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Maximum class size: 40

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September 2025

Program Change: Change in graduation requirements. The commission **approved the program's proposed change** in credits from 123 to 121. No further information requested.

March 2025

Program Change: Change in fiscal support. The commission **reviewed and more information requested of the program's proposed change**. Additional information (required documentation from senior institutional officials addressing the change) by January 12, 2025.

September 2024

Program Change: Increase in credits from 117 to 123 credits. The commission **approved the program's proposed change** effective August 1, 2024. No further information requested.

June 2021

Program Change: Change in program fiscal support. The commission **acknowledged the error** in data entry and the program corrected the error. 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

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

- Data collection and analysis related to curricular changes. No further information requested.

September 2019

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

- **Standard C2.01c** (provided evidence of a self-study report that documents data analysis related to the clinical curriculum or administrative aspects of the program). No further information requested.

Program Change: Change in graduation requirements (80 to 103), effective August 19, 2019. The commission **acknowledged the proposed change**. Additional information (data collection and analysis related to curricular changes) due September 16, 2019.

March 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum class size: 40. Report due May 25, 2019 (*Standards*, 4th edition) -

- **Standard C2.01c** (lacked evidence of a self-study report that documents data analysis related to the clinical curriculum or administrative aspects of the program).

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

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- The URL for success in meeting goals on website, instructional objectives for four specific courses and narrative describing how program will determine each student has met program-defined expectations/learning outcomes No further information requested.

September 2018

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

- **Standards A1.03a and c** (provided evidence 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),
- **Standard A2.08** (provided evidence the program director provides effective leadership and management),
- **Standards A2.09a, d and g** (provided evidence the program director is knowledgeable about and responsible for program a) organization, d) continuous review and analysis and g) participation in the accreditation process),
- **Standard A2.10** (provided evidence the program director supervises the medical director and principal and instructional faculty in activities that directly relate to the program),
- **Standard A3.08** (provided evidence the program informs students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk),
- **Standard A3.14b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),,
- **Standard B2.06** (provided evidence the program curriculum includes instruction in rehabilitative care),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in quality improvement, prevention of medical errors and risk management),
- **Standard B2.14** (provided evidence the program curriculum includes instruction in PA credentialing),
- **Standard B2.15** (provided evidence the program curriculum includes instruction in billing and coding),
- **Standards B3.06a and 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 C4.01** (provided evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Additional information (URL for success in meeting goals on website, instructional objectives for four specific courses and narrative describing how program will determine each student has met program-defined expectations/learning outcomes) due November 5, 2018.

January 2018

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Adverse Action-Accreditation-Probation. The Reconsideration Review Panel reconsidered the commission's decision and placed the program on Accreditation-Probation. A focused probation site visit will occur in advance of March 2019 commission meeting.

Report due February 19, 2018 (*Standards*, 4th edition) -

- **Standards A1.03a and c** (lacked evidence 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),
- **Standard A2.08** (lacked evidence the program director provides effective leadership and management),
- **Standards A2.09a, d and g** (lacked evidence the program director is knowledgeable about and responsible for program a) organization, d) continuous review and analysis and g) participation in the accreditation process),
- **Standard A2.10** (lacked evidence the program director supervises the medical director and principal and instructional faculty in activities that directly relate to the program),
- **Standard A3.08** (lacked evidence the program informs students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals),,
- **Standard B2.06** (lacked evidence the program curriculum includes instruction in rehabilitative care),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in quality improvement, prevention of medical errors and risk management),
- **Standard B2.14** (lacked evidence the program curriculum includes instruction in PA credentialing),
- **Standard B2.15** (lacked evidence the program curriculum includes instruction in billing and coding),
- **Standards B3.06a and 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 C4.01** (lacked evidence the program documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs) and
- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Due March 9, 2018 (*Standards*, 4th edition) -

- **Standard B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standard B1.09** (lacked evidence for each didactic course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B3.02** (lacked evidence SCPEs enable students to meet program expectations and acquire the competencies needed for clinical PA practice) and

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- **Standards B3.03a-d** (lacked evidence SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).

Due October 1, 2018 (*Standards*, 4th edition) -

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters 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 (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).

