

**University of Texas at San Antonio**  
(formerly University of Texas Health Science Center San Antonio)  
**Accreditation History**

First accredited: September 2000

Next review: April 2028

Maximum class size: (45 San Antonio [MC], 15 Laredo [DC])

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January 2026

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

- Revised and resubmitted attrition report for the 2023 cohort.

No further information requested.

Program Change: Change in program sponsorship from The University of Texas Health Science Center at San Antonio to the University of Texas at San Antonio. The commission **approved the program's proposed change**. No further information requested.

March 2025

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **did not accept the report**. Additional information (revised and resubmitted attrition report) due July 11, 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.

September 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 2022

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 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.

March 2021

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

- Updated PANCE pass rate data in the Program Management Portal and updated program website. No further information requested.

September 2020

Program Change: Expansion to a distant campus (Laredo, TX). The commission **approved the proposed change**. The program is approved to accept a maximum entering class size of 60 (by the third cohort): 10

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in the first cohort, 12 in the second cohort and 15 in the third cohort at the distant campus in addition to the class size of 45 at the main campus in San Antonio, TX.

Report due November 6, 2020 -

- Update PANCE pass rate data in the Program Management Portal.

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

- **Standard C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment). No further information requested.

#### September 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.

#### September 2018

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

- **Standard A3.14h** (provided evidence the program makes readily available to enrolled and prospective students policies about student employment while enrolled in the program),
- **Standard A3.17f** (provided evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard A3.22a** (provided evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),
- **Standard B1.08** (provided evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B2.12** (provided evidence the program curriculum includes instruction in concepts of public health including participation in disease surveillance, reporting and intervention),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in quality improvement),
- **Standard B3.02** (provided evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes),
- **Standards B3.03a-d** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

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

- Updated PANCE pass rate data in the Portal. 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 2018

Accreditation-Continued; Next Comprehensive Evaluation: March 2028. Maximum class size: 45.

Report due June 1, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.14h** (lacked evidence the program makes readily available to enrolled and prospective students policies about student employment while enrolled in the program),
- **Standard A3.17f** (lacked evidence the program defines, publishes and makes readily available to students upon admission policies and procedures for deceleration),
- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),
- **Standard B1.08** (lacked evidence the curriculum includes opportunities for students to apply principles of interprofessional practice in interprofessional teams),
- **Standard B2.12** (lacked evidence the program curriculum includes instruction in concepts of public health including participation in disease surveillance, reporting and intervention),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in quality improvement),
- Update PANCE pass rate data in the Program Management Portal.

Due June 29, 2018 (*Standards*, 4<sup>th</sup> edition) -

- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes),
- **Standards B3.03a-d** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

Due December 16, 2019 (*Standards*, 4<sup>th</sup> edition) -

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

### September 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.

### March 2015

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Program Change: Change in graduation requirements (110 to 126 credits) and Change in program length (24 to 30 months [didactic 12 to 14, clinical 12 to 16]), effective July 9, 2015. The commission **acknowledged the proposed changes**. No further information requested.

March 2014

Program Change: Change in program length/student credit hours (25.5 to 24 months, 118 to 110 credits). The commission **acknowledged the proposed changes**. No further information requested.

September 2012

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

- Budget and information on students and the curriculum. No further information requested.

March 2012

Program Change: Change in length of program (33 to 25.5 months), effective July 1, 2012 and Change in maximum student capacity (90 to 80, effective July 1, 2012, to 45, effective July 1, 2014). The commission **acknowledged the proposed changes**. Additional information (budget, distribution of students and curriculum) due July 1, 2012.

September 2011

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

- Clinical sites. No further information requested.

March 2011

The commission **accepted the report** addressing 3<sup>rd</sup>/4<sup>th</sup> edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3<sup>rd</sup> to 4<sup>th</sup> edition of the *Standards*. The citations listing reflects the 3<sup>rd</sup> edition of the *Standards* and the corresponding standard in the 4<sup>th</sup> edition.

- **Standards A1.07b/A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program),
- **Standards B3.04d/B2.06** (provided evidence the program provides instruction in rehabilitative care),
- **Standards C2.01b2/C2.01b** (provided evidence the self-study report documents faculty attrition),
- **Standards C4.01/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),
- **Standards C4.03/C4.02** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience) and
- **Standards D1.01/A3.21** (provided evidence student health records are confidential).

Additional information (clinical sites) due July 1, 2011.

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September 2010

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

Report due December 31, 2010 (*Standards*, 3<sup>rd</sup>/4<sup>th</sup> edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3<sup>rd</sup> to 4<sup>th</sup> edition of the *Standards*. The citations listing reflects the 3<sup>rd</sup> edition of the *Standards* and the corresponding standard in the 4<sup>th</sup> edition.

