

University of Tennessee Accreditation History

First accredited: September 2013

Next review: April 2027

Maximum class size: 30

Page 1 of 5

January 2026

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested more information** of the report. Additional information (Areas in Need of Improvement table) due April 6, 2026.

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 accepted the report. No further information requested.

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. No further information requested.

March 2024

The commission **accepted** the report addressing 5th edition

- **Standard C1.02c.i.** (provided evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.03** (provided 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 further information requested.

September 2023

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

- Updates to the program's Program Management Portal/website. No further information requested.

No further information requested.

March 2023

The commission accepted the findings of the virtual site visit.

Report due May 15, 2023:

- Update PANCE pass rate data in the program's Program Management Portal
- Update the PANCE report on the program's website

Report due October 1, 2023 (*Standards*, 5th edition) modified self-study report

- **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)
- **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)

University of Tennessee Accreditation History

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Page 2 of 5

September 2022

The commission **did not accept the report** providing evidence of

- Modified Self-Study Report, Appendix G, Sufficiency and Effectiveness of Principal and Instructional Faculty and Staff

No further information is requested, but a virtual focused site visit will need to occur in advance of the March 2023 commission meeting.

March 2022

The commission **Reviewed and More Information Requested of the report** providing evidence of

- Modified Self-Study Report, Appendix G, Sufficiency and Effectiveness of Principal and Instructional Faculty and Staff

Additional information (resubmission of the mSSR Appendix G-Sufficiency and Effectiveness of Principal and Instructional Faculty and Staff) due June 13, 2022.

June 2021

The commission **reviewed and more information requested** for the report addressing 4th edition

- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

Additional information (modified Self-Study Report, Appendix G, Sufficiency and Effectiveness of Principal and Instructional Faculty and Staff) due October 1, 2021.

June 2020

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

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

March 2019

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 30.

Report due March 15, 2021 (*Standards*, 4th edition) -

- **Standards C2.01b-f**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

July 2017

The commission **accepted the report** addressing 4th edition

University of Tennessee Accreditation History

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Page 3 of 5

- **Standards A1.03a and c** (provided evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.07** (provided evidence the program's policy on immunization of students is based on current Centers for Disease Control recommendations for health professionals),
- **Standard A3.19b** (provided evidence that student files include documentation that the student has met institution and program health screening and immunization requirements),
- **Standard B1.09** (provided evidence for each didactic course, the program defines and publishes instructional objectives that guide student acquisition of required competencies), and
- **Standards B3.03a-d** (provided evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations).

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

- Corrected SCPEs in the Portal. No further information requested.

January 2017 (following Final Provisional review)

Accreditation-Probation; Next Comprehensive Evaluation: March 2019. A focused probation site visit will occur in advance of the March 2019 commission meeting. The program is approved to accept up to 30 students per class.

Report due March 21, 2017 (*Standards*, 4th edition) -

- **Standards A1.03a and c** (lacked evidence the sponsoring institution is responsible for a) supporting the planning by program faculty in program assessment and c) complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard A3.07** (lacked evidence the program's policy on immunization of students is based on current Centers for Disease Control recommendations for health professionals),
- **Standard A3.19b** (lacked evidence that student files include documentation that the student has met institution and program health screening and immunization requirements),
- **Standard B1.09** (lacked evidence for each didactic course, the program defines and publishes instructional objectives that guide student acquisition of required competencies), and
- **Standards B3.03a-d** (lacked evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program expectations).
- Correct supervised clinical practice experiences [SCPEs] in the Program Management Portal.

Due October 1, 2018 (*Standards*, 4th edition) – (for focused probation site visit)

University of Tennessee Accreditation History

First accredited: September 2013

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Page 4 of 5

- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-f**, complete Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

March 2016

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),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard C3.01** (provided evidence that student evaluations in the supervised clinical education components parallel the required learning outcomes). No further information requested.

September 2015 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2017 (Final Provisional). The program's maximum class size remains 30 for the third class.

Report due November 18, 2015 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard C3.01** (lacked evidence that student evaluations in the supervised clinical education components parallel the required learning outcomes).

March 2015

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

- Sufficient exposure and student expectations for family medicine, pediatrics and women's health. No further information requested.

The commission **accepted the report** addressing 4th edition

- **Standards B3.03a-d** (provided evidence supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).

Additional information (clarification of sufficient exposure and detailed student expectations for family medicine, pediatrics and women's health) due February 10, 2015.

March 2014

University of Tennessee Accreditation History

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Page 5 of 5

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

- The medical director's certification status. No further information requested.

September 2013

Accreditation-Provisional; Next Comprehensive Evaluation: September 2015 (Provisional Monitoring).

The program is approved for up to 26 students in the first class of students, 30 in the second class and 30 in the third class.

Report due October 1, 2014 (*Standards*, 4th edition) -

- **Standards B3.03a-d** (lacked evidence supervised clinical practice experience with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions allow each student to meet program expectations and acquire the competencies needed for entry into clinical PA practice).