Thiel College
Accreditation History

March 2025
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 **did not accept the report**. Additional information (revised and resubmitted Exceeding Class Size report) due May 1, 2025.

The commission **reviewed and more information requested** of the report providing evidence of

- how the institution demonstrated its support of the program in documenting an action plan for student, faculty and staff diversity, equity, and inclusion; how program director knowledge and responsibility specifically related to program organization, program administration, fiscal management of the program, continuous programmatic review and analysis, program planning, program development, completion of ARC-PA required documents, and adherence to the *Standards* and ARC-PA policies will be evaluated to ensure continuous compliance beyond intermittent annual evaluation

No further information requested. Program will be comprehensively reviewed at its Final Provisional and Probation review at the June 2025 commission meeting.

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

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

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.

June 2024
The commission **reviewed and more information requested** of the report addressing 5th edition

- *Standard A1.02a* (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- *Standard A1.02b* (provided evidence the sponsoring institution is responsible for hiring faculty and staff)
- *Standard A1.02c* (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- *Standard A1.02d* (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- *Standard A1.02g* (provided evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- *Standard A1.07* (provided evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- *Standard A1.09* (provided evidence the sponsoring institution provides the program with access

to instructional and reference materials needed to operate the educational program and support evidence-based practice)

- **Standard A1.11a** (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 defining its goal(s) for diversity, equity and inclusion)
- **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 A2.05a** (provided evidence principal faculty and the program director are responsible for, and actively participate in the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)
- **Standard A2.06a** (provided evidence the program director is a PA and possesses at least three years of full-time higher education experience at the time of appointment)
- **Standard A2.06c** (provided evidence the program director is a PA and holds current or emeritus NCCPA certification status)
- **Standard A2.08a** (provided evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- **Standard A2.08b** (provided evidence the program director provides effective leadership by exhibiting strong communication skills)
- **Standard A2.08c** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A2.09a** (lacked evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09c** (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09e** (lacked evidence the program director is knowledgeable about and responsible for program planning)
- **Standard A2.09f** (lacked evidence the program director is knowledgeable about and responsible for program development)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible

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    for adherence to the Standards and ARC-PA policies)
- ***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 A3.20a*** (provided evidence faculty records, including program director, medical director and principal faculty must include current job descriptions that include duties and responsibilities specific to each faculty member)

Additional information (how the institution demonstrated its support of the program in documenting an action plan for student, faculty and staff diversity, equity, and inclusion; how program director knowledge and responsibility specifically related to program organization, program administration, fiscal management of the program, continuous programmatic review and analysis, program planning, program development, completion of ARC-PA required documents, and adherence to the *Standards* and ARC-PA policies will be evaluated to ensure continuous compliance beyond intermittent annual evaluation) due September 30, 2024.

The commission **reviewed and more information requested** of the report addressing 5th edition
- ***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 B1.03f*** (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 outline of topics to be covered that align with learning outcomes and instructional objectives)
- ***Standard B1.03g*** (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 methods of student assessment/evaluation)
- ***Standard B2.11c*** (lacked evidence the curriculum includes instruction in normal and abnormal development across the life span and their application to clinical practice)
- ***Standard B3.01*** (provided evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B4.01a*** (provided 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 align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and

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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)

- *Standard C1.01a* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- *Standard C1.01b* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- *Standard C1.01c* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- *Standard C1.01d* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- *Standard C1.01e* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- *Standard C1.01f* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- *Standard C1.01g* (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)

Additional information (revised expected learning outcomes (LOs), aligned instructional objectives (IOs), and revised topic lists that align to the LOs and IOs for each required and elective supervised clinical practice experience (SCPE) course; evidence of instruction specific to the social and behavioral science topic of normal and abnormal development across the life span specifically for the adult population; table demonstrating that all active physician preceptors are board certified in their area of instruction; evaluation forms utilized in the vetting process for other licensed health care providers qualified in their area of instruction; description of how the program will determine each student has met the program's expected SCPE LOs and will monitor the progress of each student to promptly identify and address deficiencies; and description of program's established, formal, continuous self-assessment process) due September 30, 2024.

Report due August 30, 2024:
- Exceeding Approved Class Size explanation form
- Update student enrollment data in the program management portal
- Update goals and NCCPA PANCE Exam Performance Summary Report on program website

The program received a Warning Letter regarding submitted reports containing twenty-two (22) inadequate responses demonstrating that the program did not have an adequate plan or process of self-assessment.

