First accredited: March 2018
Next review: September 2022
Maximum class size: 24

September 2021
The program’s PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission reviewed and more information requested from the report. Additional information (evidence in support of conclusions and actions plans) due October 29, 2021.

September 2020 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: September 2022 (Final Provisional). The program’s maximum class size remains 24 for the third class.
No report due (Standards, 5th edition)
- **Standard C1.03** (lacked evidence at the time of the site visit that the program prepares a self-study report that accurately documents the results of ongoing program self-assessment; self-study report will be required for the final provisional accreditation site visit).

June 2020
The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19.
Additional information (institutional letter of support, more detail regarding how the program will ensure that all students meet program defined requirements for supervised clinical practice experiences, syllabi for elective experience and graduation date for class of 2020) due May 1, 2020.

September 2018
The commission accepted the report addressing 4th edition
- **Standard A3.15a** (provided evidence the program publishes and makes readily available to enrolled and prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program),
- **Standard A3.17f** (provided evidence the program defines, publish and makes readily available to students upon admission policies and procedures for remediation and deceleration),
- **Standard B3.02** (provided evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program’s learning outcomes) and
- **Standards B3.03a-d** (provided evidence of methods to determine, after SCPEs, that all students are able 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). No further information requested.

March 2018
Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Provisional Monitoring).
The program is approved for up to 24 students in the first class of students, 24 in the second class and 24 in the third class.
Report due June 1, 2018 (Standards, 4th edition) -
University of Nevada, Reno
Accreditation History

First accredited: March 2018
Next review: September 2022
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Page 2 of 2

• **Standard A3.15a** (lacked evidence the program publishes and makes readily available to enrolled and prospective students admission and enrollment practices that favor specified individuals or groups),

• **Standard A3.16** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program),

• **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for remediation and deceleration),

• **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program’s learning outcomes) and

• **Standards B3.03a-d** (lacked evidence of methods to determine, after SCPEs, that all students are able 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).