June 2019
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: June 2021. Maximum class size: 38. A focused probation site visit will occur in advance of the June 2021 commission meeting. The program did not request reconsideration of the commission’s action.
Report due August 30, 2019
- Update accreditation status statement and NCCPA PANCE Pass Rate Summary Report on website.

Due December 16, 2019 (Standards, 4th edition) -
- **Standard A3.14b** (lacked evidence of publication of factually accurate success in achieving program goals),
- **Standard A3.15a** (lacked evidence of published and readily available admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program)
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program’s learning outcomes),
- **Standards B3.03a-d** (lacked evidence of SCPEs enabling all students to meet the program’s learning outcomes with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions),
- **Standards B3.06a and b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction), and
- **Standard C3.04** (lacked evidence of the program conducting and documenting a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice).

Due January 8, 2021 (Standards, 4th edition) -
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health)
- **Standards C2.01b-e** (modified Self-Study Report [mSSR] for focused visit) (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).

The commission **does not approve** the expansion to a distant campus. Program not eligible to expand while on Accreditation-Probation. Lacked evidence that the program is applying ongoing program assessment to implement curricular modifications as clarified or identified in annotations by ARC-PA

March 2019
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.
March 2018
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission accepted the report. No further information requested.

Program notified of change in scheduling of comprehensive evaluation to June 2019 (in conjunction with an expansion to a distant campus site visit).

September 2014
The commission accepted the report providing evidence of
- The staffing update. No further information requested.

March 2014
The commission acknowledged the report providing evidence of
- Clinical sites and faculty. Additional information (staffing update) requested by February 14, 2014.

September 2013
Program Change: Increase maximum entering class size to 44 students. The commission approved the program’s proposed change and requested additional information (sites for supervised clinical practice experiences and update on faculty hiring) by December 31, 2013.

September 2011
Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 108. The commission noted zero areas of noncompliance with the Standards.

September 2008
The commission accepted the report addressing 3rd edition
- Standard B7.04h (provided evidence that every student has a supervised clinical practice experience in psychiatry and/or behavioral medicine). No further information requested.

September 2007
Accreditation-Continued; Next Comprehensive Evaluation: September 2011.
Report due July 11, 2008 (Standards, 3rd edition) -
- Standard B7.04h (lacked evidence that every student has a supervised clinical practice experience in psychiatry and/or behavioral medicine).

September 2006
The commission acknowledged the report addressing 2nd edition
- Standard A2.10 (provided evidence the program director is knowledgeable about the accreditation process),
- Standard C2.1 (provided evidence of qualitative and quantitative information regarding student and recent graduate outcomes),
• **Standards C2.2c-f** (provided evidence of critical analysis of outcome data related to 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 and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),

• **Standard C3.1** (provided evidence that results of ongoing program evaluation is reflected in the curriculum and other dimensions of the program),

• **Standards C4.1a-b, d** (provided evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation),

• **Standard C5.5** (provided evidence the summative evaluation of each student assures that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice) and

• **Standard C6.3** (provided evidence the 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 2006**

The commission **acknowledged the report** addressing 2nd edition

• **Standard B1.5** (lacked evidence that instructional faculty are oriented to the specific educational competencies expected of PA students),

• **Standard B6.2g** (lacked evidence that every student has clinical experiences in psychiatry/behavioral medicine) and

• **Standard C1.1** (lacked evidence of adequate self-evaluation processes) No further information requested.

**September 2005**


Report due January 13, 2006 (Standards, 2nd edition) -

• **Standard B1.5** (lacked evidence that instructional faculty are oriented to the specific educational competencies expected of PA students),

• **Standard B6.2g** (lacked evidence that every student has clinical experiences in psychiatry/behavioral medicine) and

• **Standard C1.1** (lacked evidence of adequate self-evaluation processes) and

Due July 14, 2006 (Standards, 2nd edition) -

• **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process),

• **Standard C2.1** (lacked evidence of qualitative and quantitative information regarding student and recent graduate outcomes),

• **Standards C2.2c-f** (lacked evidence of critical analysis of outcome data related to 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 and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),

- **Standard C3.1** (lacked evidence that results of ongoing program evaluation is reflected in the curriculum and other dimensions of the program),
- **Standards C4.1a-b, d** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and d) modifications that occurred as a result of self-evaluation),
- **Standard C5.5** (lacked evidence the summative evaluation of each student assures that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice) and
- **Standard C6.3** (lacked evidence the clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

The commission **acknowledged the report** providing evidence of

- Staffing. No further information requested.

**September 2004**
The commission **acknowledged the report** providing evidence of

- The staffing update. Additional information (update on hiring of clinical coordinator and academic coordinator and clarification of program director’s role) requested by January 14, 2005.

**March 2004**
The commission **acknowledged the report** providing evidence of

- Staffing. Additional information (staffing update, specifically the administrative secretarial position) requested by July 15, 2004.

**September 2003**
The commission **accepted the report** providing evidence of

- The positions of administrative assistant and academic coordinator Additional information (staffing update) requested by January 15, 2004.

**March 2003**
The commission **acknowledged the report** providing evidence of

- The administrative secretary. Additional clarifying information regarding the positions of administrative assistant and academic coordinator requested by July 15, 2003.

**September 2002**
The commission **accepted the report** addressing 2nd edition

- **Standard A2.23** (provided evidence of sufficient administrative and technical support staff to meet the needs of the program).
Samuel Merritt College
Accreditation History

First accredited: April 1999
Next review: June 2019
Maximum class size: 44

Additional clarifying information regarding the administrative secretary position requested by January 15, 2003.

December 2001
Report due July 15, 2002 (Standards, 2nd edition) -
  • Standard A2.23 (lacked evidence of sufficient administrative and technical support staff to meet the needs of the program).

September 1999
The commission accepted the report addressing 1st edition
  • Standard I D 1 c (provided evidence of costs of the program being made known to all applicants). No additional information requested.

March 1999
Report due August 1, 1999 (Standards, 1st edition) -
  • Standard I D 1 c (lacked evidence of costs of the program being made known to all applicants).