

## Miami Dade College Accreditation History

First accredited: May 1998

Next review: October 2027

Maximum class size: 55

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### January 2026

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

- Updated PANCE data in Program Management Portal and updated PANCE report and Graduation Rate Table on program website. No further information requested.

### September 2025

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Evidence of sponsoring institutional responsibility for hiring sufficient faculty and staff, ensuring sufficient clinical placements, and ensuring an effective and comprehensive programmatic self-assessment process.
- Evidence that all program faculty possessed the required educational and experiential qualifications.
- Evidence of sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- Evidence that the program director has sufficient knowledge of and responsibility for the required continuous programmatic review and analysis, and submits documents as required by the ARC-PA.
- Evidence of admission policies and procedures regarding favored individuals and groups, and prior work experiences.
- Evidence of programmatic policies regarding progression in and completion of the program.
- Evidence of student academic records containing published admission criteria, and remediation efforts and outcomes.
- Evidence of didactic and clinical courses (including required and elective rotations) with goals/rationales, defined and published learning outcomes and instructional objectives, topic outlines, and methods of assessment.
- Evidence of a curriculum with opportunities for all students to learn the concepts of patient response to illness or injury.
- Evidence of sufficient clinical sites and preceptors to allow students to meet the program's learning outcomes for SCPEs.
- Evidence that the program's supervised clinical practice experiences include learning outcomes (rotation objectives) that address medical care for preventive, emergent, acute, and chronic patient encounters across the lifespan, including infants, children, adolescents, adults, and the elderly, as well as for behavioral and mental health conditions.
- Evidence that all physician preceptors were specialty board-certified in their area of instruction.
- Evidence that all students had supervised clinical practice experience (SCPE) with preceptors who would enable them to meet learning outcomes in women's health, including prenatal and gynecologic care, as well as behavioral and mental health care.
- Evidence of supervised clinical practice experiences evaluation of student performance that aligned with the program's learning outcomes and instructional objectives and allowed for identification of any student deficiencies in a timely manner.
- Evidence of a summative evaluation of students that assessed student attainment of program competencies specific to professional behaviors and system-based practice.

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- Evidence that instruction provided through different pedagogical and instructional methods was equivalent for student experience and outcomes.
- Evidence that the program had fully implemented and documented its ongoing self-assessment process to foster program improvement.
- Evidence that the program was implementing and documenting a continuous self-assessment process that involves data collection and comprehensive data analysis, applying the results to identify program strengths, areas for improvement, and action plans.
- Evidence of a robust and systematic process of ongoing self-assessment that involves data collection and comprehensive data analysis, applying the results to identify program strengths, areas for improvement, and action plans, to document program effectiveness or foster program improvement.
- Evidence of a self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans
- Evidence of a process for initial and ongoing evaluation of clinical sites regarding supervision.
- Evidence of completion and submission of the application and related documents as required by the ARC-PA.

The commission noted 39 areas of noncompliance with the *Standards* and 5 new observations by the commission. A focused probation visit will occur in advance of the October 2027 commission meeting. The program's maximum class size remains 55.

Report due December 1, 2025:

- Update PANCE data in Program Management Portal and update PANCE report and Graduation Rate Table on program website

Report due June 1, 2026 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.07** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)
- **Standard A1.10a** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)
- **Standard A2.01** (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.
- **Standard A2.03** (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

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- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- **Standard A3.13b** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience)
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.)
- **Standard A3.15b** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)
- **Standard A3.17a** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard A3.17d** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

Report due September 1, 2026 (Standards, 5<sup>th</sup> edition):

- **Standard B1.03d** (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course goal/rationale)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B1.03f** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard B1.03g** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)

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- **Standard B2.11d** (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical)
- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- **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 B4.01a** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)
- **Standard B4.03e** (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 professional behaviors)
- **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 February 1, 2027 (*Standards*, 5<sup>th</sup> edition) modified self-study report:

- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **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)

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- **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)

No report due:

- **Standard B1.04b** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- **Standard B4.04b** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students)

Commission observation response due February 1, 2026 (*Standards*, 5th edition):

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard B1.03a** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course name)
- **Standard B1.03b** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course description)
- **Standard B1.03c** (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the faculty instructor of record)
- **Standard B1.03h** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the plan for grading)

### September 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.

### September 2023

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.

