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 November 15, 2020.

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 September 2020 to September 2023 due to this change.

September 2014
The commission accepted the reports providing evidence of
- Updating PANCE and SCPEs in the Portal. No further information requested.

March 2014
The commission accepted the report providing evidence of
- Program Management Portal update,
The commission accepted the report addressing 4th edition
- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies),
- **Standard A1.08** (provided evidence the sponsoring institution provides the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A1.09** (provided evidence the sponsoring institution provides the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **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 that principal faculty were sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.09e** (provided evidence the program director is knowledgeable about and responsible for program planning),
- **Standard A2.14** (provided evidence of sufficient instructional faculty),
- **Standard A2.18** (provided evidence of sufficient administrative support for the program),
Quinnipiac University
Accreditation History

First accredited: October 1995
Next review: September 2023
Maximum class size: 54

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- **Standard A3.16** (provided evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standards B3.03a-d** (provided evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions),
- **Standards B3.04a-d** (provided evidence SCPEs occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),
- **Standards B3.07a-f** (provided evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care) and
- **Standard E1.09** (provided evidence the program informed the ARC-PA of an increase in maximum class size).

Additional information requested by April 2, 2014 (update PANCE data in Portal).

September 2013
Accreditation-Continued; Next Comprehensive Evaluation: September 2020. The program is approved for up to 54 students per class.
Report due November 1, 2013
- Update Program Management Portal,

Due January 1, 2014 (**Standards, 4th edition**) -
- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation **Standards** and policies),
- **Standard A1.08** (lacked evidence the sponsoring institution provides the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A1.09** (lacked evidence the sponsoring institution provides the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **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 that principal faculty were sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.09e** (lacked evidence the program director is knowledgeable about and responsible for program planning),
- **Standard A2.14** (lacked evidence of sufficient instructional faculty),
- **Standard A2.18** (lacked evidence of sufficient administrative support for the program),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with clearly defined and published practices of the institution and program),
- **Standards B3.03a-d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions),
• **Standards B3.04a-d** (lacked evidence SCPEs occur in a) outpatient, b) emergency department, c) inpatient and d) operating room settings),

• **Standards B3.07a-f** (lacked evidence of SCPEs with preceptors practicing in a) family medicine, b) internal medicine, c) general surgery, d) pediatrics, e) ob/gyn and f) behavioral and mental health care) and

• **Standard E1.09** (lacked evidence the program informed the ARC-PA of an increase in maximum class size) and

Due May 1, 2014
• Update listing of supervised clinical practice experiences in the Portal.

**September 2006**
Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 162. The commission noted zero areas of noncompliance with the *Standards*.

**March 2004**
The commission **accepted the report** providing evidence of
• The work-study student and support staff. No further information requested.

**September 2003**
The commission **accepted the report** addressing 2nd edition
• **Standard A2.23** (provided evidence of sufficient support staff),

• **Standard B1.4** (provided evidence of measurable instructional objectives and expected student outcomes in all courses),

• **Standard C2.2c, d** (provided evidence of critical analysis of outcome data for c) failure rates in courses and rotations and d) student evaluations of individual didactic courses, clinical experiences, and faculty) and

• **Standard C4.1c** (provided evidence of program strengths, weaknesses, and opportunities for improvement in the self-study report).

Additional information (narrative regarding work-study student as support staff) due January 15, 2004.

**September 2002**
Report due July 15, 2003 (*Standards, 2nd edition*) -
• **Standard A2.23** (lacked evidence of sufficient support staff),

• **Standard B1.4** (lacked evidence of measurable instructional objectives and expected student outcomes in all courses),

• **Standard C2.2c, d** (lacked evidence of critical analysis of outcome data for c) failure rates in courses and rotations and d) student evaluations of individual didactic courses, clinical experiences, and faculty) and

• **Standard C4.1c** (lacked evidence of program strengths, weaknesses, and opportunities for improvement in the self-study report).
Personnel Change: A new medical director was appointed, effective July 1, 2002. Additional information (licensure status) requested.

March 2001
Program Change: Quinnipiac College became Quinnipiac University, effective July 1, 2000.

March 1999
The commission accepted the report addressing 1st edition
- \textit{Standard I B 1c3} (provided evidence of sufficient faculty),
- \textit{Standard I B 1d} (provided evidence of sufficient clerical support staff) and
- \textit{Standard I D 1f} (provided evidence of clearly described policy and processes for students performing service work).

September 1998
Report due February 1, 1999 (\textit{Standards}, 1st edition) -
- \textit{Standard I B 1c3} (lacked evidence of sufficient faculty),
- \textit{Standard I B 1d} (lacked evidence of sufficient clerical support staff) and
- \textit{Standard I D 1f} (lacked evidence of clearly described policy and processes for students performing service work).

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1995 by CAAHEP is not available.