First accredited: September 1972
Next review: March 2023
Maximum class size: 60
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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.

May 2014
Personnel Change: A new program director appointed, effective August 1, 2014.

March 2014
The commission accepted the report providing evidence of
• The interim program director.

September 2013
The commission accepted the report addressing 4th edition
• Standard A2.08 (provided evidence the program director provides effective leadership and management).
Additional information (update on interim program director) due November 1, 2013.

March 2013
Report due July 1, 2013 (Standards, 4th edition) -
• Standard A2.08 (lacked evidence the program director provides effective leadership and management).

September 2011
The commission accepted the report providing evidence of
• Update on curriculum revisions. No further information requested.

September 2010
The commission accepted the report providing evidence of
• The program’s requirements/expectations for SCPEs with patients seeking care for psychiatric/behavioral conditions and monitoring processes and an update on the curriculum review and redesign.
Additional information (update on curriculum revisions) due July 1, 2011.

Accreditation-Administrative Probation. The program did not submit the report by July 1, 2010.
It was submitted July 12, 2010. Administrative-Probation removed post receipt of report.

March 2010
The commission accepted the report addressing 3rd edition
• *Standard A3.05* (provided evidence that student admission is made in accordance with clearly defined and published practices of the institution and program),

• *Standard A3.13c* (provided evidence that student files include documentation of remediation),

• *Standard B7.03e* (provided evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking care for psychiatric/behavioral conditions),

• *Standard B7.04e* (provided evidence SCPEs are provided in a long-term care setting),

• *Standard B7.05f* (provided evidence SCPEs occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry),

• *Standard C1.01f* (provided evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and

• *Standards C2.01b1, b2, b4 and b6* (provided evidence the self-study documents b1 student attrition, deceleration, and remediation, b2) faculty attrition, b4) student evaluations of individual didactic courses, clinical experiences, and faculty and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

Additional information (describe the program’s requirements/expectations for SCPEs with patients seeking care for psychiatric/behavioral conditions and monitoring processes and an update on the curriculum review and redesign) requested by July 1, 2010.

March 2009
Report due January 8, 2010 (*Standards*, 3rd edition) -

• *Standard A3.05* (lacked evidence that student admission is made in accordance with clearly defined and published practices of the institution and program),

• *Standard A3.13c* (lacked evidence that student files include documentation of remediation),

• *Standard B7.03e* (lacked evidence that every student has supervised clinical practice experiences [SCPEs] with patients seeking care for psychiatric/behavioral conditions),

• *Standard B7.04e* (lacked evidence SCPEs are provided in a long-term care setting),

• *Standard B7.05f* (lacked evidence SCPEs occur with residency-trained physicians or other licensed health care professionals experienced in psychiatry),

• *Standard C1.01f* (lacked evidence the program collects and analyzes preceptor evaluations of student performance and suggestions for curriculum improvement) and

• *Standards C2.01b1, b2, b4 and b6* (lacked evidence the self-study documents b1 student attrition, deceleration, and remediation, b2) faculty attrition, b4) student evaluations of individual didactic courses, clinical experiences, and faculty and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).
March 2003
Program Change: Curriculum proposal for a “Career MMSc.” The commission acknowledged the change. No further information requested.


March 2002
Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 150. The commission noted zero areas of noncompliance with the Standards.

NOTE: The ARC-PA commission action information available begins in March 2002. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.