September 2017

Adverse Action-Accreditation-Withdrawn. The program appealed the commission's decision. Refer to January 2018 for the decision of the Reconsideration Review Panel.

The commission **did not accept** the report addressing 4th edition

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

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**.

The program's PANCE pass rate percentage was 74% for its 2016 cohort. As the pass rate was less than 85%, the program submitted the required analysis of PANCE performance. The commission **did not accept the report**.

July 2017

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 A2.02b** (provided evidence the program has two FTE principal faculty positions filled by currently NCCPA-certified PA faculty) and
- **Standard A2.09b** (provided evidence the program director is knowledgeable about and responsible for program administration).

Additional information (forms for new faculty and documents related to search for the program director) to be available during the site visit.

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March 2017

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2017. Maximum class size: 40. The program did not appeal the commission's decision. A focused probation site visit will occur in advance of March 2019 commission meeting.

Report due May 15, 2017 (*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 A2.02b** (lacked evidence the program has two FTE principal faculty positions filled by currently NCCPA-certified PA faculty) and
- **Standard A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration).

Due July 1, 2017 (*Standards*, 4th edition) -

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

February 2013

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2014 to September 2017 due to this change.

March 2012

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

- The 2010 graduate survey. No further information requested.

September 2011

The commission **accepted the report** addressing 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A3.13b, c and e/A3.19b, c and d** (provided evidence student files include documentation b) of the evaluation of student performance while enrolled, c) of remediation and e) that the student has met institution and program health screening and immunization requirements),
- **Standards C1.01e/C1.01** (provided evidence the program regularly collects and analyzes graduate evaluations of curriculum and program effectiveness) and
- **Standards C2.01b4-6/C2.01b** (provided evidence the self-study documents
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness and
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

Additional information (clarification of the 2010 graduate survey) due December 1, 2011.

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Program Change: Change in maximum student capacity (105 to 120), effective August 2011. The commission **acknowledged the proposed change**. No further information requested.

September 2010

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 105.

Report due July 1, 2011 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A3.13b, c and e/A3.19b, c and d** (lacked evidence student files include documentation b) of the evaluation of student performance while enrolled, c) of remediation and e) that the student has met institution and program health screening and immunization requirements),
- **Standards C1.01e/C1.01** (lacked evidence the program regularly collects and analyzes graduate evaluations of curriculum and program effectiveness) and
- **Standards C2.01b4-6/C2.01b** (lacked evidence the self-study documents
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness and
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2009

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

- Clinical experiences in prenatal care and data analysis of prenatal care experiences. No further information required.

September 2007

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

- **Standard B1.4** (provided evidence for each didactic and clinical course the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B6.2** (provided evidence the program documents that every student has clinical experiences in prenatal care and gynecology)
- **Standard B6.3** (provided evidence clinical experiences are provided in long-term care settings) and
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis).

Additional information (clarification regarding clinical experiences in prenatal care and data analysis of prenatal care experiences) due January 9, 2009.

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September 2006 (The University of Toledo)

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 90.

Report due July 13, 2007 (*Standards*, 2nd edition) -

- **Standard B1.4** (lacked evidence for each didactic and clinical course the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B6.2** (lacked evidence the program documents that every student has clinical experiences in prenatal care and gynecology)
- **Standard B6.3** (lacked evidence clinical experiences are provided in long-term care settings) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

Program Change: Name changed to The University of Toledo (merge of The University of Toledo and the Medical University of Ohio [at Toledo]), effective July 1, 2006.

March 2006 (Medical University of Ohio at Toledo)

Program Change: Name changed from Medical College of Ohio to Medical University of Ohio at Toledo, effective June 8, 2005. The commission **acknowledged the name change**.

March 2005

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

- **Standard A2.10** (provided evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A2.23** (provided evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard B4.1c** (provided evidence the program provides instruction on reimbursement, including documentation, coding, and billing),
- **Standards B6.2g and h** (provided evidence the program documents that every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
- **Standard C1.1** (provided evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- **Standard C2.1** (provided evidence the program routinely secures qualitative and quantitative information regarding student and recent graduate outcomes),
- **Standards C2.2a-g** (provided evidence the self-study report includes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and

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- g) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis) and
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences). No further information requested.

