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.

September 2017
The commission accepted the report addressing 4th edition

- Standard B3.07a (provided evidence of SCPEs with preceptors practicing in family medicine and students meeting program expectations). No further information requested.

July 2017
The commission accepted the report providing evidence of

- Data on class sizes. No further information requested.

March 2017
The commission accepted the report addressing 4th edition

- Standard B3.02 (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- Standard B3.03b (provided evidence of SCPEs providing sufficient patient exposure to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking women’s health),
- Standards B3.06a-b (provided 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 B3.07a (provided some evidence of SCPEs with preceptors practicing in family medicine).

Additional information (description of why not all students have SCPEs with preceptors practicing in family medicine and how these students meet program expectations) requested by July 1, 2017.

January 2017
The commission accepted the report providing evidence of

- Class size clarification. Additional information (specific data on class sizes) requested by February 20, 2017.

The commission accepted the report addressing 4th edition

- Standard A3.14e (provided evidence the program makes readily available to prospective students academic credit offered by the program),
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First accredited: April 1996
Next review: September 2026
Maximum class size: 35

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- **Standard A3.15a** (provided evidence the program makes readily available to prospective
  students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.17f** (provided evidence the program publishes and makes readily available
  to students upon admission policies and procedures for remediation), and
- **Standard E1.09d** (provided evidence the program will not increase entering class size
  without informing and receiving approval from the ARC-PA).

Additional information (clarification of class size) requested by December 5, 2016.

The commission acknowledged the report providing evidence of
- Updated SCPEs in the Portal and PANCE pass rate data on the web. No further
  information requested.

**September 2016**

The commission acknowledged the report providing evidence of
- Updated supervised clinical practice experiences [SCPEs] and PANCE pass rate data in the Portal.

Additional information (update PANCE on website and SCPE data in Portal) due November 15, 2016.

**July 2016**

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 35.

Report due September 1, 2016
- Update supervised clinical practice experiences [SCPEs] and PANCE pass rate data in Program Management Portal.

Due September 15, 2016 (*Standards, 4th edition*) -
- **Standard A3.14e** (lacked evidence the program makes readily available to prospective
  students academic credit offered by the program),
- **Standard A3.15a** (lacked evidence the program makes readily available to prospective
  students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.17f** (lacked evidence the program publishes and makes readily available to
  students upon admission policies and procedures for remediation), and
- **Standard E1.09d** (lacked evidence the program informed and received approval from
  the ARC-PA for an increase above the approved maximum entering class size).

Due January 15, 2017 (*Standards, 4th edition*) -
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in
  supervised clinical practice experiences [SCPEs] that enable students to meet program
  expectations and acquire competencies needed for entry into clinical practice),
- **Standard B3.03b** (lacked evidence of SCPEs providing sufficient patient exposure to
  meet program expectations and acquire competencies needed for entry into clinical
  practice with patients seeking women’s health),

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- **Standards B3.06a-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 B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine).

March 2014
Accreditation-Administrative Probation. The Annual Report was due December 31, 2013. It was not submitted until January 4, 2014. Administrative-Probation removed.

March 2011
The commission **accepted the report** addressing 3rd edition
- **Standard B6.03a** (provided evidence the program provides instruction on the history of the PA profession),
- **Standard B7.04e** (provided evidence supervised clinical practice experience is provided in a long-term care setting),
- **Standard C1.01e** (provided evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness) and
- **Standard C2.01b** (provided evidence the self-study report documents outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences, and faculty). No further information requested.

March 2010
Report due December 31, 2010 **(Standards, 3rd edition)** -
- **Standard B6.03a** (lacked evidence the program provides instruction on the history of the PA profession),
- **Standard B7.04e** (lacked evidence supervised clinical practice experience is provided in a long-term care setting),
- **Standard C1.01e** (lacked evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness) and
- **Standard C2.01b** (lacked evidence the self-study report documents outcome data and critical analysis of student evaluations of individual didactic courses, clinical experiences, and faculty).

March 2004
The commission **acknowledged the report** addressing 2nd edition
- **Standard A5.3b** (provided evidence the cost of the program is consistently defined and published to prospective students) and
- **Standard D1.2** (provided evidence that student health records are confidential documents and not kept in program files). No further information requested.
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Next review: September 2026
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March 2003
Report due January 15, 2004 (Standards, 2nd edition) -
  • Standard A5.3b (lacked evidence the cost of the program is consistently defined and published to prospective students) and
  • Standard D1.2 (lacked evidence that student health records are confidential documents and not kept in program files).

September 2002
Program Change: Change in credential awarded (baccalaureate to Master of Science in Physician Assistant Studies), effective 2003. The commission acknowledged the proposed change. No further information requested.

September 1999
The commission accepted the report addressing 1st edition
  • Standard II B 1 e (provided evidence all students have a clinical experience in family medicine). No further information requested.

March 1999
Report due August 1, 1999 (Standards, 1st edition) -
  • Standard II B 1 e (lacked evidence all students have a clinical experience in family medicine).

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1996 by CAAHEP is not available.