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March 2025

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

June 2023

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

June 2021

The commission accepted the report providing evidence of

 Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

The commission acknowledged the report providing evidence of

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

March 2021

The commission acknowledged the report providing evidence of

 Follow-up for the class of 2020 on graduation, including confirmation that all students met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

June 2020

The commission acknowledged the report providing evidence of

• The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 15, 2021.

March 2020

The commission accepted the report addressing 4th edition

- Standard A3.16 (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet the program's learning outcomes for preventive, emergent, acute and chronic patient encounters) and
- **Standards B3.03a-d** (provided evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and

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mental health conditions, have met the learning outcomes). No further information requested.

September 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. The program is approved for up to 125 students (55 in Manchester and 70 in Worcester). Report due December 13, 2019 (*Standards*, 4th edition)

- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet the program's learning outcomes for preventive, emergent, acute and chronic patient encounters) and
- **Standards B3.03a-d** (lacked evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes).

Program Change: Change in graduation requirements (increase from 101 to 105 credits), effective January 2020. The commission **acknowledged the proposed change**. No further information requested.

March 2019

The commission accepted the report providing evidence of

 Hiring faculty, verification of licensure, updated website, documentation that the curriculum is of sufficient breadth and depth, instructional objectives and update on board certification of preceptors.

Additional information (narrative on process of board certification) due March 29, 2019.

The commission accepted the report addressing 4th edition

• **Standards B3.07a-b** (provided evidence of SCPEs with preceptors practicing in a) family medicine and b) internal medicine).

Additional information (clarification of why students are not placed with family medicine preceptors) due March 10, 2019.

Program Change: Change in graduation requirements (increase from 101 to 105 credits). The commission **deferred action** on the proposed change.

Additional information (effective date, update on progress in faculty search, how addressing 4th edition standards A3.13a, A3.14d, e and A3.17b, c) due April 8, 2019.

September 2018

The commission accepted the report addressing 4th edition

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- **Standard B1.11a** (provided evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is conducted at geographically separate locations),
- Standard B3.02 (provided evidence of clearly defined expectations for students in SCPEs
 that enable students to meet program expectations and acquire competencies needed
 for entry into clinical practice),
- Standards B3.03a-d (provided evidence of clearly defined expectations for supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions that allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice). No further information requested.

June 2018

The commission accepted the reports addressing 4th edition

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- Standard A1.04 (provided evidence the sponsoring institution provides the opportunity
 for continuing professional development of the program director and principal faculty
 by supporting the development of their clinical, teaching, scholarly and administrative
 skills),
- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.16** (provided evidence all instructional faculty serving as supervised clinical practice experience [SCPE] preceptors hold a valid license),
- **Standard A3.14b** (provided evidence the program publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),
- **Standard A3.15a** (provided evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- Standard A3.17b (provided evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B1.03** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- Standard B1.09 (provided evidence for each didactic and clinical course, the program
 defines and publishes instructional objectives that guide student acquisition of required
 competencies),
- **Standard B2.06** (provided evidence the program curriculum includes instruction in rehabilitative care across the life span),

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- **Standards B3.06a-b** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction)
- Standard C4.01 (provided evidence the program maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

Additional information due July 16, 2018 (update on hiring of two new faculty, process of verification of licensure, update website, documentation that the curriculum is of sufficient breadth and depth, instructional objectives and update on board certification of preceptors).

March 2018

The commission accepted the report providing evidence of

An explanation for exceeding the approved class size. No further information requested.

September 2017

Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the September 2019 commission meeting. The program's maximum class size is 125 students per class (55 at Manchester and 70 at Worcester). The program did not appeal the commission's decision.

