**Commonwealth University of Pennsylvania**
**(formerly Lock Haven University)**
**Accreditation History**

First accredited: October 1997
Next review: April 2027
Maximum class size: 72 (includes main campus and 3 distant campuses-Clearfield, Coudersport, Harrisburg)


October 2026
The commission **Reviewed and Requested More Information** of the report addressing:

- How the institution provides sufficient release time to the program director and principal faculty for continuing medical education (CME) and professional development; how the institution provides sufficient financial resources to operate the educational program and fulfill the obligations to matriculating and enrolled students; number of program faculty needed to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students; description of support provided to the program by the sponsoring institution in securing sufficient clinical sites and preceptors to allow all students to meet the program's learning outcomes for supervised clinical practice experiences; website URL(s) where the number and location of all program campuses are accurately defined, published, and made readily available to enrolled and prospective students; evidence demonstrating the program has sufficient active clinical sites/preceptors for clinical year students to enable students to meet the program's learning outcomes for each required and elective rotation; and description of how the rotation-specific preceptor evaluation allows the program to identify and address any student deficiencies related to diagnostic studies and treatment and management strategies in a timely manner

No report due. The program is expected to demonstrate compliance at the upcoming Probation site visit.

July 2026
The commission **accepted** the report addressing the observation for 6th edition

- ***Standard A3.11f*** (provided evidence the program publishes and makes readily available to enrolled and prospective students current program information, including estimates of the total cost of enrollment)

and noted zero (0) areas of noncompliance with the *Standards*.

January 2026
The commission **Reviewed and More Information Requested** of the report addressing 5th edition:

- ***Standard A1.02d*** (lacked evidence the sponsoring institution is responsible 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, maintenance of certification and licensure)
- ***Standard A1.03b*** (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 professional development directly relevant to PA education)
- ***Standard A1.06*** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)
- ***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 A1.10a*** (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 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 A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard A3.12d*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- ***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 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 (how the institution provides sufficient release time to the program director and principal faculty for continuing medical education (CME) and professional development; how the institution provides sufficient financial resources to operate the educational program and fulfill the obligations to matriculating and enrolled students; number of program faculty needed to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students; description of support provided to the program by the sponsoring institution in securing sufficient clinical sites and preceptors to allow all students to meet the program's learning outcomes for supervised clinical practice experiences; website URL(s) where the number and location of all program campuses are accurately defined, published, and made readily available to enrolled and prospective students; evidence demonstrating the program has sufficient active clinical sites/preceptors for clinical year students to enable students to meet the program's learning outcomes for each required and elective rotation; and description of how the rotation-specific preceptor evaluation allows the program to identify and address any student deficiencies related to diagnostic studies and treatment and management strategies in a timely manner) due June 8, 2026.

No report required for:

- ***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 A3.12d*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- ***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 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)
- ***Standard C1.01a*** narrative (provided 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*** narrative (provided 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*** narrative (provided 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*** narrative (provided 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*** narrative (provided 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*** narrative (provided 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 C2.01b*** (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 patient populations)

Report due March 4, 2026:

- Update Personnel tab of Program Management Portal

Commission observation response due March 20, 2026 (*Standards*, 6th edition):

- ***Standard A3.11f*** (lacked evidence the program publishes and makes readily available to enrolled and prospective students current program information, including estimates of the total cost of enrollment)

The program received a Warning Letter regarding the sponsoring institution's support for the program.

<u>September 2025</u>

The commission reviewed the report addressing the observations for 5th edition

- ***Standard C1.02a*** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)

- ***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)

and noted 4 areas of noncompliance with the *Standards*. No report due as the program will submit a modified self-study report in October 2026.

No report required for:

- ***Standard B3.03b*** (provided 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*** (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])

<u>June 2025</u>
The commission **did not accept the** November 21, 2024 report addressing 5th edition

- ***Standard A1.02g*** (lacked evidence sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- ***Standard A1.06*** (lacked evidence sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students)
- ***Standard A2.10*** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- ***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 B3.07e*** (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 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)

No further information requested at this time.

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

- Update to Budget tab and PANCE pass rate data in Program Management Portal.

No further information requested.

