

Towson University Accreditation History

First accredited: September 1972

Next review: October 2033

Maximum class size: 36

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April 2026

The commission **reviewed and requested more information of** the report addressing 5th edition

- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **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)

Additional information (Documentation demonstrating that evidence of effectiveness in meeting each program goal was defined, published, and readily available to enrolled and prospective students on the program website and how the preceptor evaluations allow the program to identify and address student deficiencies in the program's expected SCPE LOs and IOs in a timely manner) due August 24, 2026

No additional information required for 5th edition:

- **Standard A1.01** (provided 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 B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07e** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B4.01a** (provided 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)

Commission observation response due August 24, 2026 (*Standards*, 6th edition):

- **Standard A2.16c** (lacked evidence the *supervised clinical practice experience (SCPE) instructional faculty* consists of *advanced practice nurses* who hold or have held board certification)

Program Change: Change in program length from 26 to 24 months. The commission **did not approve the program's proposed change**. The program is welcome to reapply.

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January 2026

The commission acknowledged the report providing evidence of:

- Updated PANCE report on program website.

No further information requested.

September 2025 (following Probation review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 7 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: October 2033. Maximum class size: 36.

Report due December 15, 2025:

- Update PANCE report on program website.

Report due December 15, 2025 (*Standards*, 5th 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 A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **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)

June 2024

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

- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)

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- **Standard A1.10a** (provided 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 A1.11a** (provided evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)
- **Standard A2.08c** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A2.09a** (provided evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (provided evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)
- **Standard A3.12b** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard B1.01d** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B1.03c** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes faculty instructor of record)
- **Standard B1.03e** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B1.03f** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard B1.03h** (provided evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes plan for grading)
- **Standard B1.04b** (provided 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 B3.01** (provided 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)

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- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.07e** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (provided 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 B3.07g** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard B4.01a** (provided 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 that align with what is expected and taught)
- **Standard B4.03a** (provided 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 clinical and technical skills)
- **Standard B4.04b** (provided 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)

No further information requested.

September 2023

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*; A focused probation visit will occur in advance of the September 2025 commission meeting. The program's maximum class size remains 36. The commission's decision is not appealable.

Report due February 1, 2024 (*Standards*, 5th edition):

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **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 A1.11a** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)

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- **Standard A2.08c** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- **Standard A2.09a** (lacked evidence the program director is knowledgeable about and responsible for program organization)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)
- **Standard A3.12b** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)
- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **Standard B1.03c** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes faculty instructor of record)
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes 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, detailed information in syllabi or appendix to the syllabi that includes outline of topics to be covered that align with learning outcomes and instructional objectives)
- **Standard B1.03h** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes plan for grading)
- **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 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 B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)

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- **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 B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health 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 that align with what is expected and taught)
- **Standard B4.03a** (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 clinical and technical skills)
- **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)

Report due February 6, 2025 (*Standards*, 5th edition) modified self-study report:

- **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)
- **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 (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A3.13a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include

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admission and enrollment practices that favor specified individuals or groups (if applicable)

- **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 that allow the program to identify and address any student deficiencies in a timely manner)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

June 2023

Program Change: Change in name from Towson– CCBC (Essex) Physician Assistant Studies Program to the Towson University Physician Assistant. The commission **acknowledged** the change. No further information requested.

June 2022

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

- Towson University CCBC Essex PA Program approved by the Middle States Commission on Higher Education to offer a master's degree. No further information is requested.

March 2022

Program Change: Change in graduation requirements (200-level courses to graduate level [600/700]), effective May 31, 2022. The commission **approved the change**. This approval is contingent upon receiving regional accreditation approval for Towson University to award the degree for the revised Physician Assistant program curriculum. Proof of approval must be submitted no later than April 29, 2022.

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

- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)

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

- Updates to the program's website. No further information requested.

September 2021

Adverse Action-Accreditation-Probation; 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 **did not accept** the report. A focused probation visit will occur in advance of the September 2023 commission meeting. The program's maximum class size remains 36. The program requested reconsideration of the commission's action. The action was upheld Report due February 1, 2021 (*Standards*, 5th edition):

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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)

Report due November 3, 2021:

- Update NCCPA PANCE Pass Rate Summary Report on website

No report due for the following citation(s) (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

March 2021

The commission **reviewed and more information requested** on the

- PANCE follow-up report.

