First accredited: May 1993
Next review: March 2023
Maximum class size: 86

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 October 15, 2020.

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 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.

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.

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.

September 2014
The commission accepted the report providing evidence of
- SCPE update in the portal. No further information requested.

March 2014
The commission accepted the report addressing 4th edition
- Standard A1.11 (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences),
- Standard A2.03 (provided evidence of sufficiency of principal faculty specifically for student advising and remediation) and
- Standard B3.03b and c (provided evidence supervised clinical practice experiences provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking b) women’s health and c) surgical management).
Additional information (update supervised clinical practice experiences [SCPEs] in the Program Management Portal) due May 1, 2014.
First accredited: May 1993
Next review: March 2023
Maximum class size: 86
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March 2013
Report due December 31, 2013. ([Standards, 4th edition] -
- **Standard A1.11** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences),
- **Standard A2.03** (lacked evidence of sufficiency of principal faculty specifically for student advising and remediation) and
- **Standard B3.03b and c** (lacked evidence supervised clinical practice experiences provide sufficient patient exposure to allow each student to meet program-defined requirements with patients seeking b) women’s health and c) surgical management).

March 2006
Accreditation-Continued; Next Comprehensive Evaluation: March 2013. Maximum Student Capacity: 180. The commission noted zero areas of noncompliance with the *Standards*.

September 2003
The commission accepted the report providing evidence of
- Pharmacology objectives. No further information requested.

March 2003
The commission accepted the report addressing 2nd edition
- **Standard B1.4** (provided evidence syllabi for three courses include measurable instructional objectives),
- **Standard B6.2d** (provided evidence that every student has adequate clinical experiences in prenatal care and gynecology) and
- **Standard C6.2** (provided evidence of a consistent number of clinical rotation visits to students).
Additional information (pharmacology objectives) due July 15, 2003.

March 2002
- **Standard B1.4** (lacked evidence syllabi for three courses include measurable instructional objectives),
- **Standard B6.2d** (lacked evidence that every student has adequate clinical experiences in prenatal care and gynecology) and
- **Standard C6.2** (lacked evidence of a consistent number of clinical rotation visits to students).

March 2000
The commission accepted the report addressing 1st edition
• Standard I B 1 c (3) (provided evidence there are a sufficient number of core faculty to provide students with adequate attention and instruction and supervised practice),
• Standard I C 2 (provided evidence student evaluations in the supervised clinical education component are conducted in time to guide student learning),
• Standard I E 3 (provided evidence of an analytical self-study report) and
• Standard I E 1 c (provided evidence of the timely conduct of employer surveys). No further information requested.

September 1999
The commission accepted the report providing evidence of
• The effects of separating the Illinois and Arizona campuses. No further information requested.

March 1999
Report due August 1, 1999
• Impact on program of separation of Arizona campus
Due March 2000 (Standards, 1st edition) -
• Standard I B 1 c (3) (lacked evidence there are a sufficient number of core faculty to provide students with adequate attention and instruction and supervised practice),
• Standard I C 2 (lacked evidence student evaluations in the supervised clinical education component are conducted in time to guide student learning),
• Standard I E 3 (lacked evidence of an analytical self-study report) and
• Standard I E 1 c (lacked evidence of the timely conduct of employer surveys).

September 1998
Personnel Change: Program director appointed, effective June 1, 1998.

March 1998
The commission accepted the report providing evidence of
• Learning objectives. No further information requested.

NOTE: Commission action information available begins in March 1998. Information from initial accreditation in 1993 by CAHEA is not available.