Augusta University
Accreditation History

First accredited: November 1973
Next review: June 2029
Maximum class size: 50

June 2019
Accreditation-Continued; Next Comprehensive Evaluation: June 2029. Maximum entering class size: 50.
Report due November 8, 2019 (Standards, 4th edition) -
- **Standard A3.15a** (lacked evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with published practices of the institution and program),
- **Standard B2.06** (lacked evidence the program curriculum includes instruction in clinical medical care for the elderly population),
- **Standard B2.08** (lacked evidence the program curriculum includes instruction in social and behavioral sciences related to the response to illness, injury and stress), and
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA).

Due May 1, 2020 (Standards, 4th edition) -
- **Standard B3.07c** (lacked evidence all students have supervised clinical practice experiences [SCPEs] with preceptors practicing in general surgery).

Due February 15, 2021 (Standards, 4th edition) -
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program)
- **Standards C2.01b-e** modified self-study report (lacked evidence of a self-study report that documented 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 and e) self-identified program strengths and areas in need of improvement).

September 2017 (Augusta University)
The program received an alert through the Program Management Portal that the number of supervised clinical practice experience (SCPE) sites was insufficient. The program submitted clarification of the clinical phase of the program and the number of SCPEs. The commission accepted the report. No further information requested.

October 2015 (Augusta University)
Name Change: Augusta University (formerly Georgia Regents University)

January 2013 (Georgia Regents University)
Name Change: Georgia Regents University (formerly Georgia Health Sciences University)

September 2012
The commission accepted the report addressing 4th edition
- **Standard C2.01b** (provided evidence of a self-study report that documented results of critical analysis from the ongoing self-assessment). No further information requested.
Augusta University
Accreditation History

First accredited: November 1973
Next review: September 2019
Maximum class size: 50

September 2011 (Georgia Health Sciences University)
Accreditation-Continued; Next Comprehensive Evaluation: September 2018. The program is approved for up to 150 students.
Report due July 1, 2012 (Standards, 4th edition) -
• **Standard C2.01b** (lacked evidence of a self-study report that documented results of critical analysis from the ongoing self-assessment).

March 2011
Name Change: Georgia Health Sciences University (formerly the Medical College of Georgia)

September 2007
The commission accepted the report addressing 2nd edition
• **Standard A5.17b** (provided evidence of a clearly defined, published, and readily available to prospective students policy regarding advanced placement or experiential learning credits),
• **Standard A5.8** (provided evidence of published policies by which students may work within the program or institution while enrolled in the program) and
• **Standards C2.2d-e** (provided evidence self-study reports including critical analysis of outcome data which includes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) timely surveys of graduates evaluating curriculum and program effectiveness). No further information requested.

September 2006
Accreditation-Continued; Next Comprehensive Evaluation: September 2011; Maximum Student Capacity: 150.
Report due July 13, 2007 (Standards, 2nd edition) -
• **Standard A5.17b** (lacked evidence of a clearly defined, published, and readily available to prospective students policy regarding advanced placement or experiential learning credits),
• **Standard A5.8** (lacked evidence of published policies by which students may work within the program or institution while enrolled in the program) and
• **Standards C2.2d-e** (lacked evidence self-study reports including critical analysis of outcome data which includes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) timely surveys of graduates evaluating curriculum and program effectiveness).

September 2005
Program Change: Change in degree (Baccalaureate to Masters, effective May 2006). The commission acknowledged the proposed change. No further information requested.

March 2003
The commission accepted the report providing evidence of
• Learning objectives for family practice that are measurable and guide student learning No further information requested.
September 2002
The commission accepted the report addressing 2nd edition
- **Standard B1.2** (provided evidence the curriculum sequencing of physiology after pathophysiology is adequate),
- **Standard B1.4** (provided some evidence of measurable instructional objectives for family practice [PAD 4030]),
- **Standard B2.1d** (provided evidence of adequate instruction in pharmacology),
- **Standard B5.4** (provided evidence all students are adequately prepared for prescriptive practice), and
- **Standard C4.1e** (provided evidence the self-study adequately documents plans for addressing weaknesses).

Requested additional information (learning objectives for family practice that are measurable and guide student learning) due January 15, 2003.

September 2001
Accreditation-Continued; Next Comprehensive Evaluation: September 2006; Maximum Student Capacity: 80.
Report due July 15, 2002 (Standards, 2nd edition) -
- **Standard B1.2** (lacked evidence the curriculum sequencing of physiology after pathophysiology is adequate),
- **Standard B1.4** (lacked evidence of measurable instructional objectives for family practice [PAD 4030]),
- **Standard B2.1d** (lacked evidence of adequate instruction in pharmacology),
- **Standard B5.4** (lacked evidence all students are adequately prepared for prescriptive practice), and
- **Standard C4.1e** (lacked evidence the self-study adequately documents plans for addressing weaknesses).

NOTE: The ARC-PA commission action information available begins in September 2001. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.