First accredited: October 1995
Next review: March 2023
Maximum class size: 60

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.

September 2018
Program Change: Change in graduation requirements (113 to 111 credits), effective August 22, 2018. The commission acknowledged the proposed change. No further information requested.

June 2018
The commission accepted the report providing evidence of
- A modified Self-Study 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.

July 2017
Program Change: Change in graduation requirements (114 to 113 credits), effective May 2018. The commission acknowledged the proposed change. No further information requested.

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.

March 2016
The commission did not accept the report addressing 4th evidence
- Standards C2.01b and d, complete Self-Study Report lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

Additional information (modified Self-Study Report using templates provided by the commission) due January 22, 2018.

March 2015
Report due January 15, 2016 (Standards, 4th edition) -
- Standards C2.01b and d, complete Self-Study Report lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).
March 2014
The commission accepted the report providing evidence of
- Updated PANCE data. No further information requested.

September 2013
The commission accepted the report addressing 4th edition
- **Standards A1.03a and c** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation Standards and policies)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standards A3.14b-c** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program’s success in achieving its goals and the first time PANCE rates for the five most recent graduating classes),
- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b and d** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment),
- **Standard C3.04** (provided evidence the program conducts and documents 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) and
- **Standard E1.09e** (provided evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the maximum aggregate student enrollment that resulted in an increase of ≥ 15% in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

Additional information (update PANCE pass rate data in the Program Management Portal) due November 1, 2013.

March 2013
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2020. Maximum class size: 60. A focused site visit will occur in advance of the March 2015 commission meeting. The program did not appeal the commission’s decision.
Report due June 1, 2013 (Standards, 4th edition) - Action plan addressing
- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation Standards and policies)
• **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),

• **Standards A3.14b-c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program’s success in achieving its goals and the first time PANCE rates for the five most recent graduating classes),

• **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),

• **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),

• **Standards C2.01b and d** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment),

• **Standard C3.04** (lacked evidence the program conducts and documents 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) and

• **Standard E1.09e** (lacked evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the maximum aggregate student enrollment that resulted in an increase of ≥ 15% in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

Due October 1, 2014 (Standards, 4th edition) - How standards have been addressed (basis of focused visit)

• **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation Standards and policies)

• **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),

• **Standards A3.14b-c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students b) the program’s success in achieving its goals and the first time PANCE rates for the five most recent graduating classes),

• **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),

• **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),

• **Standards C2.01b and d** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment),

• **Standard C3.04** (lacked evidence the program conducts and documents 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) and

• **Standard E1.09e** (lacked evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed
Medical University of South Carolina
Accreditation History

First accredited: October 1995
Next review: March 2023
Maximum class size: 60

Changes in the maximum aggregate student enrollment that resulted in an increase of ≥ 15% in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

March 2008
The commission accepted the report addressing 3rd edition
- Standard B7.03d (provided evidence supervised clinical practice experience is provided in long-term care settings),
- Standard C1.01c (provided evidence the program collects and analyzes student failure rates in individual courses and rotations) and
- Standards C2.01b1-3, 6 (provided evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b6) preceptor evaluations of student performance and suggestions for curriculum improvement). No further information requested.

September 2007
Report due January 11, 2008 (Standards, 3rd edition) -
- Standard B7.03d (lacked evidence supervised clinical practice experience is provided in long-term care settings),
- Standard C1.01c (lacked evidence the program collects and analyzes student failure rates in individual courses and rotations) and
- Standards C2.01b1-3, 6 (lacked evidence the self-study documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2006
The commission did not accept the report addressing 2nd edition
- Standard A2.11 (lacked evidence the program director supervises the medical director in all activities that directly relate to the PA program),
- Standard B1.4 (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- Standard B3.1e (lacked evidence the program provides instruction in sexuality),
- Standards C2.2a, c, e-g (lacked evidence the self-study report includes critical analysis of
  a) student attrition, deceleration, and remediation,
  c) student failure rates in individual courses and rotations,
  e) timely surveys of graduates evaluating curriculum and program effectiveness,
  f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
• g) evaluation of the most recent five-year aggregate student performance on the national certifying examination,

• Standards C4.1a-b and f (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and f) response to the last accreditation citations) and

• 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). No further information requested.

