Philadelphia College of Osteopathic Medicine
Accreditation History

First accredited: March 1998
Next review: March 2028
Maximum class size: 90/100/110 (70-main campus + 20/30/40-distant campus)

March 2018
Accreditation-Continued; Next Comprehensive Evaluation: March 2028. Maximum class size: 70 at the main campus in Philadelphia, PA and 20 in the first class, 30 in the second class and 40 in the third class at the distant campus in Suwanee, GA.

No report due (Standards, 4th edition) -
•  **Standard A3.14f** (lacked evidence at the time of the site visit that estimates of all costs related to the program were published on the website; corrected subsequent to the visit).

September 2015
Program Change: Expansion to a distant site (Suwanee, GA). The commission approved the proposed expansion and a change in the maximum entering class size (90/100/110; 20 in the first class, 30 in the second class and 40 in the third class at the distant campus in addition to the class size of 70 at the main campus in Philadelphia, PA).

March 2011
Accreditation-Continued; Next Comprehensive Evaluation: March 2018. Maximum Student Capacity: 210. The commission noted zero areas of noncompliance with the Standards.

Program Change: Change in maximum student capacity (165 to 210), effective April 1, 2011. The commission approved the proposed change. No further information requested.

September 2007
The commission accepted the report addressing 3rd edition
•  **Standard B7.03d** (provided evidence clinical experiences should occur in long-term care settings). No further information requested.

March 2007
The commission did not accept the report addressing 2nd/3rd edition
•  **Standard B6.3 (B7.03d, 3rd edition)** (lacked evidence clinical experiences are provided in long-term care settings).

Additional information (how 3rd edition B7.03d has been addressed) due July 13, 2007.

March 2006
Report due January 12, 2007 (Standards, 2nd edition) -
•  **Standard B6.3** (lacked evidence clinical experiences are provided in long-term care settings).

September 2004
The commission acknowledged the report addressing 2nd edition
•  **Standards C2.2a, c-g** (provided evidence the self-study report included critical analysis of
  •  a) student attrition, deceleration, and remediation,
  •  c) student failure rates in individual courses and rotations,
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- 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) evaluation of the most recent five-year aggregate student performance on the national certifying examination),

- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis) and
- **Standard C6.3** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives). No further information requested.

March 2004
Report due July 15, 2004 (*Standards, 2nd edition*) -

- **Standards C2.2a, c-g** (lacked evidence the self-study report included critical analysis of
  - a) student attrition, deceleration, and remediation,
  - 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) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

March 2003

March 2002
The commission accepted the report providing evidence of
- Standards for passing courses. No further information requested.

September-December 2001
The commission accepted the report addressing 2nd edition

- **Standard A2.23** (provided evidence of adequate clerical support for the PA program),
- **Standard B6.1** (provided evidence of an adequate number of clinical sites to provide required clinical education for the increased number of students in the program) and
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- **Standard C5.3** (provided evidence evaluation methods serve as a reliable indicator of student progress and academic standing and serve as a reliable indicator of the effectiveness of course design).


March 2001
Report due August 1, 2001 (Standards, 2nd edition) -
  - **Standard A2.23** (lacked evidence of adequate clerical support for the PA program),
  - **Standard B6.1** (lacked evidence of an adequate number of clinical sites to provide required clinical education for the increased number of students in the program) and
  - **Standard C5.3** (lacked evidence evaluation methods serve as a reliable indicator of student progress and academic standing and serve as a reliable indicator of the effectiveness of course design).

September 2000
Program Change: Philadelphia College of Osteopathic Medicine (PCOM) no longer partner with University of the Sciences, effective July 1, 2000. PCOM grants master’s degree upon successful completion of program. The commission **acknowledged the change**. No further information requested.

September 1998
The commission **accepted the report** addressing 1st edition
  - **Standard I C 1** (provided evidence of specific health care experience requirements for transfer students) and
  - **Standard I C 2** (provided evidence of clearly defined written policies regarding expected levels of academic performance and requirements for graduation). No further information requested.

March 1998
Report due (Standards, 1st edition) -
  - **Standard I C 1** (lacked evidence of specific health care experience requirements for transfer students) and
  - **Standard I C 2** (lacked evidence of clearly defined written policies regarding expected levels of academic performance and requirements for graduation).