March 2025

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

- The sponsoring institutions responsibility for program assessment and compliance with the ARC-PA Standards and policies.
- The sponsoring institution's responsibility to provide the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.
- 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 support for the program in securing sufficient clinical sites and preceptors to allow students to meet the program learning outcomes for supervised clinical practice experiences.
- A clinical curriculum with sufficient breadth and depth to prepare the student for the clinical practice of medicine.
- Ensuring educational equivalency of course content when instruction is provided by different pedagogical and instructional methods or techniques for some students.
- Securing supervised clinical practice experiences and preceptors who enable students to meet program defined learning outcomes for pediatric and women's health to include prenatal and gynecologic care.
- The program's methods of assessment in the clinical courses align with what is expected and taught in the clinical curriculum.
- The program's methods of assessment for the supervised clinical practice experiences monitor and document 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 equivalency of student evaluation methods and outcomes when instruction was provided by different instructional methods or techniques for some students.
- 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; and sufficiency and effectiveness of principal and instructional faculty and staff.
- Evidence of the consistent implementation of the program's ongoing self-assessment process through the performance of critical data analysis to address all aspects of the program.

The commission noted 26 areas of noncompliance with the *Standards* and 6 new observations by the commission. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 72. The program did not appeal the commission's decision. Report due August 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 A1.02d*** (lacked evidence the sponsoring institution is responsible 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, maintenance of certification and licensure)
- ***Standard A1.03b*** (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 professional development directly relevant to PA education)
- ***Standard A1.06*** (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)
- ***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 A1.10a*** (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 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 A3.11*** (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)
- ***Standard A3.12d*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- ***Standard B1.01d*** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- ***Standard B1.04b*** (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 B3.07e*** (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 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 C1.01a*** narrative (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*** narrative (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*** narrative (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*** narrative (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*** narrative (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*** narrative (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)

Report due June August 3, 2026 (*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 C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***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)

No report due (commission expects program to demonstrate responsibility for complying with the standard at the probation visit):

- ***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)

Observation response due May 16, 2025 (Standards, 5th edition):

- ***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 C1.02a*** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- ***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)

The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

<u>September 2024</u>
Program Change: Expansion to a distant campus. The commission **does not approve** the expansion to the distant campus in Mansfield, PA.
Report due November 21, 2024:

- Update Budge tab in Program Management Portal.

- Update PANCE pass rate average over five years on website.

Report due November 21, 2024 (*Standards*, 5th edition):

- ***Standard A1.02g*** (lacked evidence sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)
- ***Standard A1.06*** (lacked evidence sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students)
- ***Standard A2.10*** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- ***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 B3.07e*** (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 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)

<u>September 2022</u>
Program Change: Change in program sponsorship. The Commission **approved** the proposed change in program sponsorship from Lock Haven University to Commonwealth University of Pennsylvania, effective July 1, 2022 . No further information is requested.

<u>March 2022</u>
Program Change: Change in Distant Campus location. The Commission **approved** the relocation of the Harrisburg, PA distant campus from the Dixon University Center to Harrisburg Area Community College. No further information requested.

<u>September 2021</u>
The commission **accepted the report** providing evidence of

- Follow-up for the class of 2021 on graduation, including confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

<u>March 2021</u>

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

- The placement of the class of 2021 in supervised clinical practice experiences.

Additional information (updated report after graduation of the class of 2021, including confirmation that all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due July 1, 2021.

September 2020

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

- Follow-up regarding the program's plans in response to COVID-19.

Additional information (confirmation of the placement of the class of 2021 in supervised clinical practice experiences) due October 1, 2020.

June 2020

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

- The proposed plan in response to COVID-19.

Additional information (for the class of 2020-number of supervised clinical practice experiences completed, planned graduation date, proposed graduation date for students who needed additional clinical training, detailed information on proposed virtual clinical education and institutional approval of plans) due July 1, 2020.

June 2018

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

- Sufficiency of administrative support. No further information requested.

March 2018

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

- ***Standard A2.10*** (provided evidence the program director supervises the principal faculty and staff in all activities that directly relate to the PA program) and
- ***Standard A2.18*** (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).

Additional information (sufficiency of administrative support) due February 16, 2018.

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

- Updated website and Portal. No further information requested.