Report due November 15, 2017

• Exceeding Class Size explanation

Due January 1, 2018 (Standards, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- Standard A1.04 (lacked evidence the sponsoring institution provides the opportunity for
 continuing professional development of the program director and principal faculty by
 supporting the development of their clinical, teaching, scholarly and administrative
 skills)
- Standard A1.09 (lacked evidence the sponsoring institution provides the program with
 the physical facilities to operate the educational program to fulfill obligations to
 matriculating and enrolled students),
- **Standard A2.16** (lacked evidence all instructional faculty serving as supervised clinical practice experience [SCPE] preceptors hold a valid license),
- **Standard A3.14b** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goals),
- **Standard A3.15a** (lacked evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- Standard A3.17b (lacked evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),

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- Standard B1.09 (lacked evidence for each didactic and clinical course, the program
 defines and publishes instructional objectives that guide student acquisition of required
 competencies),
- **Standard B2.06** (lacked evidence the program curriculum includes instruction in rehabilitative care across the life span),
- **Standards B3.06a-b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction)
- Standard C4.01 (lacked evidence the program maintains and documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

Due July 1, 2018 (Standards, 4th edition) -

- **Standard B1.11a** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is conducted at geographically separate locations),
- Standard B3.02 (lacked evidence of clearly defined expectations for students in SCPEs
 that enable students to meet program expectations and acquire competencies needed
 for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence of clearly defined expectations for supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions that allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).

Due December 10, 2018 (Standards, 4th edition) -

• **Standards B3.07a-b** (lacked evidence of SCPEs with preceptors practicing in a) family medicine and b) internal medicine).

Due April 15, 2019 (Standards, 4th edition) -

- Standard C1.01 (lacked evidence of implementation of an ongoing program selfassessment process which documents program effectiveness and fosters program improvement) and
- Standards C2.01b-e, modified Self-Study Report (lacked evidence of a self-study report
 that documents b) results of critical analysis from the ongoing self-assessment, c) faculty
 evaluation of the curricular and administrative aspects of the program, d) modifications
 that occurred as a result of self-assessment and e) self-identified program strengths and
 areas in need of improvement).

March 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2017. The program is approved for up to 125 students. The commission's decision is based on the student enrollment reports dated January 2016 and January 2017.

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Maximum class size: 125 (55 Man/70 Wor)

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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.

March 2016

The commission accepted the report providing evidence of

• January 2016 affirmation regarding the accuracy of student numbers. Additional affirmation report requested due February 1, 2017.

November 2015

The program requested reconsideration of the commission's action to place the program on Accreditation-Probation. The commission's decision was upheld; the program failed to comply with standard E1.09d (maximum class size) and disregarded the accreditation *Standards*, specifically as related to class size increase. Reports due by February 1, 2016 and February 1, 2017 affirming the student enrollment at each campus.

September 2015

Adverse Action-Accreditation-Probation; Next Evaluation: September 2017. Decision based on the information contained in the program letter, the program request for class size increase and the program accreditation history. The program has already taken in more students than the number for which it is currently approved.

Program Change: Increase in class size from 125 to 200 students. The commission **did not** approve the program's request to increase its class size for the class to begin January 2016.

March 2015

The commission accepted the report providing evidence of

- Update on open faculty positions,
- Updated website and
- Updated Portal. No further information requested.

September 2014

The commission did not accept the report providing evidence of

Update on open faculty positions.

The program is required to submit an acceptable report by October 26, 2014. In addition to listing of program personnel, the program is to update the statement of accreditation, PANCE Pass Rate Summary Report and the program's success in achieving goals on its website and update the Program Management Portal.

March 2014

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The commission accepted the report providing evidence of

• Update on open faculty positions.

Additional information (update on hiring additional staff) due July 30, 2014.

Program Change: Request to increase class size (125 to 200). The commission **did not approv**e the program's request to increase its class size.

September 2013

The commission accepted the report providing evidence of

Hiring status of faculty at Worcester.

Additional information (notify when open positions filled or provide update) due December 31, 2013.

March 2013

The commission accepted the report providing evidence of

Status of additional faculty.

Additional information (hiring status of faculty at Worcester) due February 28, 2013.

February 2013

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2014 to September 2017 due to this change.

September 2012

The commission accepted the report providing evidence of

• Faculty identified by campus of employment.

Additional information (status of hiring additional faculty) due December 31, 2012.

March 2012

Program Change: Adjust the number of students between the two campuses at MCPHS. The commission **accepted the report**. Additional information (faculty list identifying campus of employment) due July 1, 2012.

