Nova Southeastern University-Fort Lauderdale
Accreditation History

First accredited: May 1994
Next review: March 2025
Maximum class size: 77

June 2020
The commission acknowledged the report providing evidence of
• The proposed plan in response to COVID-19. No further information requested.

June 2018
Program Change: Change in graduation requirements (140 to 144 credits awarded), effective May 14, 2018. The commission acknowledged the change. 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 2022 to March 2025 due to this change.

September 2015
The commission acknowledged the report providing evidence of
• SCPEs update in the Portal. No further information requested.

The commission accepted the report addressing 4th edition
• Standard A3.19f (provided evidence that student files include documentation that the student has met requirements for program completion),
• Standard B1.10 (provided evidence that instructional faculty are oriented to the specific learning outcomes required of students),
• Standards B3.04c and d (provided evidence of supervised clinical practice experiences [SCPEs] occurring in c) inpatient and d) operating room settings) and
• Standard B3.07f (provided evidence of SCPEs with preceptors practicing in behavioral and mental health).

Additional information (update SCPEs in Program Management Portal) due July 30, 2015.

March 2015
Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 77. Report due May 1, 2015 (Standards, 4th edition) -
• Standard A3.19f (lacked evidence that student files include documentation that the student has met requirements for program completion),
• Standard B1.10 (lacked evidence that instructional faculty are oriented to the specific learning outcomes required of students),
• Standards B3.04c and d (lacked evidence of supervised clinical practice experiences [SCPEs] occurring in c) inpatient and d) operating room settings) and
• Standard B3.07f (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

September 2008
The commission accepted the report addressing 3rd edition
• **Standard A3.13e** (provided evidence student files include documentation that the student has met institution and program health screening and immunization requirements). No further information requested.

**March 2008**
Report due July 11, 2008 (*Standards*, 3rd edition) -
  • **Standard A3.13e** (lacked evidence student files include documentation that the student has met institution and program health screening and immunization requirements).

**March 2005**
The commission acknowledged the report providing evidence of
  • The health information form and explanation of student health related information in the student files. No further information requested.

**September 2004**
The commission acknowledged the report addressing 2nd edition
  • **Standards B6.2g-h** (provided evidence every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
  • **Standard B6.3** (provided evidence clinical experiences are provided in long-term care settings),
  • **Standards C2.2b-f** (provided evidence the self-study report includes critical analysis of outcome data from b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
  • **Standard D1.2** (provided evidence the student health records are confidential).
Additional information (health information form and explanation of student health related information in the student files) due January 14, 2005.

**March 2004**
Report due July 15, 2004 (*Standards*, 2nd edition) -
  • **Standards B6.2g-h** (lacked evidence every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
  • **Standard B6.3** (lacked evidence clinical experiences are provided in long-term care settings),
  • **Standards C2.2b-f** (lacked evidence the self-study report includes critical analysis of outcome data from b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and
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- Faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
  - **Standard D1.2** (lacked evidence the student health records are confidential).

March 2003
Personnel Change: Interim program director appointed.

March 2000
The commission accepted the report addressing 1st edition
- **Standard I C 2** (provided evidence of a summary evaluation for each student prior to completion),
- **Standard I D 1 f** (provided evidence of policies and processes by which students may perform service work), and
- **Standard I E 1 c** (provided evidence of surveys to graduates and employers).

March 1999
Report due for review at March 2000 meeting (Standards, 1st edition)
- **Standard I C 2** (lacked evidence of a summary evaluation for each student prior to completion),
- **Standard I D 1 f** (lacked evidence of policies and processes by which students may perform service work), and
- **Standard I E 1 c** (lacked evidence of surveys to graduates and employers).