Additional information (further detail on the PANCE report for Low First Time Taker Pass Rates) due May 17, 2021.

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

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

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

- Changes as a result of COVID-19. No further information requested.

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

- Updates to the program's website. No further information requested.

September 2020

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (acceptable report) due December 15, 2020.

March 2017

Program Change: Change in sponsorship (CCBC-Essex to Towson University), effective June 2017. The commission **acknowledged the change**. No further information requested.

March 2016

Program Change: Temporary increase in class size (additional 11 students), effective January 1, 2016. After the completion of cohorts entering in 2016 and 2017, approved entering class size returns to 36 students. The commission **approved the temporary increase**. No further information requested.

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

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

September 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2023. Maximum class size:36.
Report due October 26, 2015

- Update supervised clinical practice experiences [SCPEs] in Program Management Portal.

March 2014

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

- Updated SCPEs in the Portal.
- Succinct action plan with timeline for addressing standards. No further information requested.

September 2013

Adverse Action-Accreditation-Probation; A focused probation site visit will occur in advance of the September 2015 commission meeting. Maximum class size: 36. The program did not appeal the commission's decision.

Report due November 1, 2013

- Update supervised clinical practice experiences [SCPEs] in Program Management Portal.

Due January 1, 2014 (*Standards*, 4th edition) -

- Succinct action plan with timeline for addressing standards identified below

Due June 1, 2015 (for focused probation visit) (*Standards*, 4th edition) -

- **Standard A1.01** (lacked evidence the 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 [Towson University and CCBC Essex]),
- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A1.08** (lacked evidence that the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A3.19e** (lacked evidence that student files include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student,
- **Standard B1.04** (lacked evidence the curriculum design reflects sequencing that enables students to develop the competencies necessary for current and evolving clinical practice),
- **Standards B3.03b-d** (lacked evidence supervised clinical practice experience provide sufficient patient exposure with patients seeking b) women's health, c) surgical management and d) behavioral and mental health conditions to allow each student to meet program defined requirements),

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- **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 C2.01a-f** (lacked evidence of a self-study report that documents a) the program process of ongoing self-assessment, 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 2012

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

- The summative process. No further information requested.

September 2011

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

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

- **Standards B1.06/B1.09** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standards B7.03b and e/B3.03b and d** (provided evidence every student has supervised clinical practice experiences with patients seeking b) prenatal care and women's health care and care for psychiatric/behavioral conditions),
- **Standard B7.04e** (provided evidence supervised clinical practice experiences are provided in a long-term care setting),
- **Standards C1.01d-e/C1.01** (provided evidence the program collects and analyzes d) student evaluations of individual didactic courses, clinical experiences, and faculty and graduate evaluations of curriculum and program effectiveness),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b4, b5 and b7/C2.01b** (provided evidence the self-study report documents b4) student evaluations of individual didactic courses, clinical experiences and faculty, b5) graduate evaluations of curriculum and program effectiveness and b7) the most recent five-year first time and aggregate graduate performance on the PANCE).
- Provided evidence for the use of PACKRAT.

Additional information (explanation of summative process) due December 31, 2011.

September 2010

Accreditation Continued; Next Comprehensive Evaluation: September 2013. Maximum Student Capacity: 105.

Report due July 1, 2011 (*Standards*, 3rd/4th edition) -

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

- **Standards B1.06/B1.09** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standards B7.03b and e/B3.03b and d** (lacked evidence every student has supervised clinical practice experiences with patients seeking b) prenatal care and women's health care and care for psychiatric/behavioral conditions),
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in a long-term care setting),
- **Standards C1.01d-e/C1.01** (lacked evidence the program collects and analyzes d) student evaluations of individual didactic courses, clinical experiences, and faculty and e) graduate evaluations of curriculum and program effectiveness),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standards C2.01b4, b5 and b7/C2.01b** (lacked evidence the self-study report documents b4) student evaluations of individual didactic courses, clinical experiences and faculty, b5) graduate evaluations of curriculum and program effectiveness and b7) the most recent five-year first time and aggregate graduate performance on the PANCE).
- Explanation of the use of PACKRAT.