- **Standards A1.07b/A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program),
- **Standards B3.04d/B2.06** (lacked evidence the program provides instruction in rehabilitative care),
- **Standards C2.01b2/C2.01b** (lacked evidence the self-study report documents faculty attrition),
- **Standards C4.01/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),
- **Standards C4.03/C4.02** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations and supervision necessary to fulfill program expectations of the clinical experience) and
- **Standards D1.01/A3.21** (lacked evidence student health records are confidential).

September 2007

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

- Anatomy instruction, financial support and hiring of faculty. No further information requested.

March 2007

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

- PANCE results and the additional information related to the program expansion.

Additional information (anatomy instruction, financial support and hiring of faculty) due July 13, 2007.

September 2006

Program Change: Increase maximum student capacity (72 to 90) and Expansion to a distant campus (Laredo, TX). The commission **acknowledged the program changes**. Additional information (clarification of expansion, details on anatomy instruction) due January 12, 2007.

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

- Syllabi for pathology and pathophysiology. No further information requested.

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March 2006

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

- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).
- **Standard B1.5** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students) and
- **Standard C4.1b** (provided evidence the self-study documents outcome data analysis).

Additional information (syllabi for pathology and pathophysiology) due July 14, 2006 and January 12, 2007 (PANCE results).

September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 72.

Report due January 13, 2006 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies),
- **Standard B1.5** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students) and
- **Standard C4.1b** (lacked evidence the self-study documents outcome data analysis).

March 2004

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

- Course objectives for the Primary Care Medicine Practicum. No further information requested.

September 2003

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

- **Standards A5.12a-b** (provided evidence student files include documentation a) that the student has met published admission criteria and b) of evaluation of student performance),
- **Standard B1.4** (provided evidence of measurable course objectives),
- **Standard B6.2g-h** (provided evidence the program documents that each student has clinical experiences in g) psychiatry and h) geriatrics),
- **Standard C2.2d** (provided evidence critical analysis of outcome data includes student evaluations of individual didactic courses, clinical experiences, and faculty),
- **Standard C4.1a-b** (provided evidence the self-study process documents a) the process of continuous evaluation and b) outcome data analysis), and
- **Standard D1.1** (provided evidence each student has completed health screening and meets program health requirements).

Additional information (course objectives for Primary Care Medicine Practicum) due January 15, 2004.

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

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- Clarification regarding class size. No further information requested.

September 2002

Accreditation Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 60.

Report due July 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standards A5.12a-b** (lacked evidence student files include documentation a) that the student has met published admission criteria and b) of evaluation of student performance),
- **Standard B1.4** (lacked evidence of measurable course objectives),
- **Standard B6.2g-h** (lacked evidence the program documents that each student has clinical experiences in g) psychiatry and h) geriatrics),
- **Standard C2.2d** (lacked evidence critical analysis of outcome data includes student evaluations of individual didactic courses, clinical experiences, and faculty),
- **Standard C4.1a-b** (lacked evidence the self-study process documents a) the process of continuous evaluation and b) outcome data analysis), and
- **Standard D1.1** (lacked evidence each student has completed health screening and meets program health requirements).

Program Change: Change in degree awarded (baccalaureate to master's) and Change in program length (27 to 36 months). The commission **acknowledged the proposed changes**. Additional information (clarification of class size increase) due July 15, 2003.

Personnel Change: Medical director appointed, effective August 1, 2002.

September-December 2001

The commission **accepted the report** 1<sup>st</sup> edition

- **Standard I B 1 c (3)** (provided evidence of sufficient faculty members to provide students with adequate attention and instruction),
- **Standard I C 1** (provided evidence technical standards are published and readily accessible to prospective students and the public),
- **Standard I C 2** (provided evidence announcements and advertising accurately reflect the program offered), and
- **Standard I D 1 a** (provided evidence of adequate plans for summary evaluation of individual students to assure that they meet defined program expectations for knowledge and technical skills). No further information requested.

September 2000

Accreditation-Provisional; Next Comprehensive Evaluation: September 2002.

Report due July 15, 2001 (*Standards*, 1<sup>st</sup> edition) -

- **Standard I B 1 c (3)** (lacked evidence of sufficient faculty members to provide students with adequate attention and instruction),
- **Standard I C 1** (lacked evidence technical standards are published and readily accessible to prospective students and the public),

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- **Standard I C 2** (lacked evidence announcements and advertising accurately reflect the program offered), and
- **Standard I D 1 a** (lacked evidence of adequate plans for summary evaluation of individual students to assure that they meet defined program expectations for knowledge and technical skills).