University of Kentucky
Accreditation History

First accredited: November 1974
Next review: January 2027
Maximum class size: 56

September 2025
The commission **accepted the report** providing evidence of

- Revised and resubmitted PANCE Required Report for the 2024 cohort.

No further information requested.

March 2025
The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (revised and resubmitted report) due July 4, 2025.

June 2022
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.

March 2022
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 2021
The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

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

- Changes in response to COVID-19. 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.

Program Change: Change in graduation requirements (replacing geriatrics supervised clinical practice experience with an elective clinical rotation), effective immediately. The commission **acknowledged the change**. 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.

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.

March 2020
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 2019
The commission **accepted the report** addressing 4th edition

- ***Standard B3.03a*** (provided evidence that supervised clinical practice experiences enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking medical care across the life span). 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.

March 2019
Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 56. Report due May 29, 2019 (*Standards*, 4th edition) -

- ***Standard B3.03a*** (lacked evidence that supervised clinical practice experiences enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking medical care across the life span).

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.

March 2018
The commission **accepted the report** providing evidence of

- Hiring of PA faculty. No further information requested.

September 2017
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 A2.03*** (provided evidence of sufficiency of principal faculty to meet the academic needs of enrolled students),
- ***Standard A2.08*** (provided evidence the program director provides effective leadership and management),
- ***Standard A2.09g*** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- ***Standard B2.13*** (provided evidence the program curriculum includes instruction in prevention of medical errors or risk management),

- ***Standard B3.02*** (provided evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- ***Standard B3.03a-b, d*** (provided evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions) and
- ***Standard C4.01*** (provided evidence the program maintains and documents an effective process by which it evaluates clinical sites and preceptors in an ongoing fashion). Additional information (hiring of PA faculty) by November 1, 2017**.**

July 2017
The commission **acknowledged the report** providing evidence of

- The update of the program's website. No further information requested.

March 2017
Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the March 2019 commission meeting. The program is approved for 56 students per class. The program did not appeal the commission's decision.
Report due April 17, 2017

- Update PANCE pass rate data on website.

Due July 17, 2017 (*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- ***Standard A2.03*** (lacked evidence of sufficiency of principal faculty to meet the academic needs of enrolled students),
- ***Standard A2.08*** (lacked evidence the program director provides effective leadership and management),
- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- ***Standard B2.13*** (lacked evidence the program curriculum includes instruction in prevention of medical errors or risk management),
- ***Standard B3.02*** (lacked evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- ***Standard B3.03a-b, d*** (lacked evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions) and
- ***Standard C4.01*** (lacked evidence the program maintains and documents an effective process by which it evaluates clinical sites and preceptors in an ongoing fashion).

Due October 15, 2018 (*Standards*, 4th edition) -

- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documented program effectiveness and fostered program improvement),
- ***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 for the probation site visit (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).

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.

March 2016
Report Due: Quarterly report (recruiting principal faculty). The commission **accepted the report**.

March 2010
Accreditation-Continued; Next Comprehensive Evaluation: March 2017. The program's maximum class size is 168 students per class (includes both Lexington and Morehead campuses).
No report due (*Standards*, 3rd edition) -

- ***Standard C2.01b6*** (lacked evidence at the time of the site visit that the self-study report documents preceptor evaluations of student performance and suggestions for curriculum improvement; corrected subsequent to the visit.)

March 2009
Program Change: Change in length of program (decrease from 30 to 29 months) and Credits awarded (decrease from 100 to 97), effective March 1, 2009. The commission **acknowledged the proposed change**. No further information requested.

September 2007
The commission **accepted the report** addressing 3rd edition

- ***Standard B7.03c*** (provided evidence supervised clinical practice experiences [SCPEs] occur in inpatient settings),
- ***Standard B7.04g*** (provided evidence the program documents that every student has SCPEs in prenatal care and women's health),
- ***Standard C1.02*** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- ***Standard C2.01d*** (provided evidence the program's self-study documents modifications that occurred as a result of self-assessment), and
- ***Standard F1.08*** (provided evidence the appointment of the interim program director has not exceeded 12 months). No further information requested.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2010. The program's maximum class size is 168 students per class (includes both Lexington and Morehead campuses).
Report due July 13, 2007 (*Standards*, 3rd edition) -

- ***Standard B7.03c*** (lacked evidence supervised clinical practice experiences [SCPEs] occur in inpatient settings),
- ***Standard B7.04g*** (lacked evidence the program documents that every student has SCPEs in prenatal care and women's health),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- ***Standard C2.01d*** (lacked evidence the program's self-study documents modifications that occurred as a result of self-assessment), and
- ***Standard F1.08*** (lacked evidence the appointment of the interim program director has not exceeded 12 months).