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

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- Updates to the program's website and brochure.

No further information requested.

September 2023
Accreditation-Probation continued; A focused probation visit will occur in advance of the June 2025 commission meeting. The program's maximum class size remains 40. The commission's decision is not appealable.

Report due November 10, 2023:
- Update accreditation status on program website

Report due December 1, 2023 (*Standards*, 5th edition):
- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.02g** (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice)
- **Standard A1.11a** (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 defining its goal(s) for diversity, equity and inclusion)
- **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 A2.05a** (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of developing, reviewing and revising as necessary

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       the mission statement, goals and competencies of the program)
- *Standard A2.06a* (lacked evidence the program director is a PA and possesses at least three years of full-time higher education experience at the time of appointment)
- *Standard A2.06c* (lacked evidence the program director is a PA and holds current or emeritus NCCPA certification status)
- *Standard A2.08a* (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- *Standard A2.08b* (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)
- *Standard A2.08c* (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- *Standard A2.09a* (lacked evidence the program director is knowledgeable about and responsible for program organization)
- *Standard A2.09b* (lacked evidence the program director is knowledgeable about and responsible for program administration)
- *Standard A2.09c* (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)
- *Standard A2.09d* (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- *Standard A2.09e* (lacked evidence the program director is knowledgeable about and responsible for program planning)
- *Standard A2.09f* (lacked evidence the program director is knowledgeable about and responsible for program development)
- *Standard A2.09g* (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- *Standard A2.09h* (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- *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 A3.20a* (lacked evidence faculty records, including program director, medical director and principal faculty must include current job descriptions that include duties and responsibilities specific to each faculty member)

Report due February 1, 2024 (*Standards*, 5th edition):
- *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 B1.03f* (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 outline of topics to be covered that align with learning

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outcomes and instructional objectives)

- ***Standard B1.03g*** (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 methods of student assessment/evaluation)
- ***Standard B2.11c*** (lacked evidence the curriculum includes instruction in normal and abnormal development across the life span and their application to clinical practice)
- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B4.01a*** (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 align with what is expected and taught)
- ***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)
- ***Standard C1.01a*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- ***Standard C1.01b*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- ***Standard C1.01c*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- ***Standard C1.01d*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- ***Standard C1.01e*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- ***Standard C1.01f*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- ***Standard C1.01g*** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)

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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 A2.02a** (lacked evidence the program has program faculty that includes the program director, principal faculty, medical director, and instructional faculty)
- **Standard A2.06b** (lacked evidence the program director is a PA and is assigned to the program on a 12-month full-time basis and at least 80% of that time is devoted to academic and administrative responsibilities in support of the program)
- **Standard A2.17b** (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program must orient all instructional faculty to specific learning outcomes it requires of students
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **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 C1.02c.ii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** (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)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)
- **Standard E1.04c** (lacked evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of principal faculty within 30 days of the vacancy)

June 2023
Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- The program did not have a program director or interim program director responsible for providing leadership to the program.
- The sponsoring institution did not demonstrate responsibility for ensuring effective leadership.
- The sponsoring institution did not demonstrate responsibility for hiring faculty and staff.
- The sponsoring institution did not demonstrate responsibility for complying with ARC-PA accreditation standards and policies.
- The sponsoring institution appointed two interim program directors who did not meet the required qualification for program director/interim program director.
- The program did not demonstrate active recruitment to permanently fill vacated or interim positions, nor did the program provide quarterly progress updates to the ARC-PA.

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- The program did not inform the ARC-PA in writing, with a plan and timeline to fill the positions of program director (or interim), using forms and processes developed by the ARC-PA, within two business days of the vacancy.
- The program did not appoint an interim program director within five business days of the vacancy caused by the resignation of the first interim program director.

A focused probation visit will occur in advance of the June 2025 commission meeting. The program's maximum class size remains 40. The program did not appeal the commission's decision.

