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June 2020

The commission acknowledged the report providing evidence of

• The proposed plan in response to COVID-19. No further information requested.

March 2019

The commission acknowledged the report providing evidence of

• Updated website. No further information requested.

September 2018

The commission did not accept the report providing evidence of

 Modified Self-Study Report, preceptor evaluations of students preparedness for rotations. No further information requested.

Report (update website with PANCE Pass Rate Summary Report) due November 1, 2018.

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 September 2020 to September 2023 due to this change.

March 2016

The commission accepted the report addressing 4th edition

- Standard A3.14d (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students all required curricular components),
- Standard B1.09 (provided evidence for each didactic and clinical course, the program
 defines and publishes instructional objectives that guide student acquisition of required
 competencies),
- **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) and
- **Standard C2.01b**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment).

Additional information (modified Self-Study Report, preceptor evaluations of students preparedness for rotations) due May 18, 2018.

March 2015

The commission acknowledged the report providing evidence of

• Corrected SCPEs in the Portal.. No further information requested.

The commission acknowledged the report providing evidence of

 Updated SCPEs in the Portal. Additional information (SCPE correction) due December 17, 2004.

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September 2014

The commission noted the supervised clinical practice experiences (SCPEs) in behavioral medicine in the Program Management Portal is insufficient for the number of students enrolled. Portal update due October 1, 2014.

The commission accepted the report providing evidence of

Modified Self-Study Report related to PANCE data. No further information requested.

The commission acknowledged the report providing evidence of

• Updated website. No further information requested.

March 2014

The commission accepted the report providing evidence of

• Clarification on assignment of grades, estimates of all costs related to the program and PANCE performance for the first graduating class.

Additional information (update website with link to PANCE Pass Rate Summary Report) due April 16, 2014 and (modified Self-Study Report related to PANCE data) due August 1, 2014.

September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 36.

Report due January 1, 2014

 Clarify assignment of grades, estimates of all costs related to the program and PANCE performance for the first graduating class.

Due October 1, 2015 (Standards, 4th edition) -

- **Standard A3.14d** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students all required curricular components),
- Standard B1.09 (lacked evidence for each didactic and clinical course, the program
 defines and publishes instructional objectives that guide student acquisition of required
 competencies),
- **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) and
- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment).

March 2011

The commission **accepted the report** addressing 3rd/4th edition

• **Standards A2.18a/A3.13a** (provided evidence instructional faculty are qualified through academic preparation and experience to teach assigned subjects) and

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• **Standards A3.07g/A3.14f** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program). No further information requested.

The commission accepted the report providing evidence of

• SCPEs and personnel responsibilities. No further information requested.

September 2010

Accreditation-Provisional; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 108.

Report due December 31, 2010 (Standards, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A2.18a/A3.13a** (lacked evidence instructional faculty are qualified through academic preparation and experience to teach assigned subjects) and
- Standards A3.07g/A3.14f (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program).

Due July 1, 2011

• Supervised clinical practice experiences [SCPEs] and personnel responsibilities.

The program was accredited from September 1973-March 1995 and from March 1996-September 2009.

September 2009

Adverse Action-Accreditation-Withdrawn. Action based on noncompliance with *Standards*, 3rd edition

- Standard A1.04 (lacked evidence the sponsoring institution, together with its affiliates,
 is capable of providing clinically oriented basic science education as well as clinical
 instruction and experiences requisite to PA education),
- **Standards A1.07b-c and g** (lacked evidence the sponsoring institution assures that the program has b) the human resources needed to operate the program, c) the human resources needed to process admission applications and g) access to and training in the use of internet for core faculty and students),
- **Standard A2.03** (lacked evidence core faculty are sufficient in number to meet the academic needs of enrolled students),

