June 2020
The commission acknowledged the report providing evidence of
• The proposed plan in response to COVID-19.
Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due August 1, 2020.

Program Change: Change in program length (extending clinical phase one month for class of 2020; graduation date changes from May to June), effective May 1, 2020. The commission acknowledged the proposed change. 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.

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.

April 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 2019 to September 2022 due to this change.

September 2013
Program Change: Change in class size (75 to 100), effective September 2013. The commission approved the proposed change after review of the additional documentation. No further information requested.

Program Change: Change in class size (75 to 100), effective September 2013. The commission did not approve the class size change. Additional information requested (institutional support documentation, clarification of staff roles and evidence the program can support the increase).

March 2013
The commission accepted the report addressing 4th edition
• Standard A3.14c (provided evidence of publication of the five-year, first time PANCE pass rate),
• Standard C1.01 (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement), and
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- **Standard C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment). No further information requested.

**September 2012**
Report due December 31, 2012 (Standards, 4th edition) -
- **Standard A3.14c** (lacked evidence of publication of the five-year, first time PANCE pass rate),
- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement), and
- **Standard C2.01b** (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

**September 2009**
The commission accepted the report addressing 3rd edition
- **Standard A3.07g** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- **Standard A3.13c** (provided evidence student files include documentation of remediation) and
- **Standard C3.05** (provided evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established). No further information requested.

Program Change: Change in maximum student capacity (120 to 225), effective September 2009. The commission acknowledged the proposed change. No further information requested.

**September 2008**
Accreditation-Continued; Next Comprehensive Evaluation: September 2012. Maximum Student Capacity: 120.
Report due July 10, 2009 (Standards, 3rd edition) -
- **Standard A3.07g** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- **Standard A3.13c** (lacked evidence student files include documentation of remediation) and
- **Standard C3.05** (lacked evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established).

**September 2006**
The commission acknowledged the reports providing evidence of
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- Licensure of the medical director and
- Documentation supporting the program change. No further information requested.

March 2006
The commission **acknowledged the report** addressing 2nd edition

- **Standard A1.5d** (provided evidence the sponsoring institution is responsible for appointing faculty),
- **Standard A2.3** (provided evidence the program has a designated medical director),
- **Standard A2.5** (provided evidence the core program faculty includes a medical director),
- **Standard A5.8** (provided evidence the program publishes and makes available to all students policies by which students may work within the program or institution while enrolled in the program),
- **Standard C1.1** (provided evidence the program has a formal self-evaluation process) and
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis).

Provided evidence of the program’s maximum aggregate student capacity and the length of the professional phase and the CV of the newly appointed medical director

Additional information (verification of licensure of medical director) due July 14, 2006.

Program Change: Change in curriculum and GPA requirements, effective August 2006. The commission **acknowledged the proposed change**. Additional information (syllabi, curriculum components) requested by July 14, 2006.

March 2005

Report due January 13, 2006 (Standards, 2nd edition) -

- **Standard A1.5d** (lacked evidence the sponsoring institution is responsible for appointing faculty),
- **Standard A2.3** (lacked evidence the program has a designated medical director),
- **Standard A2.5** (lacked evidence the core program faculty includes a medical director),
- **Standard A5.8** (lacked evidence the program publishes and makes available to all students policies by which students may work within the program or institution while enrolled in the program),
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process) and
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis).

- Clarification of the program’s maximum aggregate student capacity and the length of the professional phase and the CV of the newly appointed medical director.
March 2004
The commission **acknowledged the report** addressing 2nd edition

- **Standard A2.7c**, Core faculty’s responsibility for student advising. No further information requested.

September 2003
The commission **accepted the report** addressing 2nd edition

- **Standard A2.1**, (provided evidence the program has effective leadership),
- **Standard A2.5**, (provided evidence of a full-time program director who is either a PA or physician),
- **Standard A2.16**, (provided evidence of sufficient faculty),
- **Standard A2.23**, (provided evidence of adequate technical and support staff to support the program),
- **Standard A5.3b**, (provided evidence the program defines, publishes and makes readily available academic costs and credit),
- **Standard A5.10**, (provided evidence of a policy or statement regarding the use of students for clinical or administrative staff),
- **Standard A5.17b**, (provided evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit and credit for experiential learning),
- **Standard B2.2**, (provided evidence of anatomy and physiology in the professional curriculum),
- **Standard B3.1f**, (provided evidence of death and dying issues in the professional curriculum),
- **Standard B3.3b**, (provided evidence of normal growth and development in the professional curriculum),
- **Standard B3.4**, (provided evidence of advanced directive and end-of-life decision making in the professional curriculum)
- **Standards C2.2a-b, d-f**, (provided evidence in the self-study report of a) critical analysis of student attrition, deceleration and remediation, b) critical analysis of faculty attrition, d) course, faculty and clinical experience evaluations, e) critical analysis of graduate surveys and f) critical analysis of employer surveys),
- **Standard C4.1b**, (provided evidence in the self-study report of documentation of analysis of outcome data) and
- **Standard C5.5**, (provided evidence of the conduct of a summative evaluation documenting that students meet the defined program objectives for knowledge, skills and attitudes).

Additional information (standard A2.7c, core faculty’s responsibility for student advising) requested by January 15, 2004.

Program Change: Change in maximum student capacity (80 to 120), effective September 2003. The commission **acknowledged the program change**. No further information requested.
March 2003
Report due July 15, 2003 (Standards, 2nd edition) -

- **Standard A2.1** (lacked evidence the program has effective leadership),
- **Standard A2.5** (lacked evidence of a full-time program director who is either a PA or physician),
- **Standard A2.16** (lacked evidence of sufficient faculty),
- **Standard A2.23** (lacked evidence of adequate technical and support staff to support the program),
- **Standard A5.3b** (lacked evidence the program defines, publishes and makes readily available academic costs and credit),
- **Standard A5.10** (lacked evidence of a policy or statement regarding the use of students for clinical or administrative staff),
- **Standard A5.17b** (lacked evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit and credit for experiential learning),
- **Standard B2.2** (lacked evidence of anatomy and physiology in the professional curriculum),
- **Standard B3.1f** (lacked evidence of death and dying issues in the professional curriculum),
- **Standard B3.3b** (lacked evidence of normal growth and development in the professional curriculum),
- **Standard B3.4** (lacked evidence of advanced directive and end-of-life decision making in the professional curriculum)
- **Standards C2.2a-b, d-f** (lacked evidence in the self-study report of a) critical analysis of student attrition, deceleration and remediation, b) critical analysis of faculty attrition, d) course, faculty and clinical experience evaluations, e) critical analysis of graduate surveys and f) critical analysis of employer surveys),
- **Standard C4.1b** (lacked evidence in the self-study report of documentation of analysis of outcome data) and
- **Standard C5.5** (lacked evidence of the conduct of a summative evaluation documenting that students meet the defined program objectives for knowledge, skills and attitudes).

September 2000
The commission accepted the report addressing 1st edition
- **Standard I B 1 d** (provided evidence of sufficient clerical and support staff) and
- **Standard I C 3 a** (provided evidence of documentation that students have completed a health screening).

March 2000
Accreditation-Provisional; Next Comprehensive Evaluation: March 2003.
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Report due July 15, 2000 (Standards, 1st edition) –

- Standard I B 1 d (lacked evidence of sufficient clerical and support staff) and
- Standard I C 3 a (lacked evidence of documentation that students have completed a health screening).