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### June 2021

The commission **acknowledged the amendment** to the previously acknowledged change in degree form. No further information requested.

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 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.

### June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

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

- Clarification of requirements for awarding the masters degree. No further information requested.

### March 2020

Program Change: Change in degree (Associate in Science in Health Sciences + Bachelor of Applied Science in Health Science with a Concentration of Physician Assistant Studies to Associate in Science in Health Sciences + Bachelor of Applied Science in Health Science with a Concentration of Physician Assistant Studies + Masters in Health Science). The commission **acknowledged the proposed change**, effective May 2021.

Additional information (clarification of requirements for awarding masters degree) due February 3, 2020.

### March 2018

Program Change: Change in degree (Associate in Science- Physician Assistant to Associate in Science in Health Sciences + Bachelor of Applied Science in Health Science with a Concentration of Physician Assistant Studies), increase in program credits (56 to 130) and increase in length of program (24 to 27 months). The commission **acknowledged the proposed changes**, effective May 29, 2018.

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard B3.07f** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health). No further information requested.

### March 2017

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

- How qualitative expectations are evaluated and how numeric benchmark was established.

No further information requested.

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

- Clarification of “qualitative” and “quantitative,” definition of age categories and how competency is established.

Additional information (narrative addressing how qualitative expectations evaluated and how numeric benchmark established) due December 15, 2016.

### September 2016

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

- Revised Family Medicine syllabus and Appendix E

Additional information (clarification of “qualitative” and “quantitative,” definition of age categories and how competency is established) due November 1, 2016.

### March 2016

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A3.07** (provided evidence the policy on immunization of students is based on current CDC requirements),
- **Standard B1.09** (provided evidence instructional objectives for each didactic course appropriately guide student acquisition of competencies),
- **Standard B3.02** (provided evidence program expectations for students in supervised clinical practice experiences [SCPEs] are made clear to students),
- **Standards B3.03a-d** (provided evidence 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 are made clear to students).

Additional information (revised Family Medicine syllabus and Appendix 3 [Appendix E]) due June 15, 2016.

### September 2015

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. The program’s maximum class size remains 55.

Report due December 15, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.07** (lacked evidence the policy on immunization of students is based on current CDC requirements),
- **Standard B1.09** (lacked evidence instructional objectives for each didactic course appropriately guide student acquisition of competencies),
- **Standard B3.02** (lacked evidence program expectations for students in supervised clinical practice experiences [SCPEs] are made clear to students),

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- **Standards B3.03a-d** (lacked evidence 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 are made clear to students).

Due July 31, 2017 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.07f** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

### March 2015

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

- Success of the program in achieving its goals on the website. No further information requested.

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

- Update website with PANCE pass rate data.
- Update SCPEs in the Portal.

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

- Discrepancy in between approved and actual class size. No further information requested.

### September 2014

Program's PANCE pass rate for class of 2013 was 82%. As pass rate was less than 85%, the program submitted required PANCE performance analysis report. The commission **did not accept the report**.

Additional information (update website with success of the program in achieving goals and PANCE pass rate data, update supervised clinical practice experiences [SCPEs] in Program Management Portal and report on discrepancy between approved and actual class size) due October 20, 2014.

### March 2012

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

- PANCE on the web and PANCE performance analysis. No further information requested.

### September 2011

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

- Analysis of the previous three years' student data including PANCE results, including a detailed report of the results.

Additional information (weblink to PANCE pass rate data and PANCE performance analysis) due December 31, 2011.

Program Change: Change in maximum student capacity (90 to 110), effective August 2011. The commission **acknowledged the proposed change** and requested additional information (as above, PANCE) due December 31, 2011.

