard A3.15f** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)
- **Standard B4.01a** (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 align with what is expected and taught)
- **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)

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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 A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)

### June 2023

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

### June 2022

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report (Jan). The commission **accepted the report**. No further information requested.

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report (Mar). The commission **accepted the report**. No further information requested.

### June 2021

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

- Changes in response to COVID-19. No further information requested.

### March 2021

Program Change: Change in ownership (University of Bridgeport to Goodwin University), name will remain University of Bridgeport. The commission **acknowledged the proposed change**. No further information requested.

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

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

### September 2020

Program Change: Change in graduation requirements (108 to 113 credits), effective January 1, 2020. The commission **acknowledged the proposed change**. 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.

### March 2020

Program Change: Change in graduation requirements (105 to 108 credits), effective January 6, 2020. The commission **acknowledged the proposed change**. No further information requested.

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### March 2019

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

- Updated goals on website.
- Exceeding Class Size report. No further information requested.

### June 2018

Accreditation-Continued. The commission **accepted the report** providing evidence of

- The modified self-study report. No further information requested.

Reports due August 20, 2018

- Address discrepancy between approved class size and the year-one class as noted in the Program Management Portal using the Exceeding Class Size report and
- Update success of achieving goals on website.

### March 2017

Program Change: Change in graduation requirements (133 to 105 credits), effective January 17, 2017.

The commission **acknowledged the proposed change**. The program remained on Accreditation-Administrative Probation, with report (modified SSR) due in January 2018.

### May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from September 2020 to September 2023 due to this change.

### March 2016

The commission **did not accept the report** addressing

- The modified self-study report. The program remains on Accreditation-Administrative Probation, which will remain in effect until the commission receives an acceptable self-study report. Report due January 8, 2018 (modified SSR).

### March 2015

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

- Update of all tabs in the Portal. No further information requested.

### September 2014

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

- PANCE update in Program Management Portal and on website. No further information requested.
- Updated timeline of actions taken for self-identified weaknesses

The commission moved the due date of the October 2015 report to August 2014, due to the dismal first time pass rate (42%) of the 2013 graduates. The commission **did not accept the report** and placed the program on Accreditation-Administrative Probation until such time the required report has been

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submitted, reviewed and accepted by the commission. Report due October 3, 2014 (update all tabs in the Program Management Portal) and December 11, 2015 (modified self-study report).

### September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. The program is approved to accept up to a class size of 40.

Report due April 1, 2014

- Update PANCE in Program Management Portal and on website and
- Update timeline of actions taken for self-identified weaknesses

Due October 1, 2015

- Update self-study report tables with analysis and narrative

### March 2013

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

- **Standards B3.03b and d** (provided evidence of SCPEs with patients seeking women's health and care for behavioral and mental health conditions). No further information requested.

### September 2012

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

- **Standards B3.03b and d** (lacked evidence of SCPEs with patients seeking women's health and care for behavioral and mental health conditions). The program is required to submit an acceptable response by October 1, 2012.

### September 2011

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard C1.01g** (provided evidence the program regularly collects and analyzes information related to graduate performance on the PANCE),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard C2.01b7** (provided evidence the self-study report documents outcome data and critical analysis of the most recent five-year first time and aggregate graduate performance on the PANCE) and
- **Standard C3.06** (provided evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).

Additional report due July 1, 2012 (standards B3.03b and d, supervised clinical practice experiences [SCPEs] with patients seeking women's health and care for behavioral and mental health conditions).

### March 2011

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard A3.03** (provided evidence the announcements and advertising accurately reflect the program offered),

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- **Standard B1.06** (provided evidence each didactic and clinical course has a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B3.02h** (provided evidence the program provides students with instruction in patient assessment and management, including appropriate referral of patients) and
- **Standard E1.12b** (provided evidence the program provides for each course a written syllabus that defines expectations and guides student acquisition of expected competencies). No further information requested.

### September 2010

Accreditation-Provisional; Next Comprehensive Evaluation: September 2013. The program is approved for up to 120 students.

Reports due December 31, 2010 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A3.03** (lacked evidence the announcements and advertising accurately reflect the program offered),
- **Standard B1.06** (lacked evidence each didactic and clinical course has a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B3.02h** (lacked evidence the program provides students with instruction in patient assessment and management, including appropriate referral of patients) and
- **Standard E1.12b** (lacked evidence the program provides for each course a written syllabus that defines expectations and guides student acquisition of expected competencies).

Due July 1, 2011 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard C1.01g** (lacked evidence the program regularly collects and analyzes information related to graduate performance on the PANCE),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard C2.01b7** (lacked evidence the self-study report documents outcome data and critical analysis of the most recent five-year first time and aggregate graduate performance on the PANCE) and
- **Standard C3.06** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).