

Weber State University Accreditation History

First accredited: September 2022

Next review: March 2027

Maximum class size: 20

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March 2025 (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. The commission noted 7 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: March 2027 (Final Provisional). Maximum class size: 20.

Report due December 5, 2025 (*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 A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A3.12e** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified 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 and 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 and that allow the program to identify and address any student deficiencies in a timely manner)

March 2023

The commission **accepted** the report addressing 5th edition

- **Standard A1.01** (provided evidence of 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 must be clearly described and documented in a manner signifying agreement by the involved institutions, signed affiliation agreement(s) must define the responsibilities of each party related to the educational program for students, must specify whose policies govern, and must document student access to educational resources and clinical experiences)
- **Standard A2.04** (provided evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)

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- **Standard B1.03** (provided evidence for each didactic and clinical course (including required and elective rotations), the program defined and published learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard C2.01c** (provided evidence program defined and maintained effective processes and documented the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure that students are able to fulfill program learning outcomes with access to c) supervision)

No further information requested.

September 2022

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2024 (Provisional Monitoring). The program is approved for up to 20 students.

Report due November 9, 2022 (*Standards*, 5th edition) -

- **Standard A1.01** (lacked evidence of 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 must be clearly described and documented in a manner signifying agreement by the involved institutions, signed affiliation agreement(s) must define the responsibilities of each party related to the educational program for students, must specify whose policies govern, and must document student access to educational resources and clinical experiences)
- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)
- **Standard B1.03** (lacked evidence for each didactic and clinical course (including required and elective rotations), the program defined and published learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard C2.01c** (lacked evidence program defined and maintained effective processes and documented the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure that students are able to fulfill program learning outcomes with access to c) supervision)