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- Standard A2.04 (lacked evidence core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standards A2.05e-g** (lacked evidence core program faculty have responsibility for e) academic counseling of PA students, f) assuring the availability of remedial instruction and g) designing, implementing, coordinating and evaluating curriculum),
- **Standard A2.09** (lacked evidence the program director provides effective leadership and management),
- **Standard A2.10** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- **Standards A2.11d-f** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's d) continuous review and analysis, e) planning and f) development),
- **Standard A2.18b** (lacked evidence instructional faculty must be knowledgeable in course content and effective in teaching assigned subjects),
- **Standard A3.03** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard A3.05** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standards A3.07f and g** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students f) academic credit offered by the program and g) estimates of all costs related to the program),
- **Standards A3.13a, c and e** (lacked evidence student files kept by the program include documentation a) that the student has met published admission criteria, c) of remediation and e) that the student has met institution and program health screening and immunization requirements),
- Standard A3.15 (lacked evidence of current curriculum vitae for each course director),
- **Standard B1.02** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- Standard B7.01 (lacked evidence the program provides medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- Standard B7.02 (lacked evidence the program assures that all sites used for students
 during supervised clinical practice meet the program's prescribed expectations for
 student learning and performance evaluation measures, regardless of location),
- Standards B7.03a-e (lacked evidence the program documents that every student has supervised clinical practice experiences with patients seeking a) medical care across the life span, b) prenatal care and women's health care, c) care for conditions requiring surgical management, d) care for conditions requiring emergency management and e) care for psychiatric/behavior conditions),

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- Standard B7.05f (lacked evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standards C1.01a-g** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) graduate evaluations of curriculum and program effectiveness,
 - f) preceptor evaluations of student performance and suggestions for curriculum improvement and
 - g) graduate performance on the PANCE),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- Standards C2.01a, b1-b7, c and d (lacked evidence the self-study documents
 - a) the program's process of ongoing self-assessment,
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations,
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement,
 - b7) the most recent five-year first time and aggregate graduate performance on the PANCE.
 - c) self-identified program strengths and areas in need of improvement, and
 - d) modifications that occurred as a result of self-assessment),
- Standard C3.06 (lacked evidence the program documents a summative evaluation of
 each student toward the end of the program to assure that students are prepared to
 enter clinical practice),
- Standard C4.01 (lacked evidence the program defines and maintains consistent and
 effective processes for the initial and ongoing evaluation of all sites and preceptors used
 for students' clinical practice experience),
- **Standard C4.03** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location) and
- Standard D2.02 (lacked evidence the program assures that students have timely access
 to faculty for assistance and counseling regarding their academic concerns and
 problems).

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The program did not appeal the commission's decision and voluntarily withdrew from accreditation, effective September 2009.

September 2007

The commission accepted the report addressing 3rd edition

- **Standard A5.17c** (provided evidence the program defines, publishes and makes readily available to prospective students specific academic and technical standards),
- **Standards C2.2a and c** (provided evidence the self-study includes critical analysis of a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations) and
- **Standards C4.1b-c** (provided evidence the self-study report documents b) outcome data analysis and c) self-identified program strengths, weaknesses and opportunities for improvement). No further information requested.

September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 135.

Report due July 13, 2007 (Standards, 3rd edition) -

- **Standard A5.17c** (lacked evidence the program defines, publishes and makes readily available to prospective students specific academic and technical standards),
- **Standards C2.2a and c** (lacked evidence the self-study includes critical analysis of a) student attrition, deceleration and remediation and c) student failure rates in individual courses and rotations) and
- Standards C4.1b-c (lacked evidence the self-study report documents b) outcome data analysis and c) self-identified program strengths, weaknesses and opportunities for improvement).

September 2005

The commission accepted the report providing evidence of

 Documentation of clinical experiences and the summative evaluation process. No further information requested.

March 2005

The commission accepted the report providing evidence of

• Syllabi. No further information requested.

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 135.

Report due January 14, 2005

• Syllabi for five courses, including learning objectives.

