US Army Medical Center of Excellence (Interservice PA Program)
Accreditation History

First accredited: April 1996
Next review: October 2027
Maximum class size: 80

October 2026

The commission **reviewed and more information requested** of the report addressing 6th edition

- ***Standard A2.16a*** (lacked evidence the *supervised clinical practice experience* (*SCPE*) *instructional faculty* consists of PAs who hold or have held *NCCPA* certification)
- ***Standard A2.16b*** (lacked evidence the *supervised clinical practice experience* (*SCPE*) *instructional faculty* consists of physicians who hold or have held board certification)
- ***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)
- ***Standard A2.16d*** (lacked evidence the *supervised clinical practice experience* (*SCPE*) *instructional faculty* consists of no more than 10% other clinicians who are vetted by the program as qualified)
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the *instructional objectives* in measurable terms that guide student learning in syllabi or an appendix to the syllabi)
- ***Standard B1.03g*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)
- ***Standard B1.03i*** (lacked evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the plan for grading)
- ***Standard B3.02b*** (lacked evidence the program's process clearly documents the initial and ongoing evaluation of all sites and *preceptor*s used for *supervised clinical practice experiences*, to ensure students have access to patient populations needed to meet the *learning outcomes* of the specific *SCPE)*
- ***Standard B4.01a*** (lacked evidence the program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* 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 to ensure students meet the program's *learning outcomes* 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 (completed ARC-PA Preceptor License Cert Template, description of vetting process used to determine if "other clinicians" are qualified to serve as preceptors, revised didactic course syllabi including grading plan, and description of initial and ongoing evaluation process used evaluate clinical sites and preceptors) due January 31, 2027.
Report due November 16, 2026

- Update number of students and PANCE pass rate data in the Program Management Portal

No additional information required for 6th edition:

- ***Standard B1.01b*** (provided evidence the curriculum is consistent with program *competencies)*
- ***Standard B1.03e*** (provided evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies* in syllabi or an appendix to the syllabi)
- ***Standard B1.03f*** (provided evidence that for each didactic and clinical course (including required and *elective rotation*s), the program defines and *publishes* for students the *instructional objectives* in measurable terms that guide student learning in syllabi or an appendix to the syllabi)
- ***Standard B2.06c*** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for gender identity)
- ***Standard B2.06d*** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion and spirituality)
- ***Standard B2.06e*** (provided evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for sexual orientation)
- ***Standard B2.07b*** (provided evidence the curriculum includes instruction performing complete and focused physical examinations across all age groups)
- ***Standard B2.07d*** (provided evidence the curriculum includes instruction in ordering and interpreting diagnostic studies)
- ***Standard B2.07e*** (provided evidence the curriculum includes instruction in patient management, including acute and chronic care plans)
- ***Standard B2.11b*** (provided evidence the curriculum includes instruction in the human sexuality area of social and behavioral sciences and its application to clinical practice)
- ***Standard B2.11c*** (provided evidence the curriculum includes instruction in the psychosocial effects of illness, stress, and injury area of social and behavioral sciences and its application to clinical practice)
- ***Standard B3.02a*** (provided evidence the program's process clearly documents the initial and ongoing evaluation of all sites and *preceptor*s used for *supervised clinical practice experiences*, to ensure students have access to the physical facilities needed to meet the *learning outcomes* for the specific *SCPE)*
- ***Standard B3.02c*** (provided evidence the program's process clearly documents the initial and ongoing evaluation of all sites and *preceptor*s used for *supervised clinical practice experiences*, to ensure students have access to supervision)
- ***Standard B3.03a*** (provided evidence s*upervised clinical practice experiences* must enable all students to meet the program's *learning outcomes* for preventive patient encounters)
- ***Standard B3.03b*** (provided evidence s*upervised clinical practice experiences* must enable all students to meet the program's *learning outcomes* for acute patient encounters)
- ***Standard B3.03c*** (provided evidence s*upervised clinical practice experiences* must enable all students to meet the program's *learning outcomes* for chronic patient encounters)

- ***Standard B3.06a*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for family medicine)
- ***Standard B3.06b*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for emergency medicine, including emergent care)
- ***Standard B3.06c*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for internal medicine, including elderly patients)
- ***Standard B3.06d*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for surgery, including pre-operative, intra-operative, and post-operative care)
- ***Standard B3.06e*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for pediatrics, including care for infants, children, and adolescents)
- ***Standard B3.06f*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for women's health, including prenatal and gynecologic care)
- ***Standard B3.06g*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for behavioral and mental health care

The program's PANCE pass rate percentage was 85% or less for its Cohort 23-3. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. No further information requested at this time.