March 2011

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

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

• **Standards A3.07g/A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs related to the program),

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- Standards A3.07i/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),
- **Standards C1.01a and c/C1.01** (provided evidence the program regularly collects and analyzes a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations),
- Standards C2.01b1 and b3/C2.01b (provided evidence the self-study report documents b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations) and
- **Standard C4.01** (provided evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences). No further information requested.

September 2010

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. The program is approved for up to 220 students.

Report due December 31, 2010 (Standards, 3rd/4th edition) -

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

- Standards A3.07g/A3.14f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs related to the program),
- Standards A3.07i/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),
- Standards C1.01a and c/C1.01 (lacked evidence the program regularly collects and analyzes a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations),
- Standards C2.01b1 and b3/C2.01b (lacked evidence the self-study report documents b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations) and
- **Standard C4.01** (lacked evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences).

The commission accepted the report providing evidence of

• Classroom and laboratory space in Worcester, faculty numbers and new clinical rotation slots. Additional information requested by December 31, 2011.

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September 2009

Program Change: Increase the aggregate enrollment at both Manchester, NH and Worcester, MA. The commission **acknowledged the proposed change**. Report due no later than June 30, 2010 (classroom and laboratory space in Worcester, faculty numbers and new clinical rotation slots).

March 2009

The commission accepted the report addressing 3rd edition

• **Standard B3.04d** (provided narrative description and supporting documentation of compliance with rehabilitative patient care). No further information requested.

September 2008

The commission accepted the report addressing 3rd edition

- Standard A1.04 (provided evidence the sponsoring institution, together with its
 affiliates, are capable of providing clinically oriented basic science education as well as
 clinical instruction and experience requisite to PA education),
- Standard A2.17 (provided evidence there are sufficient faculty and instructors to
 provide students with the necessary attention, instruction, and supervised practice
 experiences to acquire the knowledge and competence needed for entry into the
 profession),
- **Standards B3.04d-e** (provided evidence the program provides instruction in the important aspects of patient care including d) rehabilitative and end-of-life),
- Standard B4.02d (provided evidence the program provides instruction in end of life issues),
- Standard B7.01 (provided evidence the program provides medical and surgical clinical
 practice experiences that enable students to meet program expectations and acquire
 the competencies needed for clinical PA practice),
- **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 B7.03c-d** (provided evidence supervised clinical practice experience is provided in c) inpatient and d) long-term care settings) and
- **Standard B7.04g** (provided evidence the program documents that every student has supervised clinical practice experiences in prenatal care and women's health).

Report due January 9, 2009 (3rd edition standard B3.04d, narrative description and supporting documentation of compliance with rehabilitative patient care).

March 2008

The commission accepted the report providing evidence of

Faculty, SCPEs and student learning expectations. No further information requested.

September 2007

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Accreditation-Continued; Next Comprehensive Evaluation: 2010. The program is approved for up to 80 students.

Report due January 11, 2008

 List of faculty, supervised clinical practice experiences [SCPEs] and student learning expectations.

Due July 11, 2008 (Standards, 3rd edition) -

- Standard A1.04 (lacked evidence the sponsoring institution, together with its affiliates, are capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education),
- **Standard A2.17** (lacked evidence there are sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession),
- **Standards B3.04d-e** (lacked evidence the program provides instruction in the important aspects of patient care including d) rehabilitative and end-of-life),
- Standard B4.02d (lacked evidence the program provides instruction in end of life issues),
- Standard B7.01 (lacked evidence the program provides medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- 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 B7.03c-d** (lacked evidence supervised clinical practice experience is provided in c) inpatient and d) long-term care settings) and
- **Standard B7.04g** (lacked evidence the program documents that every student has supervised clinical practice experiences in prenatal care and women's health).

Program Change: Increase in the aggregate number of students. The commission acknowledged, with serious reservations, the proposed change.

September 2005

The commission accepted the report addressing 2nd edition

- Standard B1.2 (provided evidence the curriculum design reflects learning experiences
 and sequencing that enable students to develop the clinical competence necessary for
 practice),
- Standard B1.4 (provided evidence for each didactic and clinical course, the program
 must provide a clearly written course syllabus that includes measurable instructional
 objectives and expected student competencies),
- **Standard B5.3** (provided evidence the program provides instruction in technical procedures based on current professional practice),
- **Standard B6.2h** (provided evidence the program documents that every student has clinical experiences in geriatrics),

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- Standards C2.2a-g (provided evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - 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),
- **Standard C4.1b** (provided evidence the program's self-study report documents outcome data analysis),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.2** (provided evidence the program applies equivalent evaluation processes to all clinical sites regardless of geographical location). No further information requested; however, concern was expressed regarding the responses to standards B5.3, C6.1 and C6.2.