### March 2011

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The commission **did not accept the report** addressing 3<sup>rd</sup> edition

- **Standard C1.01g** (lacked evidence the program regularly collects and analyzes graduate performance on the PANCE) and
- **Standard C3.06** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).

Additional information (conduct analysis of the previous three years' student data including PANCE results to the depth and breadth as required and submit a detailed report of the results) due July 1, 2011.

### September 2010

Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 90.

Report due July 1, 2011 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard C1.01g** (lacked evidence the program regularly collects and analyzes graduate performance on the PANCE) and
- **Standard C3.06** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).

### September 2009

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

- The summative exam and learning objectives for anatomy. No further information requested.

### March 2009

The commission **did not accept the report** as it did not provide evidence of

- The summative exam and learning objectives for anatomy.

Additional information (as requested previously) due July 1, 2009.

### September 2008

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

- Website updated with PANCE.
- Timeline for addition of support staff.

Additional information (clarification of summative exam and learning objectives for anatomy) due January 9, 2009.

### March 2008

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

- Personnel records have been updated with CVs and PANCE rates are on the website.

Additional information (website update to make PANCE readily available) due May 1, 2008.

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Program Change: Change in maximum student capacity (75 to 90), effective August 2008. The commission **acknowledged the program change** and requested additional information (timeline for addition of support staff and letter of support) due July 11, 2008.

### September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 75.

Report due January 11, 2008

- Personnel records updated with CVs and PANCE rates are on the website.

Due July 11, 2008 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A2.10** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- **Standard A2.23** (lacked evidence there is sufficient administrative and technical support staff),
- **Standard A3.07i** (lacked evidence first time PANCE pass rates for the five most recent graduating classes is published and readily available to prospective and enrolled students),
- **Standard A3.14b** (lacked evidence core faculty records include current curriculum vitae),
- **Standard B1.06** (lacked evidence there is a published syllabus for each didactic course that defines expectations and guides student acquisition of expected competencies),
- **Standard B4.02a** (lacked evidence the program provides instruction in normal psychological development of pediatric, adult, and geriatric patients),
- **Standard B5.01** (lacked evidence the program provides instruction to equip students with the necessary skills to evaluate the medical literature),
- **Standards C2.01b4 and c** (lacked evidence the self-study report documents outcome data and critical analysis of b4) student evaluations of individual didactic courses, clinical experiences, and faculty and c) self-identified program strengths and areas in need of improvement) and
- **Standard C3.06** (lacked evidence the summative evaluation of each student documents that students are prepared to enter clinical practice).

### September 2006

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard A2.1** (provided evidence the program has effective leadership and management),
- **Standard A2.10** (provided evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A2.12** (provided evidence the medical director is board certified),
- **Standard A5.16** (provided evidence student admissions is made in accordance with clearly defined and published practices of the institution and program),
- **Standard A5.17b** (provided evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning was clearly defined, published and readily available to prospective students),
- **Standard B6.2e** (provided evidence that every student has clinical experiences in general surgery),

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- **Standard B6.3** (provided evidence clinical experiences are provided in long-term care settings),
- **Standard C1.1** (provided evidence the program has a well-documented self-evaluation process),
- **Standards C2.2a-g** (provided evidence the self-study report includes critical analysis of a) student attrition, deceleration, and remediation, b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),
- **Standards C4.1a-b, d-e, g** (provided evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis, d) modifications that occurred as a result of self-evaluation, e) plans for addressing weaknesses and areas needing improvement and g) compliance with the *Standards*) and
- **Standard C6.1** (provided evidence the program documents evaluation of sites used for the students' clinical practice experiences). No further information requested.

### March 2006

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 75.

