University of Nebraska Medical Center
Accreditation History

First accredited: November 1974
Next review: March 2027
Maximum class size: (66; 50 at Omaha [MC] and 16 at Kearney [DC])

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

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.

September 2019
The commission did not grant the program’s request for an extension to hire a permanent program director.
Report due December 20, 2019 (Standards, 4th edition) -
- **Standard A1.03b** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies) and
- **Standard E1.07** (lacked evidence the appointment of an interim program director did not exceed 12 months).

March 2019
The commission accepted the report addressing a one-time extension of the interim program director’s appointment. Report due September 1, 2019 regarding the hiring of a permanent program director. Program reminded of submitting quarterly reports on progress toward hiring the permanent program director.

September 2017
The commission accepted the report addressing 4th edition
- **Standards B3.06a-b** (provided evidence of supervised clinical practice experiences 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). No further information requested.

January 2017
Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 66 (50 at main campus in Omaha and 16 at distant campus in Kearney, NE).
Report due March 31, 2017 (Standards, 4th edition) -
- **Standards B3.06a-b** (lacked evidence of supervised clinical practice experiences 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 2015
The commission acknowledged the report providing evidence of
- Updated SCPEs in the Portal. No further information requested.
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September 2014
Program Change: Expansion to a distant campus (distant campus in Kearney, NE). The commission approved the proposed change. Maximum class size: 66 (50 at main campus in Omaha and 16 at distant campus in Kearney, NE).

March 2013
The commission accepted the report addressing 4th edition
- **Standard A3.19d** (provided evidence that student files include documentation of remediation efforts and outcomes),
- **Standard B3.02** (provided evidence of supervised clinical practice experiences enabling students to meet program expectations and acquire the competencies needed for clinical PA practice), and
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement). No further information requested.

September 2012
The commission accepted the report providing evidence of
- Updated PANCE Pass Rate Summary Report on website and updated Portal. No further information requested.

The commission accepted the report addressing 4th edition
- **Standard A3.15a** (provided evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups). No further information requested.

March 2012
Report due April 20, 2012
- Update PANCE Pass Rate Summary Report on website and
- Update Program Management Portal.
Due July 1, 2012 (*Standards, 4th edition*) -
- **Standard A3.15a** (lacked evidence the program defines, publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups).
Due December 31, 2012 (*Standards, 4th edition*) -
- **Standard A3.19d** (lacked evidence that student files include documentation of remediation efforts and outcomes),
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences enabling students to meet program expectations and acquire the competencies needed for clinical PA practice), and
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- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

**September 2010**
Program Change: Change in maximum student capacity (120 to 150), effective August 2011. The commission acknowledged the proposed change. No further information requested.

**March 2005**
Accreditation-Continued; Next Comprehensive Evaluation: March 2012. The commission noted zero areas of noncompliance with the Standards.

**March 1999**
The commission accepted the report addressing 1st edition
- **Standard I C 2** (provided evidence of an adequate summary evaluation of students),
- **Standard I D 1 e** (provided evidence the program publishes and makes available to applicants policies and procedures for student withdrawal and tuition refunds) and
- **Standard I D 1 f** (provided evidence the program publishes and makes available to applicants policies and procedures by which students may perform service work while enrolled in the program). No further information requested.

**March 1998**
Report due February 1, 1999 (Standards, 1st edition) -
- **Standard I C 2** (lacked evidence of an adequate summary evaluation of students),
- **Standard I D 1 e** (lacked evidence the program publishes and makes available to applicants policies and procedures for student withdrawal and tuition refunds) and
- **Standard I D 1 f** (lacked evidence the program publishes and makes available to applicants policies and procedures by which students may perform service work while enrolled in the program).

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1974 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.