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

- *Standard A1.02b* (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- *Standard A1.02c* (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- *Standard A1.02d* (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- *Standard A1.07* (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- *Standard A2.02a* (lacked evidence program has program faculty that include the program director, principal faculty, medical director, and instructional faculty)
- *Standard A2.06b* (lacked evidence the program director is a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)
- *Standard A2.08a* (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)
- *Standard A2.08b* (lacked evidence the program director provides effective leadership by strong communication skills)
- *Standard A2.08c* (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- *Standard A2.09a* (lacked evidence program director is knowledgeable about and responsible for program organization)
- *Standard A2.09b* (lacked evidence program director is knowledgeable about and responsible for program administration)
- *Standard A2.09c* (lacked evidence program director is knowledgeable about and responsible for fiscal management of the program)
- *Standard A2.09d* (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- *Standard A2.09e* (lacked evidence program director is knowledgeable about and responsible for program planning)
- *Standard A2.09f* (lacked evidence program director is knowledgeable about and responsible for program development)

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- *Standard A2.09g* (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- *Standard A2.09h* (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- *Standard E1.04a* (lacked evidence program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its position of program director [or interim] within two business days of the vacancy)
- *Standard E1.05* (lacked evidence program demonstrates active recruitment to permanently fill vacated or interim positions)
- *Standard E1.07a* (lacked evidence the appointment of the IPD position occurred within five business days of the vacancy caused by the resignation/termination of the program director)

June 2022
The commission **accepted** the report providing evidence of
- description of process the program utilizes to assess the identified medical/minor surgical procedures specific for each SCPE, how the program informs students and preceptors of expectations related to medical/minor surgical procedures and document(s) used to verify the program has a means to determine that each student has met the program's expectations related to medical/minor surgical procedures
No further information requested

March 2022
The commission **reviewed and more information requested** of the report providing evidence of
- SCPE learning outcomes for each required SCPE except Emergency Medicine, Preceptor End of Rotation Evaluation of Student forms for each required SCPE except for Emergency Medicine and description of how the program's assessment methods are aligned to identify learning outcomes and allow assessment of achievement of competency in the learning outcomes
Additional information (description of process the program utilizes to assess the identified medical/minor surgical procedures specific for each SCPE, how the program informs students and preceptors of expectations related to medical/minor surgical procedures and document(s) used to verify the program has a means to determine that each student has met the program's expectations related to medical/minor surgical procedures) due March 1, 2022.

The commission **reviewed and more information requested** of the report addressing 5th edition
- *Standards B4.01a-b* (lacked evidence the program will conduct student evaluations in the supervised clinical education components with a) clear parallels between what is expected, taught and assessed and b) allow the program to identify and address any student deficiencies in a timely manner).
Additional information (SCPE learning outcomes for each required SCPE except Emergency Medicine, Preceptor End of Rotation Evaluation of Student forms for each required SCPE except for Emergency Medicine and description of how the program's assessment methods are aligned to identify learning

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outcomes and allow assessment of achievement of competency in the learning outcomes) due by December 2, 2021

September 2021
The commission **reviewed and more information requested** for the report addressing 5th edition
- ***Standards B2.11d, f-g*** (provided evidence the program curriculum includes instruction in treatment of substance abuse, response to illness and injury and principles of violence prevention),
- ***Standards B2.12a, c*** (provided evidence the program curriculum includes instruction in basic counseling and patient education skills),
- ***Standard B2.15a*** (provided evidence the program curriculum includes instruction in the public health concepts of disease surveillance, reporting and intervention),
- ***Standards B3.03a-d*** (provided evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) chronic patient encounters, b) care across the life span, c) and women's health and d) surgical management) and
- ***Standards B4.01a-b*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with a) clear parallels between what is expected, taught and assessed and b) allow the program to identify and address any student deficiencies in a timely manner).

Additional information (narrative describing assessment methods used to determine each student has met the expected learning outcomes and clarification of the remediation process) due September 6, 2021.

March 2021
Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 40 students in the first class of students, 40 in the second class and 40 in the third class.
Report due May 19, 2021 (*Standards*, 5th edition) -
- ***Standards B2.11d, f-g*** (lacked evidence the program curriculum includes instruction in treatment of substance abuse, response to illness and injury and principles of violence prevention),
- ***Standards B2.12a, c*** (lacked evidence the program curriculum includes instruction in basic counseling and patient education skills),
- ***Standard B2.15a*** (lacked evidence the program curriculum includes instruction in the public health concepts of disease surveillance, reporting and intervention),
- ***Standards B3.03a-d*** (lacked evidence of clearly defined learning outcomes in supervised clinical practice experiences [SCPEs] for a) chronic patient encounters, b) care across the life span, c) and women's health and d) surgical management) and
- ***Standards B4.01a-b*** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with a) clear parallels between what is expected, taught and assessed and b) allow the program to identify and address any student deficiencies in a timely manner).