September 2004

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

- The clinical component of the new 27-month curriculum, as well as the rotations included and the credit awarded. No further information requested.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 60. Report due July 15, 2004

- Clarification of clinical component of the new 27-month curriculum, as well as the rotations included and the credit awarded rotations.

Due January 17, 2005 (*Standards*, 2nd edition) -

- **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard B4.1c** (lacked evidence the program provides instruction on reimbursement, including documentation, coding, and billing),
- **Standards B6.2g and h** (lacked evidence the program documents that every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- **Standard C2.1** (lacked evidence the program routinely secures qualitative and quantitative information regarding student and recent graduate outcomes),
- **Standards C2.2a-g** (lacked evidence the self-study report includes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) timely surveys of graduates evaluating curriculum and program effectiveness,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis) and

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- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences).

September 2003

Program Change: Change in program length (24 to 27 months). The commission **acknowledged the proposed change**. All curriculum changes are to be explained during the upcoming site visit.

September/December 2001

The commission **accepted the report** addressing 1st/2nd edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standards I B 1 c (3)/A2.5** (provided evidence there are an adequate number of core faculty to provide students with adequate attention, instruction and supervised practice),
- **Standards I E 1 a/C2.2a** (provided evidence the self-study reports or analyzes student attrition data),
- **Standards I E 1 b/C2.2c** provided evidence the self-study reports or analyzes student failure rates) and
- **Standards I E 3/C4.1** (provided evidence the self-study report consistently documents the process of self-evaluation, outcome data and program modifications that have occurred as a result of self-evaluation). No further information requested.

March 2001

Accreditation-Continued; Next Comprehensive Evaluation: March 2004. Maximum Student Capacity: 60.

Report due August 1, 2001 (*Standards*, 1st/2nd edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standards I B 1 c (3)/A2.5** (lacked evidence there are an adequate number of core faculty to provide students with adequate attention, instruction and supervised practice),
- **Standards I E 1 a/C2.2a** (lacked evidence the self-study reports or analyzes student attrition data),
- **Standards I E 1 b/C2.2c** lacked evidence the self-study reports or analyzes student failure rates) and
- **Standards I E 3/C4.1** (lacked evidence the self-study report consistently documents the process of self-evaluation, outcome data and program modifications that have occurred as a result of self-evaluation).

September 2000

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

- Ob/gyn clinical sites. No further information requested.

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March 2000

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

- The new faculty.

Additional information (update on the ob/gyn clinical sites) due July 2000.

September 1999

The commission **accepted the report** addressing 1st edition

- **Standard I B 1 c (3)** (provided evidence there are an adequate number of faculty to provide students with the attention, instruction and supervised practice to acquire the knowledge and competence needed for entry to the profession),
- **Standard I E 1 c** (provided evidence timely surveys of employers have occurred),
- **Standard I E 3** (provided evidence the self-study report accurately documents the process of self-evaluation of the curriculum),
- **Standard I D 1 f** (provided evidence the policies and processes by which students may perform service work are published), and
- **Standard II B 1 e** (provided evidence clinical experience in ob/gyn is provided for all students).

Additional information (update and CVs of new faculty) due February 1, 2000.

March 1999 (Medical College of Ohio)

Accreditation-Continued; Next Comprehensive Evaluation: March 2001.

Report due August 1, 1999 (*Standards*, 1st edition) -

- **Standard I B 1 c (3)** (lacked evidence there are an adequate number of faculty to provide students with the attention, instruction and supervised practice to acquire the knowledge and competence needed for entry to the profession),
- **Standard I E 1 c** (lacked evidence timely surveys of employers have occurred),
- **Standard I E 3** (lacked evidence the self-study report accurately documents the process of self-evaluation of the curriculum),
- **Standard I D 1 f** (lacked evidence the policies and processes by which students may perform service work are published), and
- **Standard II B 1 e** (lacked evidence clinical experience in ob/gyn is provided for all students).

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1996 by CAAHEP is not available.