<u>July 2026</u>
The commission **reviewed and requested more information of the report** addressing 5th edition

- ***Standard A2.16*** (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***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 (Preceptor License Cert Template and clarification of current program goals) due September 16, 2026 and January 31, 2027.
Report due September 16, 2026:

- Update Graduation Rate Table on program website.

No additional information required for 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 complying with ARC-PA accreditation Standards and policies)
- ***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 A2.08c*** (provided evidence the program director provides effective leadership by exhibiting proactive problem solving)
- ***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)
- ***Standard A2.09h*** (provided evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard A2.14*** (provided evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)

<u>Aprill 2026</u>
The program's PANCE pass rate percentage was 85% or less for the class of 2025-Cohort 1. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. No further information requested.

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

- ***Standard A2.09a*** (provided evidence the program director is knowledgeable about and responsible for program organization)
- ***Standard A2.09b*** (provided evidence the program director is knowledgeable about and responsible for program administration)
- ***Standard A2.09e*** (provided evidence the program director is knowledgeable about and responsible for program planning)
- ***Standard B1.01d*** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)

and noted 0 areas of noncompliance with the *Standards*.

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

- Updated Personnel, Student, Main Campus, and Courses tabs of Program Management Portal

and affiliation agreements.

Report due June 15, 2025:

- Update Graduation Rate Table on website

<u>September 2025</u>

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding failure of the PA Program to provide the following:

- Evidence of sufficient principal faculty to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.
- Evidence of a qualified program director who is both knowledgeable of, and responsible for, continuous programmatic review and analysis, completion of ARC-PA documents, and ensuring compliance with ARC-PA accreditation requirements.
- A complete didactic curriculum that addressed essential instruction, including (but not limited to) complete and focused physical examination of geriatric patients, ordering and interpreting diagnostic studies, patient management in both acute and chronic care plans, and patient response to illness and injury.
- Comprehensive clinical course syllabi that identified topics, learning outcomes and instructional objectives to guide student acquisition of required competencies and a plan for grading.
- Evidence that all physician and PA preceptors were certified in their area of instruction and that other health care professionals met program defined qualifications.
- Evidence that all supervised clinical practice experiences (SCPEs) enabled each student to meet program defined learning outcomes.
- Evidence of a defined ongoing self-assessment process that is designed to document program effectiveness and foster program improvement to include administrative aspects of the program and institutional resources, effectiveness of the didactic curriculum, effectiveness of the 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.
- Evidence of ongoing data collection and implementation of critical analysis of data to identify program strengths, areas in need of improvement, and action plans to foster programmatic improvement.
- A self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.
- Complete and accurate submission of reports or documents as required by the ARC-PA.

The commission noted 59 areas of noncompliance with the *Standards* and 4 new observations by the commission. A focused probation visit will occur in advance of the October 2027 commission meeting. The program's maximum class size remains 80.

Report due January 12, 2026:

- Update Personnel, Student, Main Campus, and Courses tabs of Program Management Portal and upload affiliation agreements.

Report due March 23, 2026 (*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 A1.02d*** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- ***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 A2.08c*** (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- ***Standard A2.09g*** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- ***Standard A2.09h*** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.
- ***Standard A2.14*** (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)
- ***Standard A2.16*** (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)
- ***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 June 22, 2026 (*Standards*, 5th edition):

- ***Standard B1.01b*** (lacked evidence the curriculum is consistent with program competencies)
- ***Standard B1.03e*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- ***Standard B1.03f*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)

- ***Standard B1.03h*** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi**,** the plan for grading)
- ***Standard B2.06c*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for gender identity)
- ***Standard B2.06d*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- ***Standard B2.06e*** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for sexual orientation)
- ***Standard B2.07b*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including performing complete and focused physical examinations)
- ***Standard B2.07d*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including ordering and interpreting diagnostic studies)
- ***Standard B2.07e*** (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including patient management including acute and chronic care plans)
- ***Standard B2.11b*** (lacked evidence the curriculum includes instruction in the human sexuality area of social and behavioral sciences and its application to clinical practice)
- ***Standard B2.11d*** (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical)
- ***Standard B3.03a*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- ***Standard B3.03b*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- ***Standard B3.03c*** (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)
- ***Standard B3.03e*** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06b*** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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 B3.07b*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- ***Standard B3.07c*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- ***Standard B3.07d*** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- ***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 and that align with what is expected and taught)
- ***Standard B4.01b*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard C2.01a*** (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 physical facilities)
- ***Standard C2.01b*** (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 patient populations)
- ***Standard C2.01c*** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due February 28, 2027 (*Standards*, 5th edition) modified self-study report:

