Lock Haven University
Accreditation History

First accredited: October 1997
Next review: September 2027
Maximum class size: 72 (includes main campus and 3 distant campuses)

June 2018
The commission **accepted the report** providing evidence of
- Sufficiency of administrative support. No further information requested.

March 2018
The commission **accepted the report** addressing 4th edition
- **Standard A2.10** (provided evidence the program director supervises the principal faculty and staff in all activities that directly relate to the PA program) and
- **Standard A2.18** (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).

Additional information (sufficiency of administrative support) due February 16, 2018.

The commission **acknowledged the report** providing evidence of
- Updated website and Portal. No further information requested.

September 2017
Reports due October 25, 2017
- Update website with accreditation status and update link in Program Management Portal to website.

November 10, 2017 (Standards, 4th edition) -
- **Standard A2.10** (lacked evidence the program director supervises the principal faculty and staff in all activities that directly relate to the PA program) and
- **Standard A2.18** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).

July 2017
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 2014
The commission **accepted the report** providing evidence of
- Updated website and report addressing SCPEs in non-pediatrics/ob/gyn/and psychiatric settings.

September 2013
The commission **accepted the report** addressing 4th edition
- **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a, b and d** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health and d) behavioral and mental health conditions),
- **Standard B3.04b** (provided evidence of SCPEs occurring in emergency departments) and
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- **Standards B3.07d-f** (provided evidence of SCPEs with preceptors practicing in d) pediatrics. e) ob/gyn and f) behavioral and mental health).

Additional information (update website link to PANCE Pass Rate Summary Report and report addressing SCPEs in non-pediatrics, non-ob/gyn settings and non-psychiatric settings) due October 31, 2013.

**September 2012**
Accreditation-Continued; Next Comprehensive Review: September 2017. Maximum Student Capacity: 144. Report due July 1, 2013 (Standards, 4th edition) -
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standards B3.03a, b and d** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions),
- **Standard B3.04b** (lacked evidence of SCPEs occurring in emergency departments) and
- **Standards B3.07d-f** (lacked evidence of SCPEs with preceptors practicing in d) pediatrics. e) ob/gyn and f) behavioral and mental health).

**September 2009**
Program Change: Expansion to a distant site (two distant sites, one in Coudersport, PA and the other in Harrisburg, PA). The commission approved the proposed expansion and a change in the maximum aggregate enrollment to 140. No further information requested.

**September 2005**
Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 92. The commission noted zero areas of noncompliance with the Standards.

**September 2004**
The commission acknowledged the report providing evidence of
- The clinical educational equivalency of the program at the branch campus in Clearfield, PA, and the main campus. No further information requested.

**September 2003**
The commission accepted the report providing evidence of
- Didactic educational equivalency of the program at the branch campus in Clearfield, PA, and the main campus. No further information requested.

**September-December 2001**
The commission approved an increase in enrollment from 60 to 84 and acknowledged the distant campus in Clearfield, PA. Reports due July 15, 2003 and July 15, 2004 (documentation of educational equivalency in didactic year [2003] and clinical year [2004]).

**March 2001**
The commission accepted the report addressing 1st edition
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- **Standard I B 1 c (3)** (provided evidence of a sufficient number of faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence needed for entry to the profession) and
- **Standard I B 1 d** (provided evidence of a sufficient number of clerical and other support staff).

No further information requested.

The commission **did not acknowledge** and **did not approve** the proposal of the Corrections Medicine Track as it appeared to be a separate program.

**September 2000**
Report due January 15, 2001 (**Standards**, 1st edition) -
- **Standard I B 1 c (3)** (lacked evidence of a sufficient number of faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence needed for entry to the profession) and
- **Standard I B 1 d** (lacked evidence of a sufficient number of clerical and other support staff).

**September 1998**
The commission **accepted the report** providing evidence of
- Faculty office space and documentation of student health. No further information requested.

**October 1997**
Accreditation-Provisional; Next Comprehensive Evaluation: September 2000.
- **Essentials I B 3 a** (lacked evidence that faculty office space is adequate) and
- **Essentials I C 3 a** (lacked evidence the program documents students are free from conditions that endanger other students or patients).