First accredited: October 2000
Next review: March 2030
Maximum class size: 40

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

March 2020
Report due April 17, 2020 -
  - Update PANCE pass rate data in Program Management Portal.
Report due June 1, 2020 (Standards, 4th edition) -
  - **Standard A1.05** (lacked evidence the sponsoring institution provides student health services to PA students that are equivalent to those services provided other comparable students of the institution),
  - **Standard A3.14b** (lacked evidence the program publishes the program’s success in achieving its goals),
  - **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams) and
  - **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).
Report due March 15, 2022 (Standards, 4th edition) -
  - **Standards C2.01a-f** modified Self-Study Report (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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).

January 2019
The commission granted the request by the program to change the next validation review from September 2019 to March 2020 due to changes at all levels of staffing at the University.

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.

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 2016 to September 2019 due to this change.

March 2016
Program Change: Increase in class size (30 to 40), effective January 2017. The commission approved the proposed change. No further information requested.
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March 2014
The commission requested the URLs for the accreditation status and PANCE results on the program website. The commission acknowledged the website updates (NCCPA report and ARC-PA accreditation status). No further information requested.

September 2011
Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 90. The commission noted zero areas of noncompliance with the Standards.

September 2008
The commission accepted the report addressing 3rd edition
- Standard A2.14 (provided evidence that each individual designated as medical director has defined roles and responsibilities),
- Standard A3.07l (provided evidence the program defines, publishes, and makes readily available to prospective and enrolled students policies that limit or prevent students from working during the program),
- Standard B1.06 (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- Standard B1.07 (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- Standard C1.01a (provided evidence the program regularly collects and analyzes student attrition, deceleration, and remediation) and
- Standards C2.01b1 and b6 (provided evidence the self-study report documents b1) student attrition, deceleration, and remediation and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2008
Report due July 11, 2008 (Standards, 3rd edition) -
- Standard A2.14 (lacked evidence that each individual designated as medical director has defined roles and responsibilities),
- Standard A3.07l (lacked evidence the program defines, publishes, and makes readily available to prospective and enrolled students policies that limit or prevent students from working during the program),
- Standard B1.06 (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- Standard B1.07 (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- Standard C1.01a (lacked evidence the program regularly collects and analyzes student attrition, deceleration, and remediation) and
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- **Standards C2.01b1 and b6** (lacked evidence the self-study report documents b1) student attrition, deceleration, and remediation and b6) preceptor evaluations of student performance and suggestions for curriculum improvement).

March 2006
The commission **acknowledged the report** addressing 2nd edition
- **Standard A2.23** (provided evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A5.3a** (provided evidence the program defines, publishes, and makes readily available to prospective and enrolled students institutional policies and practices that favor specific groups of applicants),
- **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 C2.2f** (provided evidence the self-study includes surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement).

March 2005
Report due January 13, 2006 (Standards, 2nd edition) -
- **Standard A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A5.3a** (lacked evidence the program defines, publishes, and makes readily available to prospective and enrolled students institutional policies and practices that favor specific groups of applicants),
- **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) and
- **Standard C2.2f** (lacked evidence the self-study includes surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement).

September 2004
Adverse Action-Accreditation-Probation (continued); Next Comprehensive Review: March 2005.
Maximum Student Capacity: 90. The commission **acknowledged the progress** made in responding to previous concerns.

March 2004
The commission **did not accept the report** addressing 2nd edition
- **Standard A1.3** (lacked evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **Standard A2.1** (lacked evidence the program has effective leadership and management),
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- **Standard A2.16** (lacked evidence there are 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 A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A4.7** (lacked evidence convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum is available to students and faculty),
- **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 C5.2** (lacked evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students’ clinical practice experiences) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

The commission scheduled a focused site visit. Results of the visit will be reviewed at the September 2004 commission meeting.

**September 2003**
Report due January 15, 2004 (Standards, 2nd edition) -

- **Standard A1.3** (lacked evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **Standard A2.1** (lacked evidence the program has effective leadership and management),
- **Standard A2.16** (lacked evidence there are 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 A2.23** (lacked evidence the institution provides administrative and technical support staff to meet the needs of the program),
- **Standard A4.7** (lacked evidence convenient and timely access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum is available to students and faculty),
- **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),
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- **Standard C5.2** (lacked evidence objective evaluation methods are equitable and include content related to the objectives and competencies described in the curriculum for both didactic and supervised clinical education components),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students’ clinical practice experiences) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

The commission accepted the report providing evidence of
- A permanent program director and medical director. No further information requested.

March 2003

March 2002

March 2001
The commission accepted the report addressing 1st edition
- **Standard I B 3 a** (provided evidence the program provides adequate laboratories for students),
- **Standard I C 3 b** (provided evidence PA students have access to the same health care services that are made available to students enrolled in other courses of instruction within the institution),
- **Standard I D 1 c** (provided evidence the program publishes and makes known to all applicants all academic costs) and
- **Standard II B 2 b** (provided evidence learning objectives for didactic and clinical education components are adequate and guide student learning). No further information requested.

September 2000
Report due January 15, 2001 *(Standards, 1st edition)* -
- **Standard I B 3 a** (lacked evidence the program provides adequate laboratories for students),
- **Standard I C 3 b** (lacked evidence PA students have access to the same health care services that are made available to students enrolled in other courses of instruction within the institution),
- **Standard I D 1 c** (lacked evidence the program publishes and makes known to all applicants all academic costs) and
- **Standard II B 2 b** (lacked evidence learning objectives for didactic and clinical education components are adequate and guide student learning).