Due August 13, 2005

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• Detailed documentation of clinical experiences in long-term care and geriatrics and description of the summative evaluation process.

March 2003

The commission accepted the report providing evidence of

• Syllabi. No further information requested.

September 2002

The commission accepted the report providing evidence of

• The class schedule, curriculum and syllabi. Additional information (clarification of syllabi) due January 15, 2003.

March 2002

The commission accepted the report addressing 2nd edition

- **Standard A5.7** (provided evidence the program makes known to students in advance of enrollment the policies that prevent students from working),
- **Standard B1.2** (provided evidence the curriculum design reflects sequencing that enables students to develop the clinical competence necessary for practice),
- Standards B1.3 and B1.5 (provided evidence the program orients students and preceptors to the written program objectives, learning goals, and competencies required for successful completion of the program),
- Standard B2.1b (provided evidence the program provides instruction in physiology),
- **Standards B3.1e and f** (provided evidence the program provides instruction in sexuality and responses to death and dying),
- **Standard B6.2h** (provided evidence the program documents that every student has clinical experience in geriatrics) and
- **Standard B6.3** (provided evidence the program provides clinical experience in long-term care).

Additional information (class schedule, clarification of curriculum, syllabi) due July 19, 2002.

September-December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2004. Maximum Student Capacity: 135.

Report due February 1, 2002 (Standards, 2nd edition) -

- Standard A5.7 (lacked evidence the program makes known to students in advance of enrollment the policies that prevent students from working),
- **Standard B1.2** (lacked evidence the curriculum design reflects sequencing that enables students to develop the clinical competence necessary for practice),
- Standards B1.3 and B1.5 (lacked evidence the program orients students and preceptors
 to the written program objectives, learning goals, and competencies required for
 successful completion of the program),
- Standard B2.1b (lacked evidence the program provides instruction in physiology),

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- **Standards B3.1e and f** (lacked evidence the program provides instruction in sexuality and responses to death and dying),
- **Standard B6.2h** (lacked evidence the program documents that every student has clinical experience in geriatrics) and
- **Standard B6.3** (lacked evidence the program provides clinical experience in long-term care).

September 2000

The commission accepted the report providing evidence of

• Clarification of attendance. No further information requested.

The commission accepted the report providing evidence of

• Tuition. Additional information (clarification of attendance) requested.

March 2000

The commission accepted the report addressing 1st edition

- **Standards I B 3 b and I B 3 c (1)** (provided evidence the program provides adequate physical resources to students, staff and faculty),
- **Standard I E** (provided evidence the program's plan for continuous formal self-evaluation is adequate),
- **Standard I E 1 b** (provided evidence the self-study report includes analysis of student failure rates in individual courses),
- **Standard I E 3** (provided evidence the self-study report documents the program's compliance with the *Standards*),
- Standard II B 2 a and b (provided evidence learning objectives guide student learning)
- **Standard I D 1 b** (provided evidence the program states, publishes and makes know to all applicants the costs of the program).

Additional information (program tuition) due August 1, 2000.

Program Change: Change in degree awarded (baccalaureate to master's). The commission **acknowledged the proposed** change. Additional information (syllabi, advertising and criteria for progression) due.

September 1999

Accreditation-Continued; Next Comprehensive Evaluation: September 2001.

Report due February 1, 2000 (Standards, 1st edition) -

- **Standards I B 3 b and I B 3 c (1)** (lacked evidence the program provides adequate physical resources to students, staff and faculty),
- **Standard I E** (lacked evidence the program's plan for continuous formal self-evaluation is adequate),

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- **Standard I E 1 b** (lacked evidence the self-study report includes analysis of student failure rates in individual courses),
- **Standard I E 3** (lacked evidence the self-study report documents the program's compliance with the *Standards*),
- Standard II B 2 a and b (lacked evidence learning objectives guide student learning) and
- **Standard I D 1 b** (lacked evidence the program states, publishes and makes know to all applicants the costs of the program).

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