

## Nova Southeastern University - Fort Myers Accreditation History

First accredited: March 2005  
Next review: March 2028  
Maximum class size: 60  
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### September 2021

The commission **accepted the report** addressing 5<sup>th</sup> edition

- **Standard C1.03** modified Self-Study Report (mSSR) (provided evidence the program documents faculty evaluation of the curricular and administrative aspects of the program). No further information requested.

### June 2021

The commission **accepted the report** addressing 5<sup>th</sup> edition

- **Standard A1.02a** (provided evidence the sponsoring institution supports the program faculty in program assessment) and
- **Standard A2.09d** (provided evidence the program director demonstrates knowledge and responsibility for continuous program review). No further information requested.

### September 2020

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard C2.01c** (lacked evidence of a self-study report that documents faculty evaluation of the program).

Report due March 15, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A1.02a** (lacked evidence the sponsoring institution supports the program faculty in program assessment) and
- **Standard A2.09d** (lacked evidence the program director demonstrates knowledge and responsibility for continuous program review).

Report due June 30, 2021 (*Standards*, 5<sup>th</sup> edition) -

- **Standard C1.03** modified Self-Study Report (mSSR) (lacked evidence the program documents faculty evaluation of the curricular and administrative aspects of the program).

### June 2020

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

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

### March 2019

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

- **Standard B3.02** (provided evidence of a method to determine supervised clinical practice experiences [SCPEs] enable students to meet program expectations),
- **Standards B3.03a-d** (provided evidence of a method to determine SCPEs enable all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard B3.07f** (provided evidence all students have SCPEs with preceptors practicing in behavioral and mental health). No further information requested.

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September 2018

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

- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflected the program offered)
- **Standard A3.14f** (provided evidence of the program defining, publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard B1.08** (provided evidence the program curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B3.04c** (provided evidence of SCPEs occurring in inpatient settings) and
- **Standards B3.06a-b** (provided evidence of SCPEs 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).

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard B3.02** (lacked evidence of a method to determine supervised clinical practice experiences [SCPEs] enable students to meet program expectations),
- **Standards B3.03a-d** (lacked evidence of a method to determine SCPEs enable all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- **Standard B3.07f** (lacked evidence all students have SCPEs with preceptors practicing in behavioral and mental health).

Additional information on these standards due October 22, 2018.

June 2018

Program Change: The commission **acknowledged the proposed change** from 142 to 144 credits awarded, effective May 14, 2018.

March 2018

Accreditation-Continued; Next Comprehensive Evaluation: March 2028. The program's maximum class size remains 60.

Report due June 8, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflected the program offered)
- **Standard A3.14f** (lacked evidence of the program defining, publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program)
- **Standard B1.08** (lacked evidence the program curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet program expectations),

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- **Standards B3.03a-d** (lacked evidence of SCPEs enabling all students to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions),
- **Standard B3.04c** (lacked evidence of SCPEs occurring in inpatient settings),
- **Standards B3.06a-b** (lacked evidence of SCPEs 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) and
- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

Due April 1, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standard C2.01c** (lacked evidence of a self-study report that documents faculty evaluation of the program).

February 2013

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 March 2018 due to this change.

September 2012

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

- Use of PACKRAT within the program. No further information requested.

March 2012

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

- **Standard A2.16** (provided evidence that all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site),
- **Standard A3.15a** (provided evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard B1.08** (provided evidence the program curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B3.03d** (provided evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions),

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- **Standard B3.04c** (provided evidence SCPEs occur in inpatient settings),
- **Standard B3.06a** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documented program effectiveness and fostered program improvement)
- **Standard C3.01** (provided evidence the evaluations of students are related to learning outcomes for both didactic and supervised clinical education components) and
- **Standard C3.02** (provided evidence the program documents student demonstration of defined professional behaviors).

Additional information due July 1, 2012 (use of PACKRAT within the program).

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. The program is approved for up to 180 students.

Report due December 31, 2011 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A2.16** (lacked evidence that all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license that allows them to practice at the clinical site),
- **Standard A3.15a** (lacked evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard B1.08** (lacked evidence the program curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B3.03d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions),
- **Standard B3.04c** (lacked evidence SCPEs occur in inpatient settings),
- **Standard B3.06a** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documented program effectiveness and fostered program improvement)
- **Standard C3.01** (lacked evidence the evaluations of students are related to learning outcomes for both didactic and supervised clinical education components) and
- **Standard C3.02** (lacked evidence the program documents student demonstration of defined professional behaviors).

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March 2008

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

- **Standard A3.07c** (provided evidence of a defined policy available to students regarding advanced placement). No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. The program is approved for up to 180 students.

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

- **Standard A3.07c** (lacked evidence of a defined policy available to students regarding advanced placement).

September 2005

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

- **Standard F1.14** (provided evidence of clinical rotations in geriatrics and psychiatry). No further information requested.

March 2005

Accreditation-Provisional; Next Comprehensive Evaluation: September 2007. The program is approved for up to 180 students (60 students in year one, 60 students in year two and 60 students in year three).

Report due July 15, 2005 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard F1.14** (lacked evidence of clinical rotations in geriatrics and psychiatry).