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.

June 2018
The commission accepted the report providing evidence of
- Assessment tools to demonstrate how student are evaluated. No further information requested.

March 2018
The commission accepted the report addressing 4th edition
- **Standard B3.02** (provided evidence that supervised clinical practice experiences [SCPEs] enabled students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standard B3.03a-d** (provided evidence of clearly defined expectations with SCPEs that enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions).

Additional information (assessment tools to demonstrate how student are evaluated) due April 30, 2018.

September 2017
Accreditation-Continued; Next Comprehensive Evaluation: September 2027. The program’s maximum class size remains 60.
Report due November 30, 2017 (*Standards*, 4th edition) -
- **Standard B3.02** (lacked evidence that supervised clinical practice experiences [SCPEs] enabled students to meet program expectations and acquire competencies needed for entry into clinical practice) and
- **Standard B3.03a-d** (lacked evidence of clearly defined expectations with SCPEs that enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions) and

Due June 1, 2020 (*Standards*, 4th edition) -
- **Standard C2.01c-e**, modified Self-Study Report (lacked evidence of a self-study report that documented 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 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 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.

September 2015
The commission acknowledged the report providing evidence of
- Update of the Portal. No further information requested.

March 2015
The commission accepted the report addressing 4th edition
- **Standard C2.01b** (provided evidence in the plan presented which documents the process and results of critical analysis from the ongoing self-assessment). No further information requested.

The commission noted incomplete or inaccurate data (regional accreditation date, supervised clinical practice experiences) in the Program Management Portal. Correction requested by April 17, 2015.

September 2013
The commission accepted the report addressing 4th edition
- **Standard B2.08** (provided evidence that the curriculum includes instruction in issues of death, dying and loss and response to illness, injury and stress),
- **Standard B2.14** (provided evidence the curriculum includes instruction addressing PA credentialing and laws and regulations regarding professional practice),
- **Standard C2.01b** (provided some evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment), and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

Additional information requested (standard C2.01b, lacked evidence the plan presented documents the process and results of critical analysis from the ongoing self-assessment) due December 1, 2014.

September 2012
Accreditation-Continued. Next Comprehensive Evaluation: September 2017. The program is approved to accept up to a class size of 60.
Report due July 1, 2013 (Standards, 4th edition) -
- **Standard B2.08** (lacked evidence that the curriculum includes instruction in issues of death, dying and loss and response to illness, injury and stress),
- **Standard B2.14** (lacked evidence the curriculum includes instruction addressing PA credentialing and laws and regulations regarding professional practice),
- **Standard C2.01b** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment) and
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Next review: September 2027
Maximum class size: 60
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- **Standard C4.02** (lacked evidence the program documents that each clinical site provides the student access to physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience).

March 2007
The commission accepted the report addressing 2nd edition
- **Standard A2.6** (provided evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standards C2.2a and d** (provided evidence that critical analysis of outcome data in the self-study report includes a) student attrition, deceleration, and remediation and d) student evaluations of individual didactic courses, clinical experiences, and faculty) and
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis). No further information required.

March 2006
Accreditation-Continued; Next Comprehensive Evaluation: March 2011.
Report due January 12, 2007 (*Standards, 2nd edition*) -
- **Standard A2.6** (lacked evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standards C2.2a and d** (lacked evidence that critical analysis of outcome data in the self-study report includes a) student attrition, deceleration, and remediation and d) student evaluations of individual didactic courses, clinical experiences, and faculty) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

September 2003
Personnel Change: Acting Assistant Dean and Acting Program Director appointed from August 11, 2003 to June 23, 2004, while the Program Director is on a leave of absence

March 1999
Accreditation-Continued; Next Comprehensive Evaluation: March 2006. The commission noted zero areas of noncompliance with the *Standards*.

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.