Stanford University
Accreditation History

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Next review: September 2022
Maximum class size: 50
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September 2019
Program Change: Change in graduation requirements (156 to 182 credits), effective August 19, 2019. The commission acknowledged the proposed change. No further information requested.

March 2019
Program Change: Change in graduation requirements (156 to 180 credits), effective April 1, 2019. The commission did not acknowledge the proposed change. The proposal lacked specificity to understand the rationale for the proposed change.

June 2018
Program Change: Change in graduation requirements (170 to 156 credits), effective August 28, 2018. The commission acknowledged the proposed change. No further information requested.

July 2017
Program Change: Change in graduation requirements (173 to 170 credits), effective August 28, 2017. The commission acknowledged the proposed change. No further information requested.

Program Change: Change in graduation requirements (174 to 173 credits awarded within the Master of Science PA program, effective August 28, 2017). The commission acknowledged the proposed change. No further information requested.

September 2016
Program Change: Proposed change from a certificate and associate degree to a master curriculum, effective July 1, 2017. The commission acknowledged the program change.

April 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 September 2019 to September 2022 due to this change.

September 2014
The commission accepted the report providing evidence of
- Updated SCPEs in the Portal. No further information requested.

March 2014
The commission accepted the report providing evidence of
- Students and behavioral health SCPEs. Additional information (update SCPEs) by May 1, 2014.

September 2013
The commission did not accept the report. The program is required to submit acceptable responses by January 1 (graphic representation of students and their behavioral health SCPEs) and May 1, 2014 (updated listing of SCPEs).
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March 2013
The commission accepted the report addressing 4th edition
  • **Standard B3.07f** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in behavioral and mental health).

September 2012
Accreditation-Continued; Next Comprehensive Evaluation: September 2019. The program is approved to accept up to a class size of 50.
Report due December 31, 2012 (Standards, 4th edition) -
  • **Standard B3.07f** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in behavioral and mental health).

March 2008
The commission accepted the report providing evidence of
  • Students and preceptors. No further information requested.

September 2007
The commission accepted the report addressing 3rd edition
  • **Standard A1.07a** (provided evidence that the sponsoring institution had sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
  • **Standard A2.04** (provided evidence that core program faculty had appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
  • **Standard A3.03** (provided evidence the program website accurately reflected the program) and
  • **Standard A3.06** (provided evidence the program did not require that students supply their own clinical sites or preceptors for program-required clinical rotations).
Additional clarifying information regarding students and preceptors requested by January 11, 2008.

March 2007
Report due July 13, 2007 (Standards, 3rd edition) -
  • **Standard A1.07a** (lacked evidence that the sponsoring institution had sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
  • **Standard A2.04** (lacked evidence that core program faculty had appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
  • **Standard A3.03** (lacked evidence the program website accurately reflected the program) and
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- **Standard A3.06** (lacked evidence the program did not require that students supply their own clinical sites or preceptors for program-required clinical rotations).

**September 2003**
The commission **accepted the report** addressing 2nd edition
- **Standard C2.2c** (provided evidence of program analysis of student failure in clinical courses) and
- **Standard C4.1e** (provided evidence of plans for addressing curricular weaknesses identified by the graduate and employer surveys). No further information requested.

**March 2003**
Report due July 15, 2003 (*Standards, 2nd edition*) -
- **Standard C2.2c** (lacked evidence of program analysis of student failure in clinical courses) and
- **Standard C4.1e** (lacked evidence of plans for addressing curricular weaknesses identified by the graduate and employer surveys).


**September 2002**

**September 2001**
The commission **accepted the report** related to 2nd edition
- **Standard A1.5a** (provided evidence that the sponsoring institution assumed primary responsibility for student admission),
- **Standard A2.2** (provided evidence of job descriptions for the program director and medical director),
- **Standards A2.10 and A2.11** (provided evidence of clarity of roles and responsibilities in day-to-day operations),
- **Standard A2.13** (provided evidence of the medical director providing continuous, competent medical guidance for the clinically related program components),
- **Standard A5.17b** (provided evidence of policies on advanced placements, transfer of credit, or credit for experiential learning),
- **Standard A5.5** (provided evidence of policies and procedure for faculty grievances) and
- **Standard D1.6** (provided evidence that students had access to the same health care services of the sponsoring institution). No additional information requested.

**March 2001**
Report due August 1, 2001 (*Standards, 2nd edition*) -
- **Standard A1.5a** (lacked evidence that the sponsoring institution assumed primary responsibility for student admission),
• **Standard A2.2** (lacked evidence of job descriptions for the program director and medical director),
• **Standards A2.10 and A2.11** (lacked evidence of clarity of roles and responsibilities in day-to-day operations),
• **Standard A2.13** (lacked evidence of the medical director providing continuous, competent medical guidance for the clinically related program components),
• **Standard A5.17b** (lacked evidence of policies on advanced placements, transfer of credit, or credit for experiential learning),
• **Standard A5.5** (lacked evidence of policies and procedure for faculty grievances) and
• **Standard D1.6** (lacked evidence that students had access to the same health care services of the sponsoring institution).

NOTE: The ARC-PA commission action information available begins in March 2001. Information from initial accreditation in 1976 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.