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

March 2020
The commission accepted the report addressing 4th edition
• Standard A3.15a (provided evidence the program makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
• Standard B2.17 (provided evidence the program curriculum includes instruction about the physician-PA team relationship),
• Standard B3.02 (provided some evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program learning outcomes for preventive, emergent, acute and chronic patient encounters),
• Standards B3.03a-d (provided some evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes),
• Standard C3.02 (provided evidence the program has a method to document defined professional behaviors for students during the didactic phase of the program) and
• Standard C3.04 (provided evidence the program’s planned summative evaluation of each student would occur within the final four months of the program to verify that each student is prepared to enter clinical practice).

Additional information (standards B3.02 and B3.03a-d related to learning outcomes [LOs] and determination of student attainment in SCPEs of LOs) due April 13, 2020.

September 2019
Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring).
The program is approved for up to 24 students in the first class of students, 36 in the second class and 45 in the third class.
Report due December 6, 2019 (Standards, 4th edition) -
• Standard A3.15a (lacked evidence the program makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
• Standard B2.17 (lacked evidence the program curriculum includes instruction about the physician-PA team relationship),
• Standard B3.02 (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences [SCPEs] and a method to determine that students meet program learning outcomes for preventive, emergent, acute and chronic patient encounters),
• Standards B3.03a-d (lacked evidence of clearly defined learning outcomes and methods to determine students, after SCPEs with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions, have met the learning outcomes),
• **Standard C3.02** (lacked evidence the program has a method to document defined professional behaviors for students during the didactic phase of the program) and
• **Standard C3.04** (lacked evidence the program’s planned summative evaluation of each student would occur within the final four months of the program to verify that each student is prepared to enter clinical practice).