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September 2020

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.

June 2019

Program Change: Change in program length (33 to 28 months) and in credits awarded (129 to 108), both effective May 29, 2022. The commission **acknowledged the proposed change**. No further information requested.

March 2019

Program Change: Change in program length (33 to 28 months), effective May 29, 2022. The commission could not acknowledge the proposed change. Additional information (clarification regarding curriculum and tuition) due March 15, 2019.

July 2017

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.

Program Change: Increase in class size (55 to 75), effective August 27, 2018. The commission **approved the proposed change**. No further information requested.

January 2017

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 2014

The commission accepted the report addressing 4th edition

• **Standard B1.09** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies). No further information requested.

March 2014

The commission accepted the report addressing 4th edition

 Standard A1.03c (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies) and

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• **Standard A2.05** (provided evidence principal faculty and the program director actively participate in the processes of assuring the availability of remedial instruction). No further information requested.

September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. Maximum class size: 55.

Report due December 31, 2013 (Standards, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- **Standard A2.05** (lacked evidence principal faculty and the program director actively participate in the processes of assuring the availability of remedial instruction).

Due July 1, 2014 (Standards, 4th edition) -

 Standard B1.09 (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies).

September 2010

The commission accepted the report addressing 3rd edition

- Standard A2.06a (provided evidence the program director is a PA or physician,
- **Standard B7.02** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- Standards B7.05f-g (provided evidence supervised clinical practice experiences occur
 with residency trained physicians or other licensed health care professionals
 experienced in f) psychiatry and g) obstetrics and gynecology),
- **Standard C4.01** (provided evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences),
- Standard C4.02 (provided evidence the program applies comparable evaluation processes to clinical sites regardless of geographic location),
- Standard B7.02 (provided evidence the program assures that all sites used for students
 during supervised clinical practice meet the program's prescribed expectations for
 student learning and performance evaluation measures, regardless of location) and
- **Standard F1.07** (provided evidence the interim program director meets the qualifications of the program director). No further information requested.

September 2009

Accreditation-Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 150.

Report due June 30, 2010 Standards, 3rd edition) -

• Standard A2.06a (lacked evidence the program director is a PA or physician,

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- **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location),
- Standards B7.05f-g (lacked evidence supervised clinical practice experiences occur with
 residency trained physicians or other licensed health care professionals experienced in f)
 psychiatry and g) obstetrics and gynecology),
- **Standard C4.01** (lacked evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences),
- **Standard C4.02** (lacked evidence the program applies comparable evaluation processes to clinical sites regardless of geographic location),
- **Standard B7.02** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location) and
- **Standard F1.07** (lacked evidence the interim program director meets the qualifications of the program director).

September 2008

The commission accepted the report addressing 3rd edition

- **Standard A2.11(d)** (provided evidence the program director is knowledgeable about and has primary responsibility for the program's continuous review and analysis),
- **Standard A3.05** (provided evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B7.04h** (provided evidence the program documents that every student has supervised clinical practice experiences in psychiatry and/or behavioral medicine),
- **Standards C1.01c-f** (provided evidence the program collects and analyzes
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) graduate evaluations of curriculum and program effectiveness and
 - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- Standards C2.01b4-b7 (provided evidence the self-study documents
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
 - b7) the most recent five-year first time and aggregate graduate performance on the PANCE) and

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Standard D1.01 (provided evidence student health records are confidential). No further
information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 150.

Report due July 11, 2008 (Standards, 3rd edition) -

- **Standard A2.11(d)** (lacked evidence the program director is knowledgeable about and has primary responsibility for the program's continuous review and analysis),
- **Standard A3.05** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- Standard B7.04h (lacked evidence the program documents that every student has supervised clinical practice experiences in psychiatry and/or behavioral medicine),
- Standards C1.01c-f (lacked evidence the program collects and analyzes
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) graduate evaluations of curriculum and program effectiveness and
 - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- Standards C2.01b4-b7 (lacked evidence the self-study documents
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b6) preceptor evaluations of student performance and suggestions for curriculum improvement and
 - b7) the most recent five-year first time and aggregate graduate performance on the PANCE) and
- Standard D1.01 (lacked evidence student health records are confidential).

March 2004

Program Change: Change in maximum student capacity (99 to 150). The commission **acknowledged the proposed change**. No further information requested.

September 2004

The commission acknowledged the report providing evidence of

Data analysis and results of student experiences in psychiatry and behavioral medicine.
 No further information requested.

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September 2003

The commission accepted the report addressing 2nd edition

- **Standards B6.2e and g** (provided evidence of documentation of clinical experiences for every student in e) general surgery and g) psychiatry and behavioral medicine) and
- **Standard C2.2e** (provided evidence the self-study report includes critical analysis of surveys of graduates evaluating curriculum and program effectiveness).

Additional information (data analysis and results of student experiences in psychiatry and behavioral medicine) due July 15, 2004.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 99.

Report due July 15, 2003 (Standards, 2nd edition) -

- **Standards B6.2e and g** (lacked evidence of documentation of clinical experiences for every student in e) general surgery and g) psychiatry and behavioral medicine) and
- **Standard C2.2e** (lacked evidence the self-study report includes critical analysis of surveys of graduates evaluating curriculum and program effectiveness).

March 2001

The commission accepted the report providing evidence of

• Clinical experiences. No further information requested.

September 2000

The commission acknowledged the report addressing 1st edition

- Standard I B 1 d (provided evidence of sufficient clerical staff) and
- **Standard II B 1 e** (provided evidence the program provides sufficient clinical experiences in gynecology in the clinical year).

Additional information (clarification of clinical experiences) due January 15, 2001.

September 1999

Accreditation-Continued; Next Comprehensive Evaluation: September 2002.

Report due August 1, 2000 (Standards, 1st edition) -

- Standard I B 1 d (lacked evidence of sufficient clerical staff) and
- **Standard II B 1 e** (lacked evidence the program provides sufficient clinical experiences in gynecology in the clinical year).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1997 by CAAHEP is not available.