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Maximum class size: 25
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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 accepted the report. No further information requested.

The commission accepted the findings of the virtual site visit. No further information requested.

March 2021
The commission accepted the report addressing 5th edition
- **Standard B2.17f** (provided evidence the program curriculum includes instruction in current trends that affect the PA profession) and
- **Standard B3.06a** (provided evidence that all supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction). No further information requested.

September 2020 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Final Provisional). The approved maximum class size remains 25 for the third class.

Report due December 18, 2020 (*Standards, 5th edition*) -
- **Standard B2.17f** (lacked evidence the program curriculum includes instruction in current trends that affect the PA profession) and
- **Standard B3.06a** (lacked evidence that all supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction).

The commission acknowledged the report providing evidence of
- Updated changes in response to COVID-19. No further information requested.

The commission acknowledged the report providing evidence of
- Updated changes in response to COVID-19. No further information requested.

June 2020
The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19. No further information requested.

September 2018
The commission accepted the report addressing 4th edition
- **Standard B3.03a** (provided evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program’s learning outcomes with patients seeking medical care across the life span). No further information requested.
First accredited: March 2018  
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March 2018  
Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Provisional Monitoring).  
The program is approved for up to 20 students in the first class of students, 20 in the second class and  
25 in the third class.  
Report due May 23, 2018 (Standards, 4th edition) -  
• **Standard B3.03a** (lacked evidence of methods to determine, after supervised clinical practice  
experiences [SCPEs], that all students are able to meet the program’s learning outcomes with  
patients seeking medical care across the life span).

The program was accredited from March 2012 through August 2017.

September 2015  
Adverse Action-Accreditation Withdrawn. Action based on noncompliance with Standards, 4th edition  
• **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the  
planning by program faculty in program assessment,  
• **Standard A2.08** (lacked evidence the program director provides effective leadership and  
management),  
• **Standard A3.07** (lacked evidence the policy on immunization of students is based on current  
Centers for Disease Control recommendations for health professionals),  
• **Standard A3.14b** (lacked evidence the program publishes and makes readily available to  
enrolled and prospective students the program’s success in achieving its goals),  
• **Standard A3.17c** (lacked evidence the program defines, publishes and makes readily available  
to students upon admission academic performance and progression information to include  
requirements for progression in and completion of the program),  
• **Standards A3.19b and f** (lacked evidence that student files include documentation that the  
student has met b) institution and program health screening and immunization requirements  
and f) requirements for program completion),  
• **Standard B1.01** (lacked evidence the curriculum is consistent with the mission and goals of the  
program),  
• **Standard B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare  
the student for the clinical practice of medicine),  
• **Standard B1.05** (lacked evidence the curriculum includes instruction in intellectual honesty and  
appropriate academic conduct),  
• **Standard B1.09** (lacked evidence for each clinical course, the program defines and publishes  
instructional objectives that guide student acquisition of required competencies),  
• **Standard B2.05** (lacked evidence the program curriculum includes instruction in patient  
management),
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- **Standard B3.02** (lacked evidence the supervised clinical practice experiences [SCPEs] address preventive, emergent, acute and chronic patient encounters and enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence of program defined requirements for SCPEs 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 C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),
- **Standards C2.01b-d** (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 and d) modifications that occurred as a result of self-assessment) and
- **Standard C3.03** (lacked evidence the program monitors and documents the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes a means for remediation).

The program did not appeal the decision and voluntarily withdrew from accreditation, effective August 30, 2017. Program remained on Accreditation-Probation until teach-out of students completed.

**September 2012**

The commission accepted the report addressing 4th edition

- **Standard A2.14** (provided evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- **Standards A3.14f** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program) and
- **Standard A3.15b** (provided evidence the program defines, publishes and makes readily available to prospective students b) admission requirements regarding prior education or work experience).

Additional information (curriculum vitae for director of clinical education) due as soon as possible.

**March 2012**

Accreditation-Provisional; Next Comprehensive Evaluation: September 2015. The program is approved for up to 40 students.

Report due July 1, 2012 (Standards, 4th edition) -

- **Standard A2.14** (lacked evidence there are sufficient instructional faculty to provide students with the necessary attention, instruction and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession),
- **Standards A3.14f** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program) and
• **Standard A3.15b** (lacked evidence the program defines, publishes and makes readily available to prospective students b) admission requirements regarding prior education or work experience).