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: 2006. Maximum Student Capacity: 80.

Report due August 15, 2005 (Standards, 2nd edition) -

- Standard B1.2 (lacked evidence the curriculum design reflects learning experiences and sequencing that enable students to develop the clinical competence necessary for practice),
- Standard B1.4 (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B5.3** (lacked evidence the program provides instruction in technical procedures based on current professional practice),
- **Standard B6.2h** (lacked evidence the program documents that every student has clinical experiences in geriatrics),
- Standards C2.2a-g (lacked evidence the self-study report includes critical analysis of
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - 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

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- g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standard C4.1b** (lacked evidence the program's self-study report documents outcome data analysis),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.2** (lacked evidence the program applies equivalent evaluation processes to all clinical sites regardless of geographical location).

March 2004

The commission acknowledged the report providing evidence of

• The geographic location of each faculty listed. No further information requested.

September 2003

Personnel Change: Interim program director appointed April 2003 - June 30, 2004. Interim program director appointed as the permanent program director beginning July 1, 2004; permanent program director appointed through June 30, 2005 and renewable for an additional two-year term.

Program Change: Increase in the number of students per class per year from 36 in the didactic year and 36 in the clinical year (72 total) to 40 didactic/40 clinical (80 total). **Increase acknowledged.**

Report due: Clarification on location of FTE faculty levels described.

September 2002 (Massachusetts College of Pharmacy–Manchester)

Personnel Change: A program director was appointed, effective July 1, 2002. Letter received August 21, notified the ARC-PA that effective August 20, 2002, the program director was moved to academic coordinator and interim co-directors were appointed. A search is currently underway for a new department chair. Report due prior to site visit (organizational chart).

The commission accepted the report providing evidence of

• Syllabi with detailed, measurable objectives. No further information requested.

March 2002 (Notre Dame College)

The commission accepted the report addressing 2nd edition

- Standard A2.15 (provided evidence the program assures continuing professional growth
 of the core faculty by supporting their clinical teaching, scholarly and management
 responsibilities),
- **Standard A5.3b** (provided evidence the program publishes and makes readily available to prospective and enrolled students all costs to the student),

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- Standard B1.4 (provided evidence for each didactic and clinical course, the program
 must provide a clearly written course syllabus that includes measurable instructional
 objectives and expected student competencies),
- **Standard C5.2** (provided evidence objective evaluation methods include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.2** (provided evidence the program consistently visits clinical sites for evaluation purposes).

Additional report due July 19, 2002 (syllabi with detailed, measurable objectives).

College closing, effective May 3, 2002. A request to transfer sponsorship of the PA program to the Massachusetts College of Pharmacy (Boston, MA) was received. MCP is scheduled for a site visit about two months before the consolidation, which should be delayed to the April-August 2003 cycle.

The ARC-PA **acknowledged the proposed transfer**, effective May 6, 2002. An official letter from the president of MCP (MCP is currently seeking degree-granting authority in New Hampshire) to be submitted.

December 2001 (Notre Dame College, Manchester, NH)

Accreditation-Continued; Next Comprehensive Evaluation: September 2004. Maximum Student Capacity: 27.

Report due February 1, 2002 (Standards, 2nd edition) -

- Standard A2.15 (lacked evidence the program assures continuing professional growth of
 the core faculty by supporting their clinical teaching, scholarly and management
 responsibilities),
- **Standard A5.3b** (lacked evidence the program publishes and makes readily available to prospective and enrolled students all costs to the student),
- Standard B1.4 (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard** C5.2 (lacked evidence objective evaluation methods include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.2** (lacked evidence the program consistently visits clinical sites for evaluation purposes).

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NOTE: The ARC-PA commission action information available begins in December 2001. Information from initial accreditation in 1998 by CAAHEP is not available.