Eastern Virginia Medical School  
Accreditation History

First accredited: October 1998  
Next review: March 2026  
Maximum class size: 80

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March 2020
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 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 2018
The commission accepted the report providing evidence of
- Compliance with preceptors for SCPEs in pediatrics and behavioral and mental health.  
  No further information requested.

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 providing evidence of
- Compliance with preceptors for SCPEs in pediatrics and behavioral and mental health.  
  No further information requested.

July 2017
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.

July 2016
The commission acknowledged the report providing evidence of
- Portal updates (class size, SCPEs and PANCE) and an explanation of the class size discrepancy. No further information requested.

The commission accepted the report addressing 4th edition
- Standards B3.07d and f (provided evidence of supervised clinical practice experiences with preceptors practicing in d) pediatrics and f) behavioral and mental health).

Additional information (evidence of compliance with preceptors for SCPEs in pediatrics and behavioral and mental health) due June 30, 2017 and 2018.
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March 2016
Report due April 21, 2016 (Standards, 4th edition) -
  • Standards B3.07d and f (lacked evidence of supervised clinical practice experiences with preceptors practicing in d) pediatrics and f) behavioral and mental health).
  • Class size discrepancy, update supervised clinical practice experiences [SCPEs] and PANCE pass rate data in the Program Management Portal.

September 2011
Program Change: Change in maximum student capacity (150 to 240), effective January 1, 2012.
The commission acknowledged the proposed change. No further information requested.

September 2009
The commission accepted the report addressing 3rd edition
  • Standard A3.13c (provided evidence student files include documentation of remediation). No further information requested.

March 2009
Report due January 8, 2010 (Standards, 3rd edition) -
  • Standard A3.13c (lacked evidence student files include documentation of remediation).

March 2007
The commission accepted the report providing evidence of
  • Psychiatry syllabus and PANCE data. No further information is requested at this time.

September 2006
The commission acknowledged the report providing evidence of

March 2006
The commission acknowledged the report addressing 2nd edition
  • Standard A1.5d (provided evidence the sponsoring institution assumes primary responsibility for appointment of faculty),
  • Standard C2.2g (provided evidence in the self-study report of critical analysis of evaluation of the most recent five-year aggregate student performance on the national certifying examination),
  • Standard C5.2 (provided evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for supervised clinical education components),
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- **Standard C5.5** (provided evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.3** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

Additional information (PANCE results and analysis and clinical objectives) due July 14, 2006.

March 2005
Report due January 13, 2006 (Standards, 2nd edition) -
- **Standard A1.5d** (lacked evidence the sponsoring institution assumes primary responsibility for appointment of faculty),
- **Standard C2.2g** (lacked evidence in the self-study report of critical analysis of evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standard C5.2** (lacked evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for supervised clinical education components),
- **Standard C5.5** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

September 2004
Program Change: Change in maximum student capacity (105 to 150), effective January 3, 2005.
The commission acknowledged the proposed change. No further information requested.

September 2002
The commission accepted the report providing evidence of
- Learning objectives. No further information requested.
September-December 2001
The commission **acknowledged the report** addressing 1\textsuperscript{st}/2\textsuperscript{nd} edition
- **Standards I C 2/C5.5** (provided evidence of a plan to conduct summary evaluation of students’ knowledge and technical skills prior to graduation),
- **Standards I E 3/C4.1a** (provided evidence the self-study report documents the program’s process of self-evaluation) and
- **Standards II B 2 b/B1.4** (provided evidence learning objectives for the supervised clinical education component are adequate to guide student learning).

Additional information (learning objectives) due August 1, 2002.

March 2001
Report due August 1, 2001 (**Standards, 1\textsuperscript{st}/2\textsuperscript{nd} edition**) -
**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1\textsuperscript{st} to 2\textsuperscript{nd} edition of the **Standards**. The citations listing reflects the 1\textsuperscript{st} edition of the **Standards** and the corresponding standard in the 2\textsuperscript{nd} edition.
- **Standards I C 2/C5.5** (lacked evidence of a plan to conduct summary evaluation of students’ knowledge and technical skills prior to graduation),
- **Standards I E 3/C4.1a** (lacked evidence the self-study report documents the program’s process of self-evaluation) and
- **Standards II B 2 b/B1.4** (lacked evidence learning objectives for the supervised clinical education component are adequate to guide student learning).

**NOTE:** The ARC-PA commission action information available begins in March 2001. Information from initial accreditation in 1998 by CAAHEP is not available.