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 20, 2020.

July 2016
Program Change: Change in degree awarded (baccalaureate to master’s curriculum) and Change in program length (24 to 28 months), effective September 2018. The commission acknowledged the proposed changes. 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.

March 2016
The commission reviewed the program’s letter on enrollment management issues and steps taken to prevent future issues. No further information requested.

September 2015
The commission accepted the report providing evidence of
- Final clinical rotation schedule of the class of 2015 highlighting SCPEs with board-certified FM physicians. No further information requested.

March 2015
The commission acknowledged the report providing evidence of
- Updated Portal and website. No further information requested.

September 2014
The commission accepted the report providing evidence of
- Updated Portal and updated website with graduate performance on PANCE and statement on accreditation.
Additional information due October 17, 2014 (update portal and website to reflect PANCE pass rate data) and December 1, 2014 (update the website with the success of the program in achieving its goals).

The commission accepted the report providing evidence of
- Updated SCPEs in the Portal,
- The total number of graduates/number of graduates from that class that did not have a SCPE with board-certified FM physician,
- The number of students in the current academic year that did not have a SCPE with board-certified FM physician
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- A schedule verifying that the current clinical year students will be placed with a board-certified FM physician.

Additional information requested (final clinical rotation schedule of students in the classes of 2015 and 2016 highlighting SCPEs with board-certified FM physicians); reports due within 30 days of graduation.

March 2014  
The commission **accepted the report** providing evidence of

- The student immunization policy is based on current CDC recommendations for health professionals and that student health records are confidential. No further information requested.

The commission **did not accept the report** providing evidence of

- The program definition of family practice experience, list of clinical courses with instructional objectives related to family medicine, and if program cannot provide evidence of experiences with family medicine, then provide compelling reason.

Additional information due May 1, 2014 (using definition and scope of practice and philosophy of family medicine (FM) generally accepted within medicine,

- update supervised clinical practice experiences (SCPEs) in the Program Management Portal,
- provide the total number of graduates from the most recent class and the number of graduates from that class that did not have a SCPE with board-certified FM physician,
- provide the number of students in the current academic year that did not have a SCPE with board-certified FM physician and  
- provide a schedule verifying that the current clinical year students will be placed with a board-certified FM physician).

Also due May 1, 2014 (update data in Program Management Portal and update website with graduate performance on PANCE and statement on accreditation).

September 2013  
The commission **accepted the report** providing evidence of

- The update on SCPE sites and clinical rotation assignments.

The commission **accepted the report** addressing 4th edition

- **Standard A1.09** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.10** (provided evidence the program director supervises principal faculty in all activities that directly relate to the PA program),
- **Standard A3.07** (provided evidence the policy on immunization of students is based on current CDC recommendations for health professionals),
- **Standard B3.07a** (provided evidence of SCPEs with preceptors practicing in family medicine) and
- **Standards E1.09d and e** (provided evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in d) ≥ 10 students or ≥ 15% increase in maximum entering class size and e) maximum aggregate student enrollment that will result in an increase of ≥ 15% in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).

Additional information due December 20, 2013 (demonstrate compliance the student immunization policy is based on current CDC recommendations for health professionals and that student health records are confidential).

Additional information due July 1, 2014 (program definition of family practice experience, list of clinical courses with instructional objectives related to family medicine, and if program cannot provide evidence of experiences with family medicine, then provide compelling reason).

Program Change: Change in class size (90 to 111), effective August 2013. The commission did not approve the proposed increase and reminded the program the approved maximum class size is 75.

The commission did not accept the reports providing evidence of
- The update on SCPE sites and clinical rotation assignments.

The program is to resubmit reports by May 15, 2013.

**March 2013**
Reports due April 22, 2013
- Update on sites providing supervised clinical practice experiences (SCPEs) and clinical rotation assignments.

Due June 1, 2013
- Graphic display of clinical rotation assignments for the current class.

Due July 1, 2013 (**Standards**, 4th edition) -
- **Standard A1.09** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students),
- **Standard A2.10** (lacked evidence the program director supervises principal faculty in all activities that directly relate to the PA program),
- **Standard A3.07** (lacked evidence the policy on immunization of students is based on current CDC recommendations for health professionals),
- **Standard B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine) and
- **Standards E1.09d and e** (lacked evidence the program informed the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in d) ≥ 10 students or ≥ 15% increase in maximum entering class size and e) maximum aggregate student enrollment that will result in an increase of ≥ 15% in maximum aggregate student enrollment, as compared to the most recent application for accreditation or as approved by the ARC-PA).
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March 2008
The commission accepted the report addressing 3rd edition
- **Standard B7.03d** (provided evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C1.01e** (provided evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness). No further information requested.

September 2007 (St. John’s University)
The commission accepted the report providing evidence of
- An update on the transfer of sponsorship. No further information requested.

March 2007 (St. John’s University, formerly St. Vincent Catholic Medical Centers – Brooklyn & Queens Region)
Report due July 13, 2007
- Update regarding transfer of sponsorship (financial support, enrollment, changes to student services, faculty status and availability of clinical sites).
Due January 11, 2008 (Standards, 3rd edition) -
- **Standard B7.03d** (lacked evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C1.01e** (lacked evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness).