<u>March 2006</u>
The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.1*** (provided evidence the program has effective leadership and management),
- ***Standard A2.7f*** (provided evidence core program faculty are responsible for administering and evaluating the program),
- ***Standard A5.17b*** provided evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning are readily available to prospective students),
- ***Standard B1.4*** (provided evidence that each didactic course has a clearly written course syllabus that includes measurable instructional objectives),
- ***Standard B1.5*** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard C2.2b*** (provided evidence the self-study reports include critical analysis of faculty attrition),
- ***Standards C4.1b and e-f*** (provided evidence the self-study reports document b) outcome data analysis, e) plans for addressing weaknesses and areas needing improvement and f) response to the last accreditation citations),
- ***Standard E1.1*** (provided evidence the program assures educational equivalency of course content, student experience, and access to didactic and laboratory materials upon which course learning objectives are based when courses are conducted on geographically separate campuses), and
- ***Standard E2.1*** (provided evidence program policies apply to all students and faculty regardless of the location of their campus).

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

- Learning objectives for three courses, status of faculty changes with analysis and report on effects of distance learning. No further information requested.

September 2005

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2007. The program's maximum class size is 168 students per class (includes both Lexington and Morehead campuses). The program appealed the commission's decision. The commission's decision was upheld.
Report due January 13, 2006 (*Standards*, 2nd edition) -

- ***Standard A2.1*** (lacked evidence the program has effective leadership and management),
- ***Standard A2.7f*** (lacked evidence core program faculty are responsible for administering and evaluating the program),
- ***Standard A5.17b*** (lacked evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning are readily available to prospective students),
- ***Standard B1.4*** (lacked evidence that each didactic course has a clearly written course syllabus that includes measurable instructional objectives),
- ***Standard B1.5*** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard C2.2b*** (lacked evidence the self-study reports include critical analysis of faculty attrition),
- ***Standards C4.1b and e-f*** (lacked evidence the self-study reports document b) outcome data analysis, e) plans for addressing weaknesses and areas needing improvement and f) response to the last accreditation citations),
- ***Standard E1.1*** (lacked evidence the program assures educational equivalency of course content, student experience, and access to didactic and laboratory materials upon which course learning objectives are based when courses are conducted on geographically separate campuses), and
- ***Standard E2.1*** (lacked evidence program policies apply to all students and faculty regardless of the location of their campus).
- Provide learning objectives for three courses, status of faculty changes with analysis and report on effects of distance learning.

March 2004

The commission **acknowledged the report** addressing 2nd edition

- ***Standard A2.7f*** (provided evidence core program faculty are responsible for administering and evaluating the program),
- ***Standard B1.4*** (provided evidence that each didactic course has a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- ***Standard C1.1*** (provided evidence the program has a formal self-evaluation process),
- ***Standard C2.1*** (provided evidence the program secures information regarding student and recent graduate outcomes),
- ***Standards C2.2a-b, e-f*** (provided evidence the self-study reports include critical analysis of a) student attrition, deceleration, and remediation, b) faculty attrition, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- ***Standard D1.2*** (provided evidence that student health records are confidential and are not kept in program files). No further information requested.

September 2003
Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 168.
Report due January 15, 2004 (*Standards*, 2nd edition) -

- ***Standard A2.7f*** (lacked evidence core program faculty are responsible for administering and evaluating the program),
- ***Standard B1.4*** (lacked evidence that each didactic course has a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- ***Standard C1.1*** (lacked evidence the program has a formal self-evaluation process),
- ***Standard C2.1*** (lacked evidence the program secures information regarding student and recent graduate outcomes),
- ***Standards C2.2a-b, e-f*** (lacked evidence the self-study reports include critical analysis of a) student attrition, deceleration, and remediation, b) faculty attrition, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- ***Standard D1.2*** (lacked evidence that student health records are confidential and are not kept in program files).

September 2002
Personnel Change: Acting program director appointed, effective June 1, 2002.

The commission acknowledged the name change (College of Allied Health Professions to the College of Health Science).

NOTE: The ARC-PA commission action information available begins in September 2002. Information from initial accreditation in 1974 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.