September 2023
The commission accepted the findings of the focused site visit.
Report due December 15, 2023:
- Update goals on program website

Report due February 1, 2024 (Standards, 5th edition):
- **Standard A2.02b** (lacked evidence program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)
- **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)

June 2022
Accreditation-Continued; Next Comprehensive Evaluation: March 2031. The program’s maximum class size remains 40.
Report due April 15, 2025 (Standards, 5th edition):
- **Standard C1.03** modified SSR (lacked evidence 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)

March 2022
The commission accepted the report addressing 5th edition
- **Standard B4.01a-b** (provided evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

The commission acknowledged the report providing evidence of
- Updates to the program’s website with the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years and update of the PANCE data in the portal. No further information requested.

September 2021
The commission reviewed and more information requested for the report addressing 5th edition
- **Standard B3.03b** (provided evidence the supervised clinical practice experiences SCPEs for medical care across the life span have clearly defined learning outcomes) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Additional information (narrative describing how the program aligns its assessment measures with pediatric learning outcomes) due December 13, 2021.

March 2021 (following Final Provisional and probation review)
Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the June 2022 commission meeting. The program’s maximum class size remains 40.

Report due May 20, 2021 (Standards, 5th edition) -

- **Standard B3.03b** (lacked evidence the supervised clinical practice experiences SCPEs for medical care across the life span have clearly defined learning outcomes) and
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Report due January 3, 2022 (Standards, 5th edition) -

- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

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 commission **acknowledged the report** providing evidence of

- Updated student enrollment data in the Program Management Portal. No further information requested.

June 2019
Continue Adverse Action-Accreditation-Probation. A focused site visit will need to occur in advance of the March 2021 commission meeting (in conjunction with the rescheduled Final Provisional visit). The program’s maximum class size remains 40 for the third class.

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

- The student has met the learning outcomes with patients seeking b) women’s health and c) surgical management. No further information is requested.

Report due August 10, 2019

- Update the student enrollment in the Program Management Portal.

March 2019
Adverse Action-Accreditation-Probation. The commission **did not acknowledge** the Change in graduation requirements form. A focused site visit will need to occur in advance of the June 2019 commission meeting as the program made substantive curriculum changes without informing ARC-PA as per ARC-PA policy. The concern about how the changes may impact students needs to be verified. The program appealed the commission’s decision. The Reconsideration Review Panel upheld the commission’s decision. The commission will review findings of the focused site visit at its June 2019 meeting.

Report due April 29, 2019 ((Standards, 4th edition) -

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in curricular planning and program assessment and c) complying with ARC-PA accreditation Standards and policies), and
• **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program).

The commission accepted the report addressing 4th edition

• **Standards B3.03b-c** (lacked evidence of program defined learning outcomes and methods to determine students, after supervised clinical practice experiences with patients seeking b) women’s health and c) surgical management, have met the learning outcomes).

Additional information (evidence the program can determine the student has met the learning outcomes) due March 25, 2019.

**June 2018 (following Provisional Monitoring review)**

Accreditation-Provisional; Next Comprehensive Evaluation: June 2020 (Final Provisional). The program's maximum class size remains 40 for the third class.

Report due August 29, 2018 *(Standards, 4th edition)* -

• **Standards B3.03b-c** (lacked evidence of program defined learning outcomes and methods to determine students, after supervised clinical practice experiences with patients seeking b) women’s health and c) surgical management, have met the learning outcomes).

**March 2018**

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 2016**

Accreditation-Provisional; Next Comprehensive Evaluation: June 2018 (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 30 in the second class and 40 in the third class. The commission noted zero areas of noncompliance with the *Standards*.