First accredited: September 1972  
Next review: March 2023  
Maximum class size: 42  

March 2017  
Program Change: Increase in class size (42 to 63), effective August 2017. The commission did not approve the class size increase. The application did not document compelling reasons for expansion.

September 2016  
Program Change: Increase in class size (42 to 63), effective August 2017. The commission did not approve the class size increase. The application was incomplete and did not demonstrate compelling reasons for expansion.

May 2016  
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program’s next validation review changed from March 2020 to March 2023 due to this change.

September 2015  
The commission acknowledged the report providing evidence of  
- Updated Portal and website. No further information requested.

March 2015  
- Update Program Management Portal with PANCE pass rate data and update website with program’s success in achieving goals.

March 2014  
The commission acknowledged the report providing evidence of  
- Website updated with PANCE Pass Rate Summary Report. No further information requested.

September 2013  
The commission acknowledged the report addressing 4th edition  
- Standard A1.03a (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection and in program assessment),  
- Standard A2.09d (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),  
- Standard C1.01 (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),  
- Standard C1.02 (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and  
- Standards C2.01b and d, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment). No further information requested.
The program’s website was reviewed prior to the commission meeting. PANCE pass rate data was not on the website. Website update due by November 1, 2013.

March 2013
Maximum class size: 42.
Report due June 15, 2013 (Standards, 4th edition) -
Action plan for bringing the program into compliance with the following

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection and in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **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 and d**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

Due October 1, 2014 (Standards, 4th edition) -
- Indicate how the above standards have been addressed/resolved and complete Self-Study templates (Appendix 13). Program responses will be the basis of the focused visit.

September 2011
The commission **accepted the report** providing evidence of
- Curriculum and personnel responsibilities comparison. No further information requested.

March 2011
Program Change: Change in degree awarded (baccalaureate to master’s), effective August 2011. The commission **acknowledged the proposed change**. Additional information (comparison of new and old curriculum and personnel responsibilities) by July 1, 2011.

March 2009
The commission **accepted the report** addressing 3rd edition

- **Standard B7.04e** (provided evidence supervised clinical practice experiences are provided in long-term care settings),
- **Standard B7.05b** (provided evidence supervised clinical practice experiences occur with residency-trained physicians or other licensed health care professionals experienced in family medicine),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
Long Island University
Accreditation History

First accredited: September 1972
Next review: March 2023
Maximum class size: 42
Page 3 of 5

- **Standard D1.01** (provided evidence student health records are confidential). No further information requested.

March 2008
Report due January 9, 2009 (*Standards*, 3rd edition) –
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in long-term care settings),
- **Standard B7.05b** (lacked evidence supervised clinical practice experiences occur with residency-trained physicians or other licensed health care professionals experienced in family medicine),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
- **Standard D1.01** (lacked evidence student health records are confidential).

March 2006 (Long Island University)
The commission acknowledged the report providing evidence of
- The program evaluation process. No further information requested.

September 2005 (Long Island University/Brooklyn Hospital Center)
The commission acknowledged the report providing evidence of
- The sole sponsorship. No further information requested.

March 2005 (Long Island University/Brooklyn Hospital Center)
The commission acknowledged the report addressing 2nd edition
- **Standard A1.3** (provided evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **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 A4.8** (provided evidence instructional models, computer hardware and software, reference materials, and audio and visual resources are available to facilitate faculty teaching and student learning),
- **Standard A5.8** (provided evidence policies by which students may work within the program or institution while enrolled in the program are published and made available to all students),
- **Standard A5.17b** (provided evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning are clearly defined, published, and readily available to prospective students),
- **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*),
- **Standards C2.2c and f** (provided evidence self-study reports include critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as
employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and

- **Standards C4.1a-c** (provided evidence self-study reports document a) process and results of continuous evaluation, b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement).

Additional information (sole sponsorship agreement and documentation of financial support) due July 15, 2005. Due January 13, 2006 (update on ongoing program evaluation process).

**September 2004 (Long Island University/Brooklyn Hospital Center)**
The commission **acknowledged the report** providing evidence of

- The sponsor, written policies, methods to conduct/collect/analyze data from employer survey, description of process for submission of student health information and clarification of exam room space.

Additional information (resolution of sponsorship) due January 17, 2005.

**March 2004 (Long Island University/Brooklyn Hospital Center)**

Report due July 15, 2004

- Clarify the sponsor, provide written policies, detail methods to conduct/collect/analyze data from employer survey, describe process for submission of student health information and clarify exam room space.


- **Standard A1.3** (lacked evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **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 A4.8** (lacked evidence instructional models, computer hardware and software, reference materials, and audio and visual resources are available to facilitate faculty teaching and student learning),
- **Standard A5.8** (lacked evidence policies by which students may work within the program or institution while enrolled in the program are published and made available to all students),
- **Standard A5.17b** (lacked evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning are clearly defined, published, and readily available to prospective students),
- **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*),
- **Standards C2.2c and f** (lacked evidence self-study reports include critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
Long Island University  
Accreditation History

First accredited: September 1972  
Next review: March 2023  
Maximum class size: 42  
Page 5 of 5

- **Standards C4.1a-c** (lacked evidence self-study reports document a) process and results of continuous evaluation, b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement).

March 2000 (Long Island University/Brooklyn Hospital Center)
The commission **accepted the report** addressing 1st edition
- **Standard I E** (provided evidence the program has a planned, systematic review of the effectiveness of education it provides for assessing its compliance with the Standards). No further information requested.

March 1999 (Long Island University/Brooklyn Hospital Center)
Report due February 1, 2000 (**Standards**, 1st edition) -
- **Standard I E** (lacked evidence the program has a planned, systematic review of the effectiveness of education it provides for assessing its compliance with the Standards).

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.