

Mary Baldwin University Accreditation History

First accredited: September 2015

Next review: March 2030

Maximum class size: 40

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March 2025

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

- resubmitted modified Self-Study Report

No further information requested

September 2022

The commission **did not accept** the report addressing 5th edition

- **Standards C2.01b-c, e-f** modified SSR (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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

Additional information (resubmitted modified Self-Study Report) due August 19, 2024.

June 2020

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

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

March 2020 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: March 2030. Maximum class size: 40.

Report due May 4, 2022 (*Standards*, 4th edition) -

- **Standards C2.01b-c, e-f** modified SSR (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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

June 2019

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.

September 2018

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

- **Standard A3.15a** (provided evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- **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 A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice) and

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- **Standard B3.03a** (provided evidence supervised clinical practice experience with patients seeking medical care across the life span). No further information requested.

March 2018 (following Provisional Monitoring review)

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2020 (Final Provisional). Maximum class size: 30. The program did not appeal the commission's decision.

Report due May 23, 2018 (*Standards*, 4th edition) -

- **Standard A3.15a** (lacked evidence the program defines admission and enrollment practices that favor specified individuals or groups),
- **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 A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice) and
- **Standard B3.03a** (lacked evidence supervised clinical practice experience with patients seeking medical care across the life span).

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.11** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard B3.04b** (provided evidence supervised clinical practice experiences [SCPEs] occur in emergency department settings) and
- **Standards B3.07a-f** (provided evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care). No further information requested.

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

- Corrected SCPEs and cohort size data in the Portal. No further information required.

July-September 2017

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2018 (Provisional Monitoring). Maximum class size: 30. The program appealed the commission's decision. The Reconsideration Review Panel upheld Accreditation-Probation.

Report due August 25, 2017

- Correct student enrollment data and supervised clinical practice experiences [SCPEs] in the Program Management Portal.

Due October 1, 2017 (*Standards*, 4th edition) -

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- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences),
- **Standard B3.04b** (lacked evidence supervised clinical practice experiences [SCPEs] occur in emergency department settings) and
- **Standards B3.07a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care).

March 2017

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

- An update on the search for the new program director. Additional information (update on search for new program director) due October 1, 2017.

March 2016

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

- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process) and
- **Standard A2.14** (provided evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession).

Additional information (update on search for new program director) due December 1, 2016.

September 2015

Accreditation-Provisional; Next Comprehensive Evaluation: March 2018 (Provisional Monitoring). The program is approved for up to 38 students in the first class of 40 students in the second class and 40 in the third class.

Report due January 15, 2016 (*Standards*, 4th edition) -

- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process) and
- **Standard A2.14** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession).