June 2020
The program’s PANCE pass rate percentage was 85% or less for its 2018 cohort. The program submitted the required analysis of PANCE performance. The commission did not accept the report.
Additional information (url for published, factually accurate evidence of meeting program goals and url for first time PANCE pass rates) due August 1 and (PANCE follow-up report) due October 1, 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 upon graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 15, 2021.

September 2019
The commission accepted the report addressing 4th edition
- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A2.16** (provided evidence that all instructional faculty serving as supervised clinical practice experience [SCPE] preceptors hold a valid license),
- **Standard A3.14h** (provided evidence of the program making readily available to prospective students policies about student employment while enrolled in the program),
- **Standard B1.05** (provided evidence of the curriculum including instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B3.02** (provided evidence of clearly defined learning outcomes for students in SCPEs with acute and chronic patient encounters),
- **Standards B3.03a-d** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program’s learning outcomes with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions and
- **Standards B3.06a-b** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).

March 2019 (following Final Provisional review)
Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the March 2021 commission meeting. The maximum approved class size remains 30.
Report due June 15, 2019 (Standards, 4th edition) -
- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
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First accredited: March 2014
Next review: March 2021
Maximum class size: 30
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- **Standard A2.16** (lacked evidence that all instructional faculty serving as supervised clinical practice experience [SCPE] preceptors hold a valid license),
- **Standard A3.14h** (lacked evidence of the program making readily available to prospective students policies about student employment while enrolled in the program),
- **Standard B1.05** (lacked evidence of the curriculum including instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B3.02** (lacked evidence of clearly defined learning outcomes for students in SCPEs with acute and chronic patient encounters),
- **Standards B3.03a-d** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program’s learning outcomes with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions) and
- **Standards B3.06a-b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction).  

Due August 3, 2020 (*Standards, 4th edition*) -
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement) and
- **Standards C2.01b-f** modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

**June 2018**
The commission **accepted the report** providing evidence of
- The medical director’s primary duty and responsibility. No further information requested.

**March 2018**
The commission **accepted the report** addressing *4th edition*
- **Standard A1.03a** (provided evidence identifying how the sponsoring institution will assure compliance with supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (provided evidence identifying how the program will assure compliance in the future that the program director is knowledgeable about and responsible for program continuous review and analysis) and
- **Standard A2.12** (provided evidence the medical director is an active participant in the program by fulfilling job duties and responsibilities indicated in the job description).

Additional report (narrative regarding medical director’s primary duty and responsibility) due February 1, 2018.

**September 2017**
The commission **accepted the report** addressing *4th edition*
• **Standard A1.03a** (provided some evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
• **Standard A2.09d** (provided some evidence the program director is knowledgeable about and responsible for program continuous review and analysis) and
• **Standard A2.12** (provided some evidence the medical director is an active participant in the program).

Additional report due August 15, 2017 (*Standards, 4th edition*) -
• **Standard A1.03a** (lacked evidence identifying how the sponsoring institution will assure compliance with supporting the planning by program faculty in program assessment),
• **Standard A2.09d** (lacked evidence identifying how the program will assure compliance in the future that the program director is knowledgeable about and responsible for program continuous review and analysis) and
• **Standard A2.12** (lacked evidence the medical director is an active participant in the program).

**March 2017 (following Provisional Monitoring review)**

Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Final Provisional). The approved maximum entering class size remains 30 for the third class.

Report due May 31, 2017 (*Standards, 4th edition*) -
• **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment,
• **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis) and
• **Standard A2.12** (lacked evidence the medical director is an active participant in the program).

**March 2015**

The commission accepted the report addressing 4th edition
• **Standard A3.17b** (provided evidence the program publishes and makes readily available to students upon admission completion deadlines related to curricular components),
• **Standard B3.02** (provided evidence of defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice), and
• **Standards B3.03a-d** (provided evidence of clearly defined program expectations for 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). No further information requested.

**March 2014**

Accreditation-Provisional; Next Comprehensive Evaluation: March 2017 (Provisional Monitoring). The program’s maximum class size is 30 for the first three classes.

Report due December 30, 2014 (*Standards, 4th edition*) -
• **Standard A3.17b** (lacked evidence the program publishes and makes readily available to students upon admission completion deadlines related to curricular components),
• **Standard B3.02** (lacked evidence of defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice), and

• **Standards B3.03a-d** (lacked evidence of clearly defined program expectations for 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).