

Long Island University Accreditation History

First accredited: September 1972

Next review: July 2027

Maximum class size: 42

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July 2026

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

- How the institution demonstrates its support for program faculty in applying program assessment; how the institution demonstrates its responsibility to support program faculty in preparing a self-study report; job description and CV template for the medical director; and URL for the program's webpage that defines, publishes, and makes readily available evidence of the program's effectiveness in meeting each of its goals for enrolled and prospective students.

Additional information (description of how the institution demonstrates its support for program faculty in conducting program assessment and preparing a self-study report) due September 18, 2026.

Report due September 18, 2026:

- Update accreditation status on program website

January 2026

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

- **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 A2.12** (lacked evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.)
- **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)

Additional information (how the institution demonstrates its support for program faculty in applying program assessment; how the institution demonstrates its responsibility to support program faculty in preparing a self-study report; job description and CV template for the medical director; and URL for the program's webpage that defines, publishes, and makes readily available evidence of the program's effectiveness in meeting each of its goals for enrolled and prospective students) due March 20, 2026.

No additional information required for 5th edition:

- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.07** (provided 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 A1.08** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students)
- **Standard A2.03** (provided 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)
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

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September 2025

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

- Updates to the program's website.

No further information requested.

August 2025

Accreditation-Administrative Probation. Delinquent in paying annual accreditation fees. Administrative Probation removed post receipt of fees.

June 2025 (following Probation review)

Adverse Action-Accreditation-Probation extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*.

The commission noted 18 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the July 2027 commission meeting. The program's maximum class size remains 42.

The commission's decision of extended probation is not appealable.

Report due September 1, 2025:

- Update goals on program website

Report due September 1, 2025 (*Standards*, 5th edition):

- **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 A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **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 A1.08** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students)
- **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)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.12** (lacked evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.)
- **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)

Report due December 1, 2026 (*Standards*, 5th edition) modified self-study report:

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- **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)
- **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)
- **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)
- **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)
- **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)

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 commission **accepted the report** providing evidence of

- Description of how the program makes admission decisions in accordance with the published practices of the institution and program and a weblink URL to the program's published admission criteria.

No further information requested.

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

- **Standard A2.12** (provided evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.

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No further information requested.

September 2024

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

- Updates to the program's Program Management Portal and website.

No further information requested.

March 2024

The commission accepted the findings of the focused site visit. The commission noted one area of noncompliance with the *Standards*.

Report May 1, 2024:

- Update PANCE data in Program Management Portal
- Update success in achieving goals and NCCPA PANCE Pass Rate Summary Report on website

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

- **Standard A2.12** (lacked evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.

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

- **Standard A1.02a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (provided evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.03a** (provided evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for maintenance of certification and licensure)
- **Standard A1.07** (provided evidence 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 A1.11a** (provided evidence the sponsoring institution demonstrates its 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 A1.11b** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies)
- **Standard A1.11c** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in

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retention strategies)

- **Standard A2.01** (provided evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)
- **Standard A2.03** (provided 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)
- **Standard A2.04** (provided evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)
- **Standard A2.06b** (provided evidence program director be a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)
- **Standard A2.09b** (provided evidence program director is knowledgeable about and responsible for program administration)
- **Standard A2.09d** (provided evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (provided evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A2.18b** (provided evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.04** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not be required to work for the program)
- **Standard A3.05a** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not substitute for or function as instructional faculty)
- **Standard A3.07a** (provided evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students based on the current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- **Standard A3.08a** (provided evidence the program defines, publishes, makes readily available and consistently applies policies, including methods of prevention, addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must:
- **Standard A3.12b** (provided evidence 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 A3.12f** (provided evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuitions, fees, etc.] related to the program)
- **Standard A3.14** (lacked evidence program makes student admission decisions in accordance

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with clearly defined and published practices of the institution and program)

- **Standard A3.15f** (provided evidence program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for allegations of student mistreatment)
- **Standard B1.03e** (provided 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, and that guide student acquisition of required competencies)
- **Standard B1.03g** (provided 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)
- **Standard B2.04** (provided evidence the curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals)
- **Standard B2.11c** (provided evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11d** (provided evidence the curriculum includes instruction in patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11e** (provided evidence the curriculum includes instruction in patient response to stress area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.15b** (provided evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)
- **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 B4.01a** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard C1.01a** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement,

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including addressing effectiveness of the clinical curriculum)

- **Standard C1.01d** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing preparation of graduates to achieve program define competencies)
- **Standard C1.01e** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing PANCE performance)
- **Standard C1.01f** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.01g** (provided evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing success in meeting program's goals)
- **Standard C2.01c** (provided 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)

Additional information (description of how the program makes admission decisions in accordance with the published practices of the institution and program and a weblink URL to the program's published admission criteria) due October 1, 2024 .

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

- **Standard E1.05** (provided evidence the program demonstrates active recruitment to permanently fill vacated or interim positions)

No further information requested.

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

- Updates to the program's Program Management Portal and website.

No further information requested.

