

Carroll University Accreditation History

First accredited: September 2010

Next review: September 2033

Maximum class size: 20

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September 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.

June 2024

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

- **Standard A1.01** (provided evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **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 B1.03d** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including course goal/rationale)
- **Standard B1.03e** (provided evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B4.01b** (lacked evidence 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

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deficiencies in a timely manner)

Additional information (evidence that all program goals have been updated to include data that supports the program's actual outcome statements and how the rotation specific preceptor evaluation of student forms allow the program to identify and address any student deficiencies in the program's expected learning outcomes in a timely manner) due July 11, 2022.

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

- Updates to the program's Program Management Portal/website.

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: 20.

Report due November 10, 2023:

- Update PANCE pass rate data in Program Management Portal and update attrition table on program website

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

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **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 B1.03d** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including course goal/rationale)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all

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- students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
 - **Standard B4.01b** (lacked evidence 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)

Report due May 15, 2024 (*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)

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

- **Standard A3.12a** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)

March 2021

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

- The decrease in the operating budget for fiscal year 2020-2021. No further information requested.

September 2020

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

- Follow-up report regarding clinical rotations. No further information requested.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (updates at conclusion of clinical year and after online didactic instruction completed in May regarding whether clinical rotations will start in June) due June 15, 2020.

September 2019

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Program Change: Change in class size (20 to 24, effective May 18, 2020; to 28, effective May 17, 2021; and to 32, effective May 16, 2022). The commission **approved the proposed change**. No further information requested.

March 2017

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.

July 2016

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.

Program Change: Change in graduation requirements (116 to 118 credits), effective January 1, 2017. The commission **acknowledged the proposed change**. No further information requested.

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.

September 2014

Program Change: Change in graduation requirements (112 to 116 credits), effective June 2014. The commission **acknowledged the proposed change**. No further information requested.

March 2014

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

- **Standard A3.14c** (provided evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes) and
- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams). No further information requested.

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

- The reporting arrangement between the program director and the department chair. No further information requested.

September 2013

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Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 20.

Report due October 11, 2013 (*Standards*, 4th edition) -

- **Standard A3.14c** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the first time PANCE rates for the five most recent graduating classes) and
- Narrative regarding the reporting arrangement between the program director and the department chair.

Due December 20, 2013 (*Standards*, 4th edition) -

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

September 2011

The commission **accepted the report** addressing 3rd/4th edition

- **Standards C1.01f/C1.01** (provided evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standards C2.01b6/C2.01b** (provided evidence the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C3.06/C3.04** (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). No further information requested.

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

- Documentation of supervised clinical practice experiences and personnel forms. No further information requested.

September 2010

Accreditation-Provisional; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 40.

Report due July 1, 2011 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards C1.01f/C1.01** (lacked evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standards C2.01b6/C2.01b** (lacked evidence the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C3.06/C3.04** (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).

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- Documentation of supervised clinical practice experiences and personnel forms.