

Shenandoah University Accreditation History

First accredited: September 2001

Next review: April 2035

Maximum class size: 60 (42 at Winchester [MC], 18 at Leesburg [DC])

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January 2026

The commission **reviewed and more information requested** of the report addressing 5th edition standards:

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B4.03a** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)

Additional information (how the program verifies that each student has met each of the program's clinical and technical skills competencies required to enter clinical practice) due April 10, 2026.

No additional information required for 5th edition standards:

- **Standard A2.13a** (provided evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard B3.07a** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07b** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07d** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07e** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **Standard B3.07g** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard C2.01a** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors)

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- used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due March 16, 2026:

- Update tuition and fees data in the program management portal

The commission **accepted** the report addressing the observation for 5th edition:

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

and noted 0 areas of noncompliance with the *Standards*.

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and more information requested** of the report. Additional information (narrative that addresses Effectiveness of the Didactic and Clinical Curriculum; Breadth and Depth of the Curriculum; Student Summative Evaluation; and Remediation Efforts and Outcomes) due April 20, 2026.

September 2025

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.

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

- Updates to the program's Program Management Portal.

No further information requested.

June 2025

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.

March 2025

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Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA Standards. The commission noted 18 areas of noncompliance with the *Standards* and 1 new observation by the commission.

Next Comprehensive Evaluation: March 2035. Maximum class size: 60 (42 at Winchester [MC] and 18 at Leesburg [DC]).

Report due May 18, 2025:

- Update budget data and credit hours data in Program Management Portal

Report due July 1, 2025 (Standards, 5th edition):

- **Standard A2.13a** (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard B4.03a** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- **Standard C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors)

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- used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due September 21, 2026 (*Standards*, 5th edition) modified self-study report:

- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard C1.03** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

Observation response due July 1, 2025 (*Standards*, 5th edition):

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

March 2024

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.

March 2023

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.

September 2021

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

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Exceeding Class Size report. The commission **accepted the report**. No further information requested.

March 2021

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.

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. No further information requested.

March 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.

December 2019

Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 17, 2019. Administrative-Probation removed post receipt of annual report.

September 2019

The commission **accepted the report** addressing 4th edition

- **Standards C2.01a and d**, modified Self-Study Report (provided updated self-study report that documents a) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment). No further information requested.

March 2019

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.

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March 2018

The commission **accepted the report** addressing 4th edition

- **Standards C2.01a and d**, modified Self-Study Report (provided some evidence of a self-study report that documents a) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

Additional information (updated modified Self-Study Report) due June 1, 2019.

Program Change: Change in graduation requirements (86 to 89 credits), effective July 1, 2018.

The commission **acknowledged the proposed change**. No further information requested.

May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2022 to March 2025 due to this change.

March 2016

Program Change: Expansion to a distant campus (Leesburg, VA). The commission **approved the proposed change** to establish a distant campus in Leesburg, VA. The program is approved to accept a maximum entering class size of up to 12 students in the first class of students, 15 in the second class and 18 in the third class at the distant campus in Leesburg, VA in addition to the maximum entering class size of 42 at the main campus in Winchester, VA. No further information requested.

September 2015

The commission **accepted the report** addressing 4th edition

- **Standard A3.18c** (provided evidence of documentation within each student file that those receiving advanced placement have demonstrated appropriate competencies for the curricular components in which advanced placement is given). No further information requested.

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

- The class size discrepancy and the update of PANCE on the website. No further information requested.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 42.

The commission **did not approve** the expansion to the distant campus in Leesburg, VA.

Report due April 20, 2015

- Explanation of class size discrepancy and update PANCE on website.

Due June 1, 2015 (*Standards*, 4th edition) -

- **Standard A3.18c** (lacked evidence of documentation within each student file that those receiving advanced placement have demonstrated appropriate competencies for the curricular components in which advanced placement is given).

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December 1, 2017 (*Standards*, 4th edition) -

- **Standards C2.01a and d**, modified Self-Study Report (lacked evidence of a self-study report that documents a) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

March 2011

Program Change: Change in graduation requirements (83 to 86 credits), effective July 2011. The commission **accepted the proposed change**. No further information requested.

September 2010

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

- The plan for every student to obtain experiences in long-term care. No further information requested.

March 2010

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

- An update on hiring and clinical sites. No further information requested.

The commission **accepted the report** addressing 3rd edition

- **Standard B7.03e** (provided evidence the program documents that every student has supervised clinical practice experiences with patients seeking care for psychiatric/behavioral conditions) and
- **Standard B7.04e** (provided evidence supervised clinical practice experiences are provided in long-term care settings).

Additional information (plan for every student to obtain experiences in long-term care) due July 1, 2010.

September 2009

Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 114.

Report due December 31, 2009 (*Standards*, 3rd edition) -

- **Standard B7.03e** (lacked evidence the program documents that every student has supervised clinical practice experiences with patients seeking care for psychiatric/behavioral conditions) and
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in long-term care settings).
- Update on hiring and clinical sites.

September 2005

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

- **Standard A5.3b** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students academic credit and costs to the student),

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- **Standard B1.2** (provided evidence the curriculum design reflects learning experiences and sequencing that enables students to develop the clinical competence necessary for practice) and
- **Standard B5.1d** (provided evidence the program provides students with instruction in assessment, including presenting patient data in oral and written form). No further information requested.

September 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 108.

Report due July 15, 2005 (*Standards*, 2nd edition) -

- **Standard A5.3b** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students academic credit and costs to the student),
- **Standard B1.2** (lacked evidence the curriculum design reflects learning experiences and sequencing that enables students to develop the clinical competence necessary for practice) and
- **Standard B5.1d** (lacked evidence the program provides students with instruction in assessment, including presenting patient data in oral and written form).

September 2002

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

- Pediatric rotations. No further information requested.

March 2002

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

- **Standard A2.5** (provided evidence all core PA program faculty positions are filled),
- **Standard A5.16** (provided evidence student admissions are consistently in accord with published practices of the program) and
- **Standard F1.15** (provided evidence the program has sufficient pediatric sites to meet the needs of students). Additional information (pediatric rotations) due July 19, 2002.

September-December 2001

Accreditation-Provisional; Next Comprehensive Evaluation: September 2004. Maximum Student Capacity: 24/30/36.

Report due January 15, 2002 (*Standards*, 2nd edition) -

- **Standard A2.5** (lacked evidence all core PA program faculty positions are filled),
- **Standard A5.16** (lacked evidence student admissions are consistently in accord with published practices of the program) and
- **Standard F1.15** (lacked evidence the program has sufficient pediatric sites to meet the needs of students).