March 2006 (St. Vincent Catholic Medical Centers – Brooklyn & Queens Region)
The commission acknowledged the report providing evidence of
- Clinical Course Objectives for Medicine and Surgery. No further information requested.

March 2005
The commission acknowledged the report addressing 2nd edition
- **Standard A1.3** (provided evidence that one sponsor has been identified as being ultimately responsible for the program),
- **Standard A5.1** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C2.2b** (provided evidence the self-study report includes critical analysis of faculty attrition).
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September 2004
Program Change: Increase student capacity (130 to 150). The commission acknowledged the proposed change. No further information requested.

March 2004
Report due January 17, 2005 (Standards, 2nd edition) -
• Standard A1.3 (lacked evidence that one sponsor has been identified as being ultimately responsible for the program),
• Standard A5.1 (lacked evidence announcements and advertising accurately reflect the program offered),
• Standard B1.4 (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies)
• Standard C2.2b (lacked evidence the self-study report includes critical analysis of faculty attrition).

March 2003
The commission accepted the report addressing 2nd edition
• Standard A2.1 (provided evidence the program is effectively led and managed),
• Standard A2.11 (provided evidence the program director supervises the medical director),
• Standard A3.1 (provided evidence financial resources allocated to the program are sufficient to operate the educational program),
• Standard A4.7 (provided evidence academic resources related to curriculum are readily available to students),
• Standard A4.8 (provided evidence instructional models, computer hardware and reference materials are available to facilitate faculty teaching and student learning),
• Standard A5.3 (provided evidence academic credit is readily available to prospective students),
• Standard A5.17 (provided evidence technical standards are readily available to prospective students),
• Standard B1.4 (provided evidence the syllabus for Family Medicine provides measurable instructional objectives and expected student competencies),
• Standard B2.1c (provided evidence instruction in pathophysiology is documented in its documents),
• Standard C1.1 (provided evidence of a formal self-evaluation process for continuous, systematic review of the effectiveness of the education it provides),
• Standard C4.1 (provided evidence the program prepares a self-study report) and
• Standards C4.1a-e (provided evidence the self-study report a) documents the process and results of continuous evaluation, b) analyzes outcome data, c) identifies strengths and weaknesses and the rationale for improvements, d) documents modifications that have
occurred as a result of self-evaluation and e) links to plans for addressing weaknesses and areas needing improvement). No further information requested.


September 2002 (St. Vincent Catholic Medical Centers – Brooklyn & Queens Region)
Report due January 15, 2003 (Standards, 2nd edition) -

- **Standard A2.1** (lacked evidence the program is effectively led and managed),
- **Standard A2.11** (lacked evidence the program director supervises the medical director),
- **Standard A3.1** (lacking evidence financial resources allocated to the program are sufficient to operate the educational program),
- **Standard A4.7** (lacked evidence academic resources related to curriculum are readily available to students),
- **Standard A4.8** (lacked evidence instructional models, computer hardware and reference materials are available to facilitate faculty teaching and student learning),
- **Standard A5.3** (lacked evidence academic credit is readily available to prospective students),
- **Standard A5.17** (lacked evidence technical standards are readily available to prospective students),
- **Standard B1.4** (lacked evidence the syllabus for Family Medicine provides measurable instructional objectives and expected student competencies),
- **Standard B2.1c** (lacked evidence instruction in pathophysiology is documented in its documents),
- **Standard C1.1** (lacked evidence of a formal self-evaluation process for continuous, systematic review of the effectiveness of the education it provides),
- **Standard C4.1** (lacked evidence the program prepares a self-study report) and
- **Standards C4.1a-e** (lacked evidence the self-study report a) documents the process and results of continuous evaluation, b) analyzes outcome data, c) identifies strengths and weaknesses and the rationale for improvements, d) documents modifications that have occurred as a result of self-evaluation and e) links to plans for addressing weaknesses and areas needing improvement).

March 1999
The commission accepted the report addressing 1st edition

- **Standard I D 1 a** (provided evidence the program announcement accurately reflects the curriculum offered),
- **Standard I D 1 c** (provided evidence the program publishes and makes readily known to applicants academic credits),
- **Standard I D 1 e** (provided evidence the program publishes and makes readily known to applicants policies and procedures for student withdrawals and tuition and fee refunds) and
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• **Standard I E** (provided evidence the program has a formal self-study process). No further information requested.

**March 1998**
Report due February 1, 1999 (**Standards, 1st edition**) -

  • **Standard I D 1 a** (lacked evidence the program announcement accurately reflects the curriculum offered),
  • **Standard I D 1 c** (lacked evidence the program publishes and makes readily known to applicants academic credits),
  • **Standard I D 1 e** (lacked evidence the program publishes and makes readily known to applicants policies and procedures for student withdrawals and tuition and fee refunds) and
  • **Standard I E** (lacked evidence the program has a formal self-study process).

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