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March 2021

The commission accepted the report providing evidence of

• Updated supervised clinical practice experience [SCPE] syllabi and assessments and notification of each cohort's return to SCPEs. No further information requested.

The commission acknowledged the report providing evidence of

• 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.

Additional information (updated supervised clinical practice experience [SCPE] syllabi and assessments and notification of each cohort's return to SCPEs) due September 7, 2020.

March 2019

The commission accepted the report providing evidence of

• Modified Self-Study Report with updated appendices and copies of survey instruments. No further information requested.

September 2017

The commission accepted the report addressing 4th edition

Standard C2.01b, modified Self-Study Report (mSSR) (provided some evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).
 Additional information (mSSR, update two appendices and include copies of each survey

instrument used to gather data for appendices) due June 1, 2018.

July 2017

Program Change: Dual Degree Program. The commission **acknowledged the proposed program** (combined Master of Science in Physician Assistant Studies and Master of Science in Health Informatics program [PA-MSHI]), effective August 20, 2018. No further information requested.

September 2016

Program Change: Increase in class size (incremental, 40 to 43, effective August 2017; to 46, effective August 2018; to 49, effective August 2019 and to 52, effective August 2020) The commission **approved the proposed change**. No further information requested.

Program Change: Dual Degree Program. The commission **acknowledged the Dual Degree Program** (MS in Physician Assistant Studies/Master of Public Health [PA-MPH]), effective August 27, 2017. No further information requested.

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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.

September 2015

The commission accepted the reports addressing 4th edition

- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- Standard B1.09 (provided evidence, for each didactic course, the program defines and publishes instructional objectives that guide student acquisition of required competencies).
- **Standard C3.04** (provided evidence the summative evaluation of each student within the final four months of the program includes evaluation of patient care skills, interpersonal communication and professionalism) and
- **Standard C4.02** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience). No further information requested.

The commission acknowledged the report providing evidence of

 Updated PANCE pass rate in Program Management Portal. No further information requested.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2022. The program's maximum class size remains 40.

Report due April 1, 2015

• Update PANCE pass rate in Program Management Portal.

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

- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- Standard B1.09 (lacked evidence, for each didactic course, the program defines and publishes instructional objectives that guide student acquisition of required competencies).

Due July 1, 2015 (Standards, 4th edition) -

- **Standard C3.04** (lacked evidence the summative evaluation of each student within the final four months of the program includes evaluation of patient care skills, interpersonal communication and professionalism) and
- Standard C4.02 (lacked evidence the program documents that each clinical site provides
 the student access to patient populations necessary to fulfill program expectations of
 the clinical experience).

Due June 1, 2017 (Standards, 4th edition) –

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• **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Program Change: The commission did not approve the class size increase (40 to 50).

September 2014

Program Change: Class size increase incorporated into the validation review. The commission acknowledged the proposed change. No further information requested.

March 2014

Program Change: Increase in class size. The commission **did not approve the proposed change**. Information requested (willingness to consider class size increase during comprehensive evaluation) due April 11, 2014.

September 2012

Program Change: Increase in maximum student capacity (72 to 85), effective August 2012. The commission **acknowledged the proposed change**. No further information requested.

September 2009

The commission accepted the report addressing 3rd edition

• **Standard A2.03** (provided evidence core faculty are sufficient in number to meet the academic needs of enrolled students). No further information requested.

September 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. The program is approved for up to 72 students.

Report due July 10, 2009 (Standards, 3rd edition) -

• **Standard A2.03** (lacked evidence core faculty are sufficient in number to meet the academic needs of enrolled students).

March 2003

The commission accepted the report addressing 2nd edition

• **Standard B1.4** (provided evidence the program provides, for each didactic and clinical course, a clearly written syllabus that includes measurable instructional objectives and expected student competencies objectives). No further information requested.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2008. Maximum Student Capacity: 60.

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

• **Standard B1.4** (lacked evidence the program provides, for each didactic and clinical course, a clearly written syllabus that includes measurable instructional objectives and expected student competencies objectives).