First accredited: March 1999
Next review: March 2023
Maximum class size: 60

September 2021
Program Change: Change in maximum entering class size (60 to 72), effective May 24, 2022. The commission approved the proposed change. No further information requested.

March 2021
The commission accepted the report providing evidence of
- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

September 2020
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.

June 2020
The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19.
Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due October 5, 2020.

March 2016
Accreditation-Continued; Next Comprehensive Evaluation: March 2023. Maximum class size: 60. The commission noted zero areas of noncompliance with the Standards.

September 2015
The commission acknowledged the report providing evidence of
- Updated program website. No further information requested.

Program Change: Name change of the school (from Allied Health Sciences to Health Professions) within which the Physician Assistant program is located. The commission acknowledged the change. No further information requested.

March 2015 (following probation site visit)
Adverse Action-Accreditation-Probation (extended; program has made positive, yet incomplete, progress in demonstrating compliance with the Standards). Next Comprehensive Evaluation: March 2021. Maximum class size: 60.
Report due May 11, 2015
- Update program website to address the success of the program in meeting its goals.
January 15, 2016 (Standards, 4th edition) -
- Update addressing delivery of Healthcare Management course.
- Complete Self-Study Report.
March 2014
The commission **accepted the report** providing evidence of
  - Corrected PANCE data. No further information requested.

September 2013
The commission **accepted the report** addressing 4th edition
  - **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
  - **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
  - **Standard A3.14b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students the program’s success in achieving its goals),
  - **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
  - **Standard B3.06a** (provided evidence of supervised clinical practice experiences 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 documents program effectiveness and fosters program improvement),
  - **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
  - **Standards C2.01b-f** (provided evidence of a self-study report that documents 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).

Additional information (correct PANCE pass rate data) due December 31, 2013 and October 1, 2014 (how will goals be published and made readily available).

March 2013
Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: March 2020. Maximum class size: 60. A focused site visit will occur in advance of the March 2015 commission meeting. The program did not appeal the commission’s decision.
Reports due June 1, 2013 (**Standards, 4th edition**) - Action plan addressing
  - **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
  - **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
  - **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program’s success in achieving its goals),
  - **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
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- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences 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 documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-f** (lacked evidence of a self-study report that documents 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).

Due October 1, 2014 (*Standards, 4th edition*) – How standards have been addressed (basis of focused visit)

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.14b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the program’s success in achieving its goals),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety, quality improvement, prevention of medical errors and risk management),
- **Standard B3.06a** (lacked evidence of supervised clinical practice experiences 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 documents program effectiveness and fosters program improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents 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).

March 2010

The commission accepted the report addressing 3rd edition

- **Standards C1.01a, c, e and f** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, e) graduate evaluations of curriculum and program effectiveness and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- **Standards C2.01b1, b3, b5, b6 and d** (provided evidence the self-study report documents b1) student attrition, deceleration, and remediation, b3) student failure rates in individual courses and rotations, b5) graduate evaluations of curriculum and program effectiveness, b6) preceptor
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evaluations of student performance and suggestions for curriculum improvement and d) modifications that occurred as a result of self-assessment). No further information requested.

March 2009

- Standards C1.01a, c, e and f (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, e) graduate evaluations of curriculum and program effectiveness and f) preceptor evaluations of student performance and suggestions for curriculum improvement) and
- Standards C2.01b1, b3, b5, b6 and d (lacked evidence the self-study report documents b1) student attrition, deceleration, and remediation, b3) student failure rates in individual courses and rotations, b5) graduate evaluations of curriculum and program effectiveness, b6) preceptor evaluations of student performance and suggestions for curriculum improvement and d) modifications that occurred as a result of self-assessment).

March 2006
The commission acknowledged the report addressing 2nd edition

- Standard B5.5 (provided evidence the program assists students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving) and
- Standards C2.2c-f (provided evidence the self-study includes critical analysis of 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 and f) timely surveys of graduates evaluating curriculum and program effectiveness). No further information requested.

March 2005
Report due January 13, 2006 (Standards, 2nd edition) -

- Standard B5.5 (lacked evidence the program assists students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving) and
- Standards C2.2c-f (lacked evidence the self-study includes critical analysis of 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 and f) timely surveys of graduates evaluating curriculum and program effectiveness).

March 2004
The commission acknowledged the report providing evidence of

- Course names and schematic of curriculum No further information requested. Maximum Student Capacity: 135 (corrected).

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First accredited: March 1999  
Next review: March 2023  
Maximum class size: 60  

September 2003  
Program Change: Change in program length (31 to 27 months). The commission acknowledged the proposed change. Additional information (course names and schematic of curriculum) due January 15, 2004.

March 2003  
The commission accepted the report providing evidence of  
- Details on self-evaluation procedure. No further information requested.

September 2002  
The commission accepted the report addressing 2nd edition  
- **Standard A5.3a** (provided evidence the program publishes or makes readily available to prospective students admission practices that favor specified individuals or groups),  
- **Standard C1.1** (provided evidence the program has a formal self-evaluation process for continuous and systematic review of educational effectiveness),  
- **Standard C2.2b** (provided evidence the self-study report includes critical analysis of faculty attrition) and  
- **Standard C4.1b** (provided evidence the self-study report includes analysis of program data).


September-December 2001  
Report due August 1, 2002 (**Standards**, 2nd edition) -  
- **Standard A5.3a** (lacked evidence the program publishes or makes readily available to prospective students admission practices that favor specified individuals or groups),  
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continuous and systematic review of educational effectiveness),  
- **Standard C2.2b** (lacked evidence the self-study report includes critical analysis of faculty attrition) and  
- **Standard C4.1b** (lacked evidence the self-study report includes analysis of program data).

March 2000  
The commission accepted the report providing evidence of  
- The program brochure, policy on student service work and learning objectives. No further information requested.

September 1999  
The commission accepted the report addressing 1st edition  
- **Standard I D 1 a** (provided evidence announcements accurately reflect the program offered),  
- **Standard I D 1 f** (provided evidence the program publishes and makes readily available to all concerned policies and processes by which students may perform service work while enrolled) and
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- **Standard II B 2 b** (provided evidence there are learning objectives for all didactic courses).

Additional information (program brochure, policy on student service work and learning objectives) due February 1, 2000.

March 1999  
Report due August 1, 1999 (*Standards*, 1st edition)

- **Standard I D 1 a** (lacked evidence announcements accurately reflect the program offered),
- **Standard I D 1 f** (lacked evidence the program publishes and makes readily available to all concerned policies and processes by which students may perform service work while enrolled) and
- **Standard II B 2 b** (lacked evidence there are learning objectives for all didactic courses).