

## Yale University Accreditation History

First accredited: March 1975  
Next review: September 2027  
Maximum class size: 45  
Page 1 of 5

### September 2020

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

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

### March 2018

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

- Update of the program website. No further information requested.

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard B2.08** (provided evidence of the curriculum including instruction in principles of violence identification and prevention specifically related to elder abuse),
- **Standard C4.01** (provided evidence the program has an effective mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion) and
- **Standard C4.02** (provided evidence the program monitors the sites used for supervised clinical practice experiences to ensure the expected learning outcomes would be met by each student by program completion). No further information requested.

### July 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Approved maximum entering class size: 45.

Report due September 1, 2017

- Update accreditation status on program website and

Due November 1, 2017 ((*Standards*, 4<sup>th</sup> edition) -

- **Standard B2.08** (lacked evidence of the curriculum including instruction in principles of violence identification and prevention specifically related to elder abuse),
- **Standard C4.01** (lacked evidence the program has an effective mechanism by which it evaluates clinical sites and preceptors in an ongoing fashion) and
- **Standard C4.02** (lacked evidence the program monitors the sites used for supervised clinical practice experiences to ensure the expected learning outcomes would be met by each student by program completion).

### March 2015

Program Change: Change in class size (45 to 108, January and May, to 153, August), effective January 1, 2016. The commission **did not approve** the class size increase as a class size increase was approved in March 2014; next request could not be considered until March 2018.

### March 2014

Program Change: Change in class size (36 to 45), effective August 25, 2014. The commission **approved the proposed change**. No further information requested.

### September 2013

The commission **accepted the report** addressing 4<sup>th</sup> edition

## Yale University Accreditation History

First accredited: March 1975  
Next review: September 2027  
Maximum class size: 45  
Page 2 of 5

- **Standard B2.12** (provided evidence of the curriculum including instruction in concepts of public health as they relate to the role of the practicing PA),
- **Standard B2.17** (provided evidence of the curriculum including instruction in the PA profession, its historical development and current trends) and
- **Standard C2.01b** (provided evidence the self-study report documents results of critical analysis from the ongoing self-assessment). No further information requested.

### September 2012

Accreditation-Continued; Next Comprehensive Evaluation: September 2017. Approved maximum entering class size: 36.

Report due July 1, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B2.12** (lacked evidence of the curriculum including instruction in concepts of public health as they relate to the role of the practicing PA),
- **Standard B2.17** (lacked evidence of the curriculum including instruction in the PA profession, its historical development and current trends) and
- **Standard C2.01b** (lacked evidence the self-study report documents results of critical analysis from the ongoing self-assessment).

### September 2009

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

- Student notification about accreditation of the MPH degree. No further information requested.

### March 2009

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

- Degree requirements for the Program Change. Additional information due July 1, 2009 (student notification regarding accreditation of the MPH degree).

### September 2008

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standards C1.01a and c** (provided evidence the program collects and analyzes data related to a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
- **Standards C2.01b1 and b3** (provided evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration, and remediation and b3) student failure rates in individual courses and rotations).

Additional information due January 9, 2009 (Program Change: degree offered; clarify what student must complete for degree).

### March 2008

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard B1.06** (provided evidence that all course syllabi define the expectations of student performance and guide the student in the acquisition of expected competencies),

## Yale University Accreditation History

First accredited: March 1975  
Next review: September 2027  
Maximum class size: 45  
Page 3 of 5

- **Standards C1.01a and c** (provided some evidence the program collects and analyzes data related to a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
- **Standards C2.01b1 and b3** (provided some evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration, and remediation and b3) student failure rates in individual courses and rotations).

Additional information (standards C1.01a and c [lacked sufficient evidence the program collects and analyzes data related to a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations], C2.01b1 and b3 [lacked sufficient evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration, and remediation and b3) student failure rates in individual courses and rotations]) due July 11, 2008.

### September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2012. Maximum Student Capacity: 108.

Report due January 11, 2008 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard B1.06** (lacked evidence that all course syllabi define the expectations of student performance and guide the student in the acquisition of expected competencies),
- **Standards C1.01a and c** (lacked evidence the program collects and analyzes data related to a) student attrition, deceleration, and remediation and c) student failure rates in individual courses and rotations),
- **Standards C2.01b1 and b3** (lacked evidence the self-study report documents outcome data and critical analysis of b1) student attrition, deceleration, and remediation and b3) student failure rates in individual courses and rotations).