- ***Standard C1.01a*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)

- ***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 C1.01d*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- ***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 C1.01g*** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)
- ***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)

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

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

Commission observation response due January 12, 2026 (*Standards*, 5th edition):

- ***Standard A2.09a*** (lacked evidence the program director is knowledgeable about and responsible for program organization)
- ***Standard A2.09b*** (lacked evidence the program director is knowledgeable about and responsible for program administration)

- ***Standard A2.09e*** (lacked evidence the program director is knowledgeable about and responsible for program planning)
- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)

June 2023
Program Change: Change in fiscal support. The commission **acknowledged the proposed change**. No further information requested.

September 2021
Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in September 2021. Administrative-Probation removed post receipt of fee.

August 2021
Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2021.

June 2021
The commission **accepted the quarterly report** addressing 4th edition

- ***Standard A1.09*** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students). No further information requested.

March 2021
The commission **accepted the quarterly report** addressing 4th edition

- ***Standard A1.09*** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students). No further information requested.

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

- Updated PANCE performance summary report on program website and updated web URL. No further information requested.

September 2020
The commission **did not approve the request** addressing 5th edition

- ***Standard B3.02*** (exception to allow clinical training to occur at a clinical site with preceptors that are located outside of the United States). No further information requested.

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

- ***Standard A1.09*** (provided evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students). No further information requested.

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

- Updated accreditation status on program website. No further information requested.

March 2020

The commission **did not accept the reports** addressing 4th edition

- ***Standard A1.09*** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students).

Report due April 20, 2020

- Update accreditation status on program website.

Report due May 18, 2020 (and then quarterly) (*Standards*, 4th edition) -

- ***Standard A1.09*** (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students).

March 2016

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

- ***Standard B1.09*** (provided evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies) and
- ***Standard C3.04*** (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 is prepared to enter clinical practice). No further information requested.

September 2015

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 80.
Report due February 5, 2016 (*Standards*, 4th edition) -

- ***Standard B1.09*** (lacked evidence for each clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies) and
- ***Standard C3.04*** (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 is prepared to enter clinical practice).

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

- ***Standard A3.21*** (lacked evidence student health records are confidential and not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student)

Program Change: Change in degree (program unable to grant master's degree; affiliated with the University of Nebraska Medical Center to grant the degree). The commission **approved the master's curriculum**. No further information requested.

March 2014

Accreditation-Administrative Probation. The Annual Report was due December 31, 2013. Administrative-Probation removed post receipt of annual report on January 7, 2014.

March 2010
The commission **approved the report** addressing 3rd edition

- ***Standard A2.14*** (provided evidence each individual sharing the position of medical director has defined roles and responsibilities),
- ***Standard B7.02*** (provided evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location) and
- ***Standard C3.06*** (provided evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice). No further information requested.

September 2009
Continuing Accreditation; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 466.
Report due December 31, 2009 (*Standards*, 3rd edition) -

- ***Standard A2.14*** (lacked evidence each individual sharing the position of medical director has defined roles and responsibilities),
- ***Standard B7.02*** (lacked evidence the program assures that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location) and
- ***Standard C3.06*** (lacked evidence the program documents a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice).

September 2008
Program Change: Change in maximum student capacity (360 to 466), effective January 2009. The commission **acknowledged the proposed change**. No further information requested.

March 2005
The commission **acknowledged the report** providing evidence of

- Student placements in long-term care settings. No further information requested.

September 2004
The commission **acknowledged the report** addressing 2nd edition

- ***Standard B6.3*** (provided evidence clinical experiences are provided in long-term care settings) and
- ***Standards C2.2e-f*** (provided evidence the self-study includes critical analysis of e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such

matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement).

Additional information (update on student placements in long-term care settings) due January 14, 2005.

September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 360.

Report due July 15, 2004 (*Standards*, 2nd edition) -

- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings) and
- ***Standards C2.2e-f*** (lacked evidence the self-study includes critical analysis of e) timely surveys of graduates evaluating curriculum and program effectiveness and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement).

September 2002

Program Change: Change in degree awarded (baccalaureate to master's), effective January 2003. The commission **acknowledged the program change**. No further information requested.

September 1998

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

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1996 by CAAHEP is not available.