Report due July 14, 2006 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.1** (lacked evidence the program has effective leadership and management),
- **Standard A2.10** (lacked evidence the program director is knowledgeable about the accreditation process and responsible for the organization, administration, continuous review and analysis, planning, and development of the program),
- **Standard A2.12** (lacked evidence the medical director is board certified),
- **Standard A5.16** (lacked evidence student admissions is made in accordance with clearly defined and published practices of the institution and program),
- **Standard A5.17b** (lacked evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning was clearly defined, published and readily available to prospective students),
- **Standard B6.2e** (lacked evidence that every student has clinical experiences in general surgery),
- **Standard B6.3** (lacked evidence clinical experiences are provided in long-term care settings),
- **Standard C1.1** (lacked evidence the program has a well-documented self-evaluation process),
- **Standards C2.2a-g** (lacked evidence the self-study report includes critical analysis of a) student attrition, deceleration, and remediation, b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, e) timely surveys of graduates evaluating curriculum and program effectiveness, f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and g) evaluation of the most recent five-year aggregate student performance on the national certifying examination),

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- **Standards C4.1a-b, d-e, g** (lacked evidence the self-study report documents a) process and results of continuous evaluation, b) outcome data analysis, d) modifications that occurred as a result of self-evaluation, e) plans for addressing weaknesses and areas needing improvement and g) compliance with the *Standards*) and
- **Standard C6.1** (lacked evidence the program documents evaluation of sites used for the students' clinical practice experiences).

### March 2005

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard A2.4** (provided evidence of core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum),
- Evidence provided for the date of the medical director's employment. No further information requested.

### September 2004

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard A2.3** (provided evidence the program has a designated medical director),
- **Standard A2.4** (lacked evidence of core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum),
- **Standards B4.1c-d** (provided evidence of instruction on c) reimbursement, including documentation, coding, and billing and d) quality assurance and risk management in medical practice),
- **Standard C2.2f** (provided evidence the self-study report includes surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standards C4.1b, d-e, g** (provided evidence the self-study report documents b) outcome data analysis, d) modifications that occurred as a result of self-evaluation, e) plans for addressing weaknesses and areas needing improvement and g) compliance with the *Standards*), and
- **Standard C5.5** (provided evidence of a summative evaluation of each student) and
- Evidence provided of the update on hiring of medical director and core program faculty.

Additional information (standard A2.4 [lacked evidence of core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum] and medical director's date of employment) due January 14, 2005.

### March 2004

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 100.

Report due July 15, 2004

- Update on hiring of medical director and core program faculty and

Due January 17, 2005 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A2.3** (lacked evidence the program has a designated medical director),

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- **Standard A2.4** (lacked evidence of core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum),
- **Standards B4.1c-d** (lacked evidence of instruction on c) reimbursement, including documentation, coding, and billing and d) quality assurance and risk management in medical practice),
- **Standard C2.2f** (lacked evidence the self-study report includes surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement),
- **Standards C4.1b, d-e, g** (lacked evidence the self-study report documents b) outcome data analysis, d) modifications that occurred as a result of self-evaluation, e) plans for addressing weaknesses and areas needing improvement and g) compliance with the *Standards*), and
- **Standard C5.5** (lacked evidence of a summative evaluation of each student).

### March 2003

Personnel Change: Program director appointed, effective August 2002.

### September 2000

Accreditation-Continued; Next Comprehensive Evaluation: September 2003. The commission noted zero areas of noncompliance with the *Standards*.

### March 2000

The commission accepted the report addressing standards I D 1 a, I D 1 c, and III A 2 d (1<sup>st</sup> edition).

### October 1999

Complaint filed related to substantial tuition increase. Program directed to submit a report addressing standards I D 1 a, I D 1 c, and III A 2 d; 1<sup>st</sup> edition.

### June 1998

CAAHEP board awarded Accreditation-Provisional. On-site evaluation to occur four months before the students begin clinical rotations.

### March 1998

The appeals panel met to review the withholding of provisional accreditation. The panel recommended to CAAHEP that the program receive provisional accreditation. Decision accepted, program notified, then decision rescinded.

### September 1997

Adverse Action-Accreditation-Withheld. The program requested reconsideration of the commission's decision. The commission's decision was upheld. The program filed an appeal.