Gardner-Webb University
Accreditation History

First accredited: September 2013
Next review: April 2028
Maximum class size: 36

June 2025
The program's attrition rate was 15.9% or lower for the class of 2024. The program submitted the Student Attrition Required Report. The commission **did not accept the report**. Additional information (resubmitted report) due October 15, 2025.

March 2021
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 2020
The commission **acknowledged the report** providing evidence of

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

March 2020
Accreditation-Continued; Next Comprehensive Evaluation: March 2028. Maximum class size: 36. The commission noted zero areas of noncompliance with the *Standards*.

March 2019
The commission **acknowledged the report** providing evidence of

- Accreditation statement and the success of the program in meeting its goals updated on program website. No further information requested.

September 2018
The commission **accepted the report** addressing 4th edition

- ***Standard A1.03a*** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment) and
- ***Standards A3.14a-b*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students a) the program's ARC-PA accreditation status and b) the program's success in achieving its goals). No further information requested.

Report due (update accreditation statement and the success of the program in meeting its goals on program website) August 24, 2018.

March 2018 (following Final Provisional review)
Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the March 2020 commission meeting. The program is approved to accept up to 36 students per class. The program did not appeal the commission's decision.
Report due May 21, 2018 (*Standards*, 4th edition) -

- ***Standard A1.03a*** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment) and

Gardner-Webb University
Accreditation History

- ***Standards A3.14a-b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students a) the program's ARC-PA accreditation status and b) the program's success in achieving its goals).

Due August 19, 2019 (*Standards*, 4th edition) -

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

<u>January 2017</u>

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

- ***Standard C2.01b*** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment). No further information requested.

Accreditation-Administrative Probation removed.

<u>March 2016 (following Provisional Monitoring review)</u>

Accreditation-Provisional and Accreditation-Administrative Probation. The commission placed the program on Accreditation-Administrative Probation until such time the next required report has been submitted, reviewed and accepted by the commission.

The program's maximum class size remains 36 for the third class.

Report due October 1, 2016 (*Standards*, 4th edition) -

- ***Standard C2.01b*** (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

No report due (*Standards*, 4th edition) -

- ***Standards A1.03a and c*** (lacked evidence at the time of the site visit that the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies; standards will be addressed in application for Final Provisional accreditation site visit),
- ***Standards C2.01c-f*** (lacked evidence at the time of the site visit that the self-study report documents c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement; standards will be addressed in application for Final Provisional accreditation site visit) and
- ***Standard E1.03*** (lacked evidence at the time of the site visit that the program submits reports or documents as required by the ARC-PA; standards will be addressed in application for Final Provisional accreditation site visit).

<u>March 2014</u>

Gardner-Webb University
Accreditation History

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

- ***Standard A1.08*** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard*** *A2.12* (provided evidence the medical director is an active participant in the program),
- ***Standard A2.13a*** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects),
- ***Standard A2.16*** (provided evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),,
- ***Standard A2.17*** (provided evidence there is an instructional faculty member designated by the program to assess and supervise the student's progress in achieving learning outcomes in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences),
- ***Standard A3.17f*** (provided evidence the program publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration), and
- ***Standard C3.04*** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice). No further information requested.

<u>September 2013</u>
Accreditation-Provisional; Next Comprehensive Evaluation: March 2016 (Provisional Monitoring). The program is approved for up to 24 students in the first class of students, 30 in the second class and 36 in the third class.
Report due January 17, 2014 (*Standards*, 4th edition) -

- ***Standard A1.08*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard*** *A2.12* (lacked evidence the medical director is an active participant in the program),
- ***Standard A2.13a*** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects),
- ***Standard A2.16*** (lacked evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),,
- ***Standard A2.17*** (lacked evidence there is an instructional faculty member designated by the program to assess and supervise the student's progress in achieving learning outcomes in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences),
- ***Standard A3.17f*** (lacked evidence the program publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration), and
- ***Standard C3.04*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).