

## South College - Nashville Accreditation History

First accredited: June 2019

Next review: March 2034

Maximum class size: 60

Page 1 of 3

### March 2025

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

- **Standard A1.11b** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies)
- **Standard A3.07a** (provided evidence the program defines, publishes, makes readily available and consistently applies policy on immunization and health screening of students that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)

No further information requested.

### March 2024 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: March 2034. Maximum class size: 60.

The program received a Warning Letter regarding the program's implementation and documentation of a comprehensive program self-assessment process that included critical analysis, leading to conclusions that identified strengths, areas in need of improvement, and action plans.

Report due September 30, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.11b** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies)
- **Standard A3.07a** (lacked evidence the program defines, publishes, makes readily available and consistently applies policy on immunization and health screening of students that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)

Report due September 29, 2025 (*Standards*, 5<sup>th</sup> edition):

- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.03** (*full 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)

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 **reviewed and more information requested of the report**. Additional information (resubmitted PANCE report) due September 29, 2025.

## South College - Nashville Accreditation History

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Page 2 of 3

### March 2022 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2024 (Final Provisional). Maximum class size: 60.

The commission noted zero areas of noncompliance with the *Standards*.

### June 2020

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

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

### March 2020

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

- **Standard A3.07** (provided evidence the program has and implements a policy on immunization of students and the policy is based on current Centers for Disease Control recommendations for health professionals),
- **Standard A3.14b** (provided evidence the program publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **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),
- **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences [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 C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standard C2.01a** (provided evidence of a self-study report that documents the program process of ongoing self-assessment). No further information requested.

### June 2019

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 45 in the second class and 60 in the third class.

Report due September 5, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.07** (lacked evidence the program has and implements a policy on immunization of students and the policy is based on current Centers for Disease Control recommendations for health professionals),
- **Standard A3.14b** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),

## South College - Nashville Accreditation History

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Page 3 of 3

- **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),
- **Standards B3.06a-b** (lacked evidence of supervised clinical practice experiences [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 C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standard C2.01a** (lacked evidence of a self-study report that documents the program process of ongoing self-assessment).