September 2005
The commission did not accept the report addressing 2nd edition

• Standard A2.11 (lacked evidence the program director supervises the medical director in all activities that directly relate to the PA program),

• Standard B1.4 (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),

• Standard B3.1e (lacked evidence the program provides instruction in sexuality),

• Standards C2.2a, c, e-g (lacked evidence the self-study report includes critical analysis of
  • a) student attrition, deceleration, and remediation,
  • c) student failure rates in individual courses and rotations,
  • e) timely surveys of graduates evaluating curriculum and program effectiveness,
  • f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
  • g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),

• Standards C4.1a-b and f (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and f) response to the last accreditation citations) and

• 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).


March 2005
The commission acknowledged the report providing evidence of

• The pediatric syllabus, learning objectives related to sexuality and the identified course(s) that contain each of those objectives and plan for the summative exam. No further information requested.
Medical University of South Carolina  
Accreditation History

First accredited: October 1995  
Next review: March 2023  
Maximum class size: 60  

September 2004  
Report due January 14, 2005  
• Pediatric syllabus, learning objectives related to sexuality and the identified course(s) that contain each of those objectives and plan for the summative exam.

Due August 15, 2005 (*Standards, 2nd edition*) -
• **Standard A2.11** (lacked evidence the program director supervises the medical director in all activities that directly relate to the PA program),  
• **Standard B1.4** (lacked evidence for each didactic and clinical course, the program must provide a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),  
• **Standard B3.1e** (lacked evidence the program provides instruction in sexuality),  
• **Standards C2.2a, c, e-g** (lacked evidence the self-study report includes critical analysis of  
  • a) student attrition, deceleration, and remediation,  
  • c) student failure rates in individual courses and rotations,  
  • e) timely surveys of graduates evaluating curriculum and program effectiveness,  
  • f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and  
  • g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),  
• **Standards C4.1a-b and f** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis and f) response to the last accreditation citations) and  
• **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).

March 2004  
Program Change: Change in maximum class size (40 to 60). The commission **acknowledged the proposed change**. No further information requested.

September 2003  
The commission **accepted the reports** providing evidence of  
• The program director’s CV and tuition and other costs. No further information requested.

March 2003  
Program Change: Change in degree awarded (baccalaureate to master’s), effective May 2003. The commission acknowledged the proposed change. Additional information (tuition and other costs) due July 15, 2003.
Medical University of South Carolina  
Accreditation History

First accredited: October 1995  
Next review: March 2023  
Maximum class size: 60  
Page 7 of 7


March 2002  
The commission accepted the report providing evidence of  
- Learning objectives. No further information requested.

September 2001  
The commission accepted the report addressing 1st edition  
- Standard I E 1 c (provided evidence of interpretation of data related to graduate and employer surveys),  
- Standard I E 3 (provided evidence of critical analysis or issue identification in the self-study report),  
- Standard II B 1 c (provided evidence instruction in research is sufficient to provide the students with the necessary skills to interpret the medical literature) and  
- Standard II B 2 b (provided evidence learning objectives in didactic courses are adequate).  
Additional information (learning objectives) due February 1, 2002.

September 2000  
Report due July 15, 2001 (Standards, 1st edition) -  
- Standard I E 1 c (lacked evidence of interpretation of data related to graduate and employer surveys),  
- Standard I E 3 (lacked evidence of critical analysis or issue identification in the self-study report),  
- Standard II B 1 c (lacked evidence instruction in research is sufficient to provide the students with the necessary skills to interpret the medical literature) and  
- Standard II B 2 b (lacked evidence learning objectives in didactic courses are adequate).

NOTE: The ARC-PA commission action information available begins in September 2000. Information from initial accreditation in 1995 by CAAHEP is not available.

The program was previously accredited from November 1973 to June 1983. No further information available.