March 2020
The commission **acknowledged the report** providing evidence of

- Updated PANCE pass rate data in the Program Management Portal and on the program’s website. No further information requested.

September 2019
The commission **accepted the report** addressing 4th edition

- **Standard C2.01b**, modified Self-Study Report (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

The commission **did not accept the report** addressing 4th edition

- **Standards C2.01c-e**, modified Self-Study Report (lacked evidence of a self-study report that documents 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).

Additional information (templates addressing sufficiency and effectiveness of faculty, faculty evaluation of the curricular and administrative aspects of the program, modifications that occurred as a result of self-assessment and self-identified program strengths and areas in need of improvement) due June 17, 2020.

June 2018
Program Change: Change in graduation requirements (increase from 138 to 144 credits awarded), effective May 14, 2018. The commission **acknowledged the change**. No further information requested.

September 2017
Program’s PANCE pass rate for class of 2016 was 83%. As pass rate was less than 85%, the program submitted the required PANCE performance analysis report. The commission **accepted the report**. No further information requested.

The commission **did not accept the report** addressing 4th edition

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters 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) and

- **Standards C2.01b-e**, modified Self-Study Report (lacked evidence of a self-study report that documents 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).

First accredited: March 2009
Next review: March 2025
Maximum class size: 60

July 2016
The commission accepted the report addressing 4th edition
- **Standard B3.07f** (provided evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in behavioral and mental health).

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 2022 to March 2025 due to this change.

September 2015
The commission accepted the report addressing 4th edition
- **Standard A3.19e** (provided evidence that student files include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student). No further information requested.

March 2015
Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 60. Report due June 15, 2015 (Standards, 4th edition) -
- **Standard A3.19e** (lacked evidence that student files include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student),
Due June 16, 2016 (Standards, 4th edition) -
- **Standard B3.07f** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in behavioral and mental health) and
Due June 15, 2017 (Standards, 4th edition) -
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters 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) and
- **Standards C2.01b-e**, modified Self-Study Report (lacked evidence of a self-study report that documents 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).

September 2013
The commission accepted the report providing evidence of
- Defined program expectations/requirements for patient encounters (preventive, emergent, acute and chronic and surgical management). No further information requested.
Nova Southeastern University–Jacksonville
Accreditation History

First accredited: March 2009
Next review: March 2025
Maximum class size: 60
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March 2013
The commission accepted the report providing evidence of
- Documentation of the initial and ongoing evaluation of sites and preceptors used for SCPEs (standard C4.01).

The commission did not accept the report providing evidence of
- That students receive adequate experiences with preventive, emergent, acute and chronic patient encounters (standard B3.02) and
- That students receive adequate experiences with surgical management (standard B3.03c).

Additional information (defined program expectations/requirements for patient encounters) due July 1, 2013.

September 2012
The commission accepted the report addressing 4th edition
- Standard A1.02 (provided evidence of signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- Standard A2.08 (provided evidence the program director provides effective leadership and management)
- Standards A2.09a-b, e-f (provided evidence the program director is knowledgeable about and responsible for program a) organization, b) administration, e) planning and f) development),
- Standard A3.19a (provided evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded)
- Standard B1.05 (provided evidence the program curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- Standard B1.08 (provided evidence the program curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- Standard B3.02 (provided evidence of defined program expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- Standard B3.03a-d (provided evidence of program defined requirements for SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions)
- Standard C3.04 (provided 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) and
- Standard C4.01 (provided evidence the program has defined, maintained and documented an effective process for the initial and ongoing evaluation of all clinical sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations) and
Nova Southeastern University–Jacksonville
Accreditation History

First accredited: March 2009
Next review: March 2025
Maximum class size: 60

- Provided evidence of PANCE performance analysis.

Additional information (standards B3.02 [assures students receive adequate experiences with preventive, emergent, acute and chronic patient encounters], B3.03c [assures students receive adequate experiences with surgical management] and C4.01 [evidence of documentation of the initial and ongoing evaluation of sites and preceptors used for SCPEs]) due December 31, 2012.

March 2012
Report due July 1, 2012 (Standards, 4th edition) -

- **Standard A1.02** (lacked evidence of signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- **Standard A2.08** (lacked evidence the program director provides effective leadership and management)
- **Standards A2.09a-b, e-f** (lacked evidence the program director is knowledgeable about and responsible for program a) organization, b) administration, e) planning and f) development),
- **Standard A3.19a** (lacked evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard B1.05** (lacked evidence the program curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B1.08** (lacked evidence the program curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B3.02** (lacked evidence of defined program expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03a-d** (lacked evidence of program defined requirements for SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions)
- **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) and
- **Standard C4.01** (lacked evidence the program has defined, maintained and documented an effective process for the initial and ongoing evaluation of all clinical sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations) and
- PANCE performance analysis.

March 2010
The commission **accepted the report** providing evidence of
Clinical sites secured in psychiatry and in long-term care settings. No further information requested.

**September 2009**
The commission accepted the report addressing 3rd edition

- **Standard A3.07a** (provided evidence institutional policies and practices that favor specific groups of applicants are defined, published and readily available to prospective and enrolled students),
- **Standard B7.04e** (provided evidence supervised clinical practice experiences occur in long-term care settings),
- **Standard B7.05f** (provided evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standard D2.03** (provided evidence the program provides referral for students with personal problems that may interfere with their progress in the program),
- **Standard E1.12f** (provided evidence the program has identified qualified faculty in sufficient number to provide instruction in the first 12 months of the program)
- **Standard E1.14** (provided evidence the program has identified prospective clinical sites sufficient in number to meet the needs of students).

Additional information (update of clinical sites secured in psychiatry and in long-term care settings) due December 31, 2009.

**March 2009**
Accreditation-Provisional; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 180. Report due June 1, 2009 (Standards, 3rd edition) -

- **Standard A3.07a** (lacked evidence institutional policies and practices that favor specific groups of applicants are defined, published and readily available to prospective and enrolled students),
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences occur in long-term care settings),
- **Standard B7.05f** (lacked evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standard D2.03** (lacked evidence the program provides referral for students with personal problems that may interfere with their progress in the program),
- **Standard E1.12f** (lacked evidence the program has identified qualified faculty in sufficient number to provide instruction in the first 12 months of the program)
- **Standard E1.14** (lacked evidence the program has identified prospective clinical sites sufficient in number to meet the needs of students).