September 2017

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum class size: 72.
Reports due October 25, 2017

- Update website with accreditation status and update link in Program Management Portal to website.

November 10, 2017 (*Standards*, 4th edition) -

- ***Standard A2.10*** (lacked evidence the program director supervises the principal faculty and staff in all activities that directly relate to the PA program) and

- ***Standard A2.18*** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).

July 2017
The program received an alert through the Program Management Portal that the number of students exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

March 2014
The commission **accepted the report** providing evidence of

- Updated website and report addressing SCPEs in non-pediatrics/ob/gyn/and psychiatric settings.

September 2013
The commission **accepted the report** addressing 4th edition

- ***Standard B3.02*** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standards B3.03a, b and d*** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions),
- ***Standard B3.04b*** (provided evidence of SCPEs occurring in emergency departments) and
- ***Standards*** **B3.07d-f** (provided evidence of SCPEs with preceptors practicing in d) pediatrics. e) ob/gyn and f) behavioral and mental health).

Additional information (update website link to PANCE Pass Rate Summary Report and report addressing SCPEs in non-pediatrics, non-ob/gyn settings and non-psychiatric settings) due October 31, 2013.

September 2012
Accreditation-Continued; Next Comprehensive Review: September 2017. Maximum Student Capacity: 144. Report due July 1, 2013 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- ***Standards B3.03a, b and d*** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health and d) behavioral and mental health conditions),
- ***Standard B3.04b*** (lacked evidence of SCPEs occurring in emergency departments) and
- ***Standards*** **B3.07d-f** (lacked evidence of SCPEs with preceptors practicing in d) pediatrics. e) ob/gyn and f) behavioral and mental health).

September 2009
Program Change: Expansion to a distant site (two distant sites, one in Coudersport, PA and the other in Harrisburg, PA). The commission **approved the proposed expansion** and a **change in the maximum aggregate** enrollment to 140. No further information requested.

**Commonwealth University of Pennsylvania**
**(formerly Lock Haven University)**
**Accreditation History**



September 2005
Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 92. The commission noted zero areas of noncompliance with the *Standards*.

September 2004
The commission **acknowledged the report** providing evidence of

- The clinical educational equivalency of the program at the branch campus in Clearfield, PA, and the main campus. No further information requested.

September 2003
The commission **accepted the report** providing evidence of

- Didactic educational equivalency of the program at the branch campus in Clearfield, PA, and the main campus. No further information requested.

September-December 2001
The commission **approved an increase in enrollment** from 60 to 84 and **acknowledged the distant campus** in Clearfield, PA. Reports due July 15, 2003 and July 15, 2004 (documentation of educational equivalency in didactic year [2003] and clinical year [2004]).

March 2001
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1 c (3)*** (provided evidence of a sufficient number of faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence needed for entry to the profession) and
- ***Standard I B 1 d*** (provided evidence of a sufficient number of clerical and other support staff). No further information requested.

The commission **did not acknowledge** and **did not approve** the proposal of the Corrections Medicine Track as it appeared to be a separate program.

September 2000
Accreditation-Continued; Next Comprehensive Evaluation: September 2005.
Report due January 15, 2001 (*Standards*, 1st edition) -

- ***Standard I B 1 c (3)*** (lacked evidence of a sufficient number of faculty to provide students with adequate attention, instruction, and supervised practice to acquire the knowledge and competence needed for entry to the profession) and
- ***Standard I B 1 d*** (lacked evidence of a sufficient number of clerical and other support staff).

September 1998
The commission **accepted the report** providing evidence of

- Faculty office space and documentation of student health. No further information requested.

**Commonwealth University of Pennsylvania**
**(formerly Lock Haven University)**
**Accreditation History**

First accredited: October 1997
Next review: April 2027
Maximum class size: 72 (includes main campus and 3 distant campuses-Clearfield, Coudersport, Harrisburg)


October 1997

Accreditation-Provisional; Next Comprehensive Evaluation: September 2000.
Report due August 1, 1998 (*Essentials*, 1997)

- *Essentials I B 3 a* (lacked evidence that faculty office space is adequate) and
- *Essentials I C 3 a* (lacked evidence the program documents students are free from conditions that endanger other students or patients).