June 2023

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

- The sponsoring institution's responsibility for program assessment, effective leadership, and compliance with ARC-PA accreditation *Standards* and policies.
- The sponsoring institution's provision to the program with sufficient principal faculty and administrative staff to operate the educational program, comply with *Standards*, and fulfill obligations to matriculating and enrolled students.
- The sponsoring institution's demonstration of its commitment to supporting the program in defining its goal(s) for diversity, equity and inclusion for students, faculty, and staff, including recruitment and retention strategies.

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- The program's policies defined, published, and made readily available about students working for the program, substituting/function as instructional faculty, immunization policies, prevention of infectious and environmental hazards, and student mistreatment.
- Didactic courses with defined and published learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.
- A curriculum with evidence of instruction that addresses interpersonal and communication skills with patient families, normal and abnormal development across the life span, patient response to illness, injury, and stress, and role of the practicing PA with the public health system.
- The program's methods of assessment in the didactic courses align with what is expected and taught in the didactic curriculum.
- The program's methods of assessment in supervised clinical practice experiences monitored and documented the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes in a timely manner.
- Documented evaluation of clinical sites to ensure students were able to fulfill program learning outcomes with access to supervision.
- A fully defined, ongoing self-assessment process that documented program effectiveness and fostered program improvement; that addressed administrative aspects of the program and institutional resources; effectiveness of the didactic and clinical curriculum; preparation of graduates to achieve program defined competencies; PANCE performance; sufficiency and effectiveness of principal and instructional faculty and staff; and success in meeting the program's goals.
- A self-assessment process that provided evidence of data collection to address all aspects of the program, performance of critical analysis of data, and applying results of analysis leading to conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis and linked the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- Submission of the continuing application and associated documents as required.
- Maintenance of program's information in the ARC-PA Program Management Portal.

A focused probation visit will occur in advance of the June 2025 commission meeting. The program's maximum class size remains 42. The program requested reconsideration of the commission's action. The action was upheld.

Report due August 15, 2023 (*Standards*, 5th edition):

- **Standard E1.05** (lacked evidence the program demonstrates active recruitment to permanently fill vacated or interim positions)

Report due October 1, 2023 (*Standards*, 5th edition):

- **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 A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)

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- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standard A1.03a** (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for maintenance of certification and licensure)
- **Standard A1.07** (lacked evidence 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 A1.11a** (lacked evidence the sponsoring institution demonstrates its 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 A1.11b** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies)
- **Standard A1.11c** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in retention strategies)
- **Standard A2.01** (lacked evidence all program faculty possesses 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)
- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)
- **Standard A2.06b** (lacked evidence program director be a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)
- **Standard A2.09b** (lacked evidence program director is knowledgeable about and responsible for program administration)
- **Standard A2.09d** (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.04** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy that PA students must not be required to work for the program)
- **Standard A3.05a** (lacked evidence the program defines, publishes, makes readily available and

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consistently applies a policy that PA students must not substitute for or function as instructional faculty)

- **Standard A3.07a** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students based on the current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- **Standard A3.08a** (lacked evidence the program defines, publishes, makes readily available and consistently applies policies, including methods of prevention, addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those policies must:
- **Standard A3.12b** (lacked evidence 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 A3.12f** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuitions, fees, etc.] related to the program)
- **Standard A3.14** (lacked evidence program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard A3.15f** (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for allegations of student mistreatment)
- **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, and that guide student acquisition of required competencies)
- **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)
- **Standard B2.04** (lacked evidence the curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals)
- **Standard B2.11c** (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11d** (lacked evidence the curriculum includes instruction in patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.11e** (lacked evidence the curriculum includes instruction in patient response to stress area of social and behavioral sciences and its application to clinical practice)
- **Standard B2.15b** (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students

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to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)

- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard C1.01a** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing administrative aspects of the program and institutional resources)
- **Standard C1.01b** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the didactic curriculum)
- **Standard C1.01c** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the clinical curriculum)
- **Standard C1.01d** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing preparation of graduates to achieve program define competencies)
- **Standard C1.01e** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing PANCE performance)
- **Standard C1.01f** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)
- **Standard C1.01g** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing success in meeting program's goals)
- **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 December 1, 2024 (*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)

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- **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 C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)
- **Standard E1.04a** (lacked evidence program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its position of program director [or interim] within two business days of the vacancy)

September 2020

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

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

March 2017

Program Change: Increase in class size (42 to 63), effective August 2017. The commission **did not approve the class size increase**. The application did not document compelling reasons for expansion.

September 2016

Program Change: Increase in class size (42 to 63), effective August 2017. The commission **did not approve the class size increase**. The application was incomplete and did not demonstrate compelling reasons for expansion.

May 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from March 2020 to March 2023 due to this change.

September 2015

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

- Updated Portal and website. No further information requested.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 42.

Report due May 1, 2015

- Update Program Management Portal with PANCE pass rate data and update website with program's success in achieving goals.

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March 2014

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

- Website updated with PANCE Pass Rate Summary Report. No further information requested.

September 2013

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

- **Standard A1.03a** (provided evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection and in program assessment),
- **Standard A2.09d** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard C1.01** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b and d**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment). No further information requested.