### March 2006

Program Change: Change in length of program (25 to 28 months), effective 2008. The commission **acknowledged the proposed change**. No further information requested.

### March 2005

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- Clarification regarding enrollment and
- **Standard A2.6** (provided evidence that PA faculty have the same academic appointments and privileges as some faculty who have similar responsibilities within the institution),
- **Standard A5.16** (provided evidence that admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B6.2h** (provided evidence that every student has clinical experiences in geriatrics),
- **Standards C2.2b and f** (provided evidence that critical analysis of data incorporated into self-study reports includes b) faculty attrition and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and

## Yale University Accreditation History

First accredited: March 1975  
Next review: September 2027  
Maximum class size: 45  
Page 4 of 5

- **Standard C6.2** (provided evidence that equivalent evaluation processes are applied to all clinical sites regardless of geographical location). No further information requested.

### September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 72.

Report due January 14, 2005 (*Standards*, 2<sup>nd</sup> edition) -

- Clarification regarding enrollment and
- **Standard A2.6** (lacked evidence that PA faculty have the same academic appointments and privileges as some faculty who have similar responsibilities within the institution),
- **Standard A5.16** (lacked evidence that admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B6.2h** (lacked evidence that every student has clinical experiences in geriatrics),
- **Standards C2.2b and f** (lacked evidence that critical analysis of data incorporated into self-study reports includes b) faculty attrition and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standard C6.2** (lacked evidence that equivalent evaluation processes are applied to all clinical sites regardless of geographical location).

### March 2004

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

- Minutes from Educational Policy and Curriculum Self-Assessment committees and
- Information regarding syllabi distribution. No further information requested.

### September 2003

The commission **accepted the report** addressing 2<sup>nd</sup> edition

- **Standard A2.6** (provided evidence that PA faculty have the same academic appointments as other faculty),
- **Standard A2.7e** (provided evidence that PA faculty are involved in developing, implementing and evaluating curriculum),
- **Standard A2.11** (provided evidence the faculty report to the program director),
- **Standard A2.13** (provided evidence the medical director's role is supportive rather than directive),
- **Standard A4.1** (provided evidence of sufficient physical space for the PA program),
- **Standard B1.1** (provided evidence of a committee responsible for curriculum design and implementation of curriculum change),
- **Standard C1.1** (provided evidence of a formal self-evaluation process),
- **Standards C2.2a-g** (provided evidence critical analysis of outcome data incorporated in self-study reports included a) student attrition, deceleration, and remediation, b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating

## Yale University Accreditation History

First accredited: March 1975  
Next review: September 2027  
Maximum class size: 45  
Page 5 of 5

curriculum and program effectiveness, 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 C3.1** (provided evidence of ongoing program evaluation),
- **Standards C4.1a-b, d** (provided evidence of a) data collection and analysis, b) analysis of outcome data and d) documentation of reasons for modifications) and
- **Standard C5.2** (provided evidence of syllabi with objectives).

Additional information (minutes from Educational Policy and Curriculum Self-Assessment committees and information regarding syllabi distribution) due January 15, 2004.

### March 2003

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2004. Maximum student capacity: 72. The program did not appeal the commission's decision.

Report due July 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.6** (lacked evidence that PA faculty have the same academic appointments as other faculty),
- **Standard A2.7e** (lacked evidence that PA faculty are involved in developing, implementing and evaluating curriculum),
- **Standard A2.11** (lacked evidence the faculty report to the program director),
- **Standard A2.13** (lacked evidence the medical director's role is supportive rather than directive),
- **Standard A4.1** (lacked evidence of sufficient physical space for the PA program),
- **Standard B1.1** (lacked evidence of a committee responsible for curriculum design and implementation of curriculum change),
- **Standard C1.1** (lacked evidence of a formal self-evaluation process),
- **Standards C2.2a-g** (lacked evidence critical analysis of outcome data incorporated in self-study reports included a) student attrition, deceleration, and remediation, b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, 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 C3.1** (lacked evidence of ongoing program evaluation),
- **Standards C4.1a-b, d** (lacked evidence of a) data collection and analysis, b) analysis of outcome data and d) documentation of reasons for modifications) and
- **Standard C5.2** (lacked evidence of syllabi with objectives).