March 2009

The commission **accepted the report** addressing 3rd edition No further information requested.

- **Standard A1.07c** (provided evidence the sponsoring institution assures that the program has the human resources needed to process admission applications),
- **Standard A2.23** (provided evidence the program has sufficient administrative and technical support staff),
- **Standard A3.03** (provided evidence announcements and advertising accurately reflect the program offered),
- **Standard A3.07i** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students first time PANCE pass rates for the five most recent graduating classes),
- **Standard A3.13c** (provided evidence student files kept by the program include documentation of remediation),
- **Standard B1.06** (provided evidence the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies for each didactic and clinical course),
- **Standard B7.04e** (provided evidence supervised clinical practice experiences are provided in a long-term care setting),
- **Standards C1.01a, c, e and g** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation, c) student failure rates in individual

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- courses and rotations, e) graduate evaluations of curriculum and program effectiveness and g) graduate performance on the PANCE) and
- **Standards C2.01a, b1, b3, b5, b7 and c** (provided evidence the self-study report documents
 - a) the program's process of ongoing self-assessment,
 - b1) student attrition, deceleration and remediation,
 - b3) student failure rates in individual courses and rotations,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b7) graduate evaluations of curriculum and program effectiveness and
 - c) self-identified program strengths and areas in need of improvement).

March 2008

Accreditation Continued; Next Comprehensive Evaluation: March 2010. Maximum Student Capacity: 105.

Report due January 9, 2009 (*Standards*, 3rd edition) -

- **Standard A1.07c** (lacked evidence the sponsoring institution assures that the program has the human resources needed to process admission applications),
- **Standard A2.23** (lacked evidence the program has sufficient administrative and technical support staff),
- **Standard A3.03** (lacked evidence announcements and advertising accurately reflect the program offered),
- **Standard A3.07i** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students first time PANCE pass rates for the five most recent graduating classes),
- **Standard A3.13c** (lacked evidence student files kept by the program include documentation of remediation),
- **Standard B1.06** (lacked evidence the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies for each didactic and clinical course),
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in a long-term care setting),
- **Standards C1.01a, c, e and g** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation, c) student failure rates in individual courses and rotations, e) graduate evaluations of curriculum and program effectiveness and g) graduate performance on the PANCE) and
- **Standards C2.01a, b1, b3, b5, b7 and c** (lacked evidence the self-study report documents
 - a) the program's process of ongoing self-assessment,
 - b1) student attrition, deceleration and remediation,
 - b3) student failure rates in individual courses and rotations,
 - b5) graduate evaluations of curriculum and program effectiveness,
 - b7) graduate evaluations of curriculum and program effectiveness and

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- c) self-identified program strengths and areas in need of improvement).

September 2003

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

- Clarification of the anatomy course. No further information requested.

March 2003

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

- The transition to the master's degree. Additional information (clarification on the anatomy course) due July 15, 2003.

September 2002

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

- Learning objectives and the associated exams for pathophysiology and pediatrics and internal medicine clinical practicums. No further information requested.

December 2001

The commission **did not accept the report** addressing 1st/2nd edition

- **Standard II B 2 b/B1.4** (lacked evidence learning objectives in all didactic and clinical courses guide student learning).

Additional information (learning objective and associated exams for pathophysiology and pediatrics and internal medicine clinical practicums) due July 15, 2002.

March 2001

Accreditation-Continued; Next Comprehensive Evaluation: March 2008.

Report due August 1, 2001 (*Standards*, 1st/2nd edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 1st to 2nd edition of the *Standards*. The citations listing reflects the 1st edition of the *Standards* and the corresponding standard in the 2nd edition.

- **Standard II B 2 b/B1.4** (lacked evidence learning objectives in all didactic and clinical courses guide student learning).

Due February 1, 2003

- Update on the transition to master's degree program.