The program's website was reviewed prior to the commission meeting. PANCE pass rate data was not on the website. Website update due by November 1, 2013.

March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Focused visit: March 2015.

Maximum class size: 42.

Report due June 15, 2013 (*Standards*, 4th edition) -

Action plan for bringing the program into compliance with the following

- **Standard A1.03a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection and in program assessment),
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis),
- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- **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 and d**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and d) modifications that occurred as a result of self-assessment).

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

- Indicate how the above standards have been addressed/resolved and complete Self-Study templates (Appendix 13). Program responses will be the basis of the focused visit.

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September 2011

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

- Curriculum and personnel responsibilities comparison. No further information requested.

March 2011

Program Change: Change in degree awarded (baccalaureate to master's), effective August 2011. The commission **acknowledged the proposed change**. Additional information (comparison of new and old curriculum and personnel responsibilities) by July 1, 2011.

March 2009

The commission **accepted the report** addressing 3rd edition

- **Standard B7.04e** (provided evidence supervised clinical practice experiences are provided in long-term care settings),
- **Standard B7.05b** (provided evidence supervised clinical practice experiences occur with residency-trained physicians or other licensed health care professionals experienced in family medicine),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
- **Standard D1.01** (provided evidence student health records are confidential). No further information requested.

March 2008

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 84.
Report due January 9, 2009 (*Standards*, 3rd edition) –

- **Standard B7.04e** (lacked evidence supervised clinical practice experiences are provided in long-term care settings),
- **Standard B7.05b** (lacked evidence supervised clinical practice experiences occur with residency-trained physicians or other licensed health care professionals experienced in family medicine),
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program) and
- **Standard D1.01** (lacked evidence student health records are confidential).

March 2006 (Long Island University)

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

- The program evaluation process. No further information requested.

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September 2005 (Long Island University/Brooklyn Hospital Center)

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

- The sole sponsorship. No further information requested.

March 2005 (Long Island University/Brooklyn Hospital Center)

The commission **acknowledged the report** addressing 2nd edition

- **Standard A1.3** (provided evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **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 A4.8** (provided evidence instructional models, computer hardware and software, reference materials, and audio and visual resources are available to facilitate faculty teaching and student learning),
- **Standard A5.8** (provided evidence policies by which students may work within the program or institution while enrolled in the program are published and made available to all students),
- **Standard A5.17b** (provided evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning are clearly defined, published, and readily available to prospective students),
- **Standard C1.1** (provided evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- **Standards C2.2c and f** (provided evidence self-study reports include critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standards C4.1a-c** (provided evidence self-study reports document a) process and results of continuous evaluation, b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement).

Additional information (sole sponsorship agreement and documentation of financial support) due July 15, 2005. Due January 13, 2006 (update on ongoing program evaluation process).

September 2004 (Long Island University/Brooklyn Hospital Center)

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

- The sponsor, written policies, methods to conduct/collect/analyze data from employer survey, description of process for submission of student health information and clarification of exam room space.

Additional information (resolution of sponsorship) due January 17, 2005.

March 2004 (Long Island University/Brooklyn Hospital Center)

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First accredited: September 1972

Next review: July 2027

Maximum class size: 42

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Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 84.
Report due July 15, 2004

- Clarify the sponsor, provide written policies, detail methods to conduct/collect/analyze data from employer survey, describe process for submission of student health information and clarify exam room space.

Due January 17, 2005 (*Standards*, 2nd edition).

- **Standard A1.3** (lacked evidence one sponsor is clearly identified as being ultimately responsible for the program),
- **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 A4.8** (lacked evidence instructional models, computer hardware and software, reference materials, and audio and visual resources are available to facilitate faculty teaching and student learning),
- **Standard A5.8** (lacked evidence policies by which students may work within the program or institution while enrolled in the program are published and made available to all students),
- **Standard A5.17b** (lacked evidence policies regarding advanced placement, transfer of credit, and credit for experiential learning are clearly defined, published, and readily available to prospective students),
- **Standard C1.1** (lacked evidence the program has a formal self-evaluation process for continually and systematically reviewing the effectiveness of the education it provides and for assessing its compliance with the *Standards*),
- **Standards C2.2c and f** (lacked evidence self-study reports include critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standards C4.1a-c** (lacked evidence self-study reports document a) process and results of continuous evaluation, b) outcome data analysis and c) self-identified program strengths, weaknesses, and opportunities for improvement).

March 2000 (Long Island University/Brooklyn Hospital Center)

The commission **accepted the report** addressing 1st edition

- **Standard I E** (provided evidence the program has a planned, systematic review of the effectiveness of education it provides for assessing its compliance with the *Standards*). No further information requested.

March 1999 (Long Island University/Brooklyn Hospital Center)

Accreditation-Continued; Next Comprehensive Evaluation: March 2004.

Report due February 1, 2000 (*Standards*, 1st edition) -

- **Standard I E** (lacked evidence the program has a planned, systematic review of the effectiveness of education it provides for assessing its compliance with the *Standards*).

Long Island University
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NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.