First accredited: April 1979 Next review: March 2027 Maximum class size: 75 Page 1 of 3

September 2021

Program Change: Change in graduation requirements (preclinical phase length 10.5 to 12 months), effective May 23, 2022 and (supervised clinical practice experience phase length 13.5 to 12 months), effective August 15, 2022. The commission **approved the proposed change**. No further information requested.

<u>June 2021</u>

The commission acknowledged the report providing evidence of

• Changes in response to COVID-19. No further information requested.

September 2020

The commission acknowledged the report providing evidence of

• The update regarding changes in response to COVID-19. No further information requested.

<u>June 2020</u>

The commission acknowledged the report providing evidence of

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

January 2017

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 75. **No report due** (*Standards*, 4th edition) -

• **Standard A3.21** (lacked evidence at the time of the site visit that student health records are confidential; corrected subsequent to the visit).

September 2015

The commission accepted the report providing evidence of

• The SCPE grid for 75 students. No further information requested.

September 2014

The commission accepted the report providing evidence of

• The SCPE grid for 67 students. No further information requested.

March 2013

Program Change: Change in class size (45 to 60, Fall 2013, 60 to 67, Fall 2014 and 67 to 75, Fall 2015). The commission **acknowledged the proposed change**. Additional information (supervised clinical practice experience [SCPE] grid for 67 students) due July 1, 2014 and (SCPE grid for 75 students) due July 1, 2015.

March 2012

Program Change: Change in graduation requirements (98 to 100 credits awarded), effective October 2012. The commission **acknowledged the proposed change**. No further information requested.

First accredited: April 1979 Next review: March 2027 Maximum class size: 75 Page 2 of 3

September 2011

The commission accepted the report providing evidence of

• Admissions across the two admission pathways. No further information requested.

March 2011

The commission accepted the report addressing 3rd edition

• **Standard A3.05** (provided evidence admission of students is made in accordance with clearly defined and published practices of the institution and program).

Additional information (clarification regarding admissions across the two admission pathways) due July 1, 2011.

September 2010

The commission **did not accept the report** addressing standard A3.05 (3rd edition). Additional information (3rd edition, standard A3.05) due December 31, 2010.

March 2010

Accreditation-Continued; Next Comprehensive Evaluation: March 2017. Maximum Student Capacity: 75. Report due July 1, 2010 (*Standards*, 3rd edition) -

• **Standard A3.05** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program).

March 2005

The commission acknowledged the report providing evidence of

• Courses in the curriculum and student health records. No further information requested.

September 2004

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

- **Standard A5.17b** (provided evidence the program publishes or makes readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning),
- **Standard B2.2** (provided evidence while programs may require basic sciences as prerequisites to enrollment, those prerequisites do not substitute for the basic medical sciences education of the professional component of the program),
- **Standard C4.1f** (provided evidence the self-study report documents the response to the last accreditation citations) and
- **Standard D1.1** (provided evidence program files include documentation verifying that each student has completed health screening and meets program health requirements).

Additional information (anatomy and physiology in the curriculum and student health records) due January 14, 2005.

March 2004

Accreditation-Continued; Next Comprehensive Evaluation: March 2010. Maximum Student Capacity: 90. Report due January 17, 2005 (*Standards*, 2nd edition) –

First accredited: April 1979 Next review: March 2027 Maximum class size: 75 Page 3 of 3

- **Standard A5.17b** (lacked evidence the program publishes or makes readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning),
- **Standard B2.2** (lacked evidence while programs may require basic sciences as prerequisites to enrollment, those prerequisites do not substitute for the basic medical sciences education of the professional component of the program),
- **Standard C4.1f** (lacked evidence the self-study report documents the response to the last accreditation citations) and
- **Standard D1.1** (lacked evidence program files include documentation verifying that each student has completed health screening and meets program health requirements).

March 1999

The commission accepted the report addressing 1st edition

- **Standard I E 1a** (provided evidence the program obtains sufficient quantitative information on student and program outcomes) and
- **Standards I E 2 and I E 3** (provided evidence documentation of ongoing evaluation, analysis and results are appropriately reflected in the curriculum or in the self-study report). No further information requested.

March 1998

Accreditation-Continued; Next Comprehensive Evaluation: March 2004. Report due February 1, 1999 (*Standards*, 1st edition) -

- **Standard I E 1a** (lacked evidence the program obtains sufficient quantitative information on student and program outcomes) and
- **Standards I E 2 and I E 3** (lacked evidence documentation of ongoing evaluation, analysis and results are appropriately reflected in the curriculum or in the self-study report).

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1979 by CAHEA and subsequent accrediting organizations is not available.