

Wake Forest University Accreditation History

First accredited: September 1972

Next review: September 2022

Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

Page 1 of 5

June 2020

The commission **acknowledged the report** providing evidence of

- The proposed plan in response to COVID-19. No further information requested.

April 2016

The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2019 to September 2022 due to this change.

September 2013

Program Change: Expansion to a distant campus (Boone, NC). The commission **approved the proposed change** (class size-64 at main campus and 32 at distant campus). No further information requested.

March 2013

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

- **Standard A3.19f** (provided evidence that student files include documentation that the student has met requirements for program completion). No further information requested.

September 2012

Accreditation-Continued; Next Comprehensive Evaluation: September 2019. Maximum Student Capacity: 128.

Report due December 1, 2012 (*Standards*, 4th edition) -

- **Standard A3.19f** (lacked evidence that student files include documentation that the student has met requirements for program completion).

March 2011

Program Change: Increase in class size (112 to 128, maximum student enrollment), effective June 2011. The commission **approved the proposed change**. No further information requested.

September 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 C2.01b3** (provided evidence the self-study report documents student failure rates in individual courses and rotations). No further information requested.

Program Change: Increase in class size (96 to 112, maximum student enrollment), effective June 2009. The commission **acknowledged the proposed change**. No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2012.

Report due July 11, 2008 (*Standards*, 3rd edition) -

Wake Forest University Accreditation History

First accredited: September 1972

Next review: September 2022

Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

Page 2 of 5

- **Standard B7.03d** (lacked evidence supervised clinical practice experience is provided in long-term care settings) and
- **Standard C2.01b3** (lacked evidence the self-study report documents student failure rates in individual courses and rotations).

March 2006

The commission **acknowledged the report** addressing 2nd edition

- **Standard A1.5d** (provided evidence the sponsoring institution assumes primary responsibility for appointment of faculty),
- **Standard A2.6** (provided evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standard A2.11** (provided evidence the program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program),
- **Standard A2.16** (provided evidence that in addition to the core program faculty, there are additional faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession),
- **Standard C2.2e** (provided evidence the self-study report incorporates critical analysis of outcome data including timely surveys of graduates evaluating curriculum and program effectiveness),
- **Standard C3.1** (provided evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program) and
- **Standard C4.1b and d-e** (provided evidence the self-study report documents b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement). No further information requested.

September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2007.

Report due January 13, 2006 (*Standards*, 2nd edition) -

- **Standard A1.5d** (lacked evidence the sponsoring institution assumes primary responsibility for appointment of faculty),
- **Standard A2.6** (lacked evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standard A2.11** (lacked evidence the program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program),
- **Standard A2.16** (lacked evidence that in addition to the core program faculty, there are additional faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry to the profession),
- **Standard C2.2e** (lacked evidence the self-study report incorporates critical analysis of outcome data including timely surveys of graduates evaluating curriculum and program effectiveness),

Wake Forest University Accreditation History

First accredited: September 1972

Next review: September 2022

Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

Page 3 of 5

- **Standard C3.1** (lacked evidence results of ongoing program evaluation are reflected in the curriculum and other dimensions of the program) and
- **Standard C4.1b and d-e** (lacked evidence the self-study report documents b) outcome data analysis, d) modifications that occurred as a result of self-evaluation and e) plans for addressing weaknesses and areas needing improvement).

March 2004

The commission **acknowledged the report** addressing 2nd edition

- **Standard A5.7** (provided evidence the program makes known to students in advance of enrollment policies that limit or prevent students from working),
- **Standard A5.8** (provided evidence the program publishes and makes available to students policies that students may work within the program or institution while enrolled in the program),
- **Standard A5.10** (provided evidence that during clinical experiences, students are not used to substitute for regular clinical or administrative staff.
- **Standard B1.4** (provided evidence the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies for each didactic and clinical course),
- **Standard B2.1d** (provided evidence instruction in the basic medical sciences includes pharmacology),
- **Standards C2.2a, c-d, f-g** (provided evidence the self-study report incorporates critical analysis of outcome data including
 - a) student attrition, deceleration, and remediation,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis),
- **Standard C5.5** (provided evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences),
- **Standard C6.2** (provided evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location) and
- **Standard D1.1** (provided evidence of documentation verifying that each student has completed health screening and meets program health requirements in program files). No further information requested.

Wake Forest University Accreditation History

First accredited: September 1972

Next review: September 2022

Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

Page 4 of 5

September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 96.

Report due January 15, 2004 (*Standards*, 2nd edition) -

- **Standard A5.7** (lacked evidence the program makes known to students in advance of enrollment policies that limit or prevent students from working),
- **Standard A5.8** (lacked evidence the program publishes and makes available to students policies that students may work within the program or institution while enrolled in the program),
- **Standard A5.10** (lacked evidence that during clinical experiences, students are not used to substitute for regular clinical or administrative staff.
- **Standard B1.4** (lacked evidence the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies for each didactic and clinical course),
- **Standard B2.1d** (lacked evidence instruction in the basic medical sciences includes pharmacology),
- **Standards C2.2a, c-d, f-g** (lacked evidence the self-study report incorporates critical analysis of outcome data including
 - a) student attrition, deceleration, and remediation,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis),
- **Standard C5.5** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences),
- **Standard C6.2** (lacked evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location) and
- **Standard D1.1** (lacked evidence of documentation verifying that each student has completed health screening and meets program health requirements in program files).

March 2003

Program Change: Change in degree offered (baccalaureate to master's). The commission **acknowledged the proposed change**. No further information requested.

Wake Forest University
Accreditation History

First accredited: September 1972

Next review: September 2022

Maximum class size: 96 (64 at MC [Winston-Salem] and 32 at DC [Boone])

Page 5 of 5

NOTE: The ARC-PA commission action information available begins in March 2003. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.