Le Moyne College
Accreditation History

First accredited: April 1996
Next review: July 2031
Maximum class size: 75

October 2026
The program's PANCE pass rate percentage was 85% or less for its 2025 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested more information of the report**. Revised and resubmitted PANCE report due October 23, 2026.

March 2023
The commission **accepted** the report addressing 5th edition

- ***Standard C1.02c.i, ii and iii*** (provided evidence the program applies the results of its ongoing self-assessment process by applying the results that lead to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans) and
- ***Standard C1.03*** (provided evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

No further information requested.

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.

September 2021
The commission **accepted the report** addressing 5th edition

- ***Standard B4.01b*** (provided evidence the program conducts student evaluations in the supervised clinical education components that allow the program to identify and address any student deficiencies in a timely manner). No further information requested.

June 2021
Program Change: Change in class size (one-time temporary increase from 75 to 80 students for year-two cohort), effective June 1, 2021. The commission **approved the proposed change**. No further information requested.

March 2021
Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum class size:75.
Report due June 15, 2021 (*Standards*, 5th edition) -

- ***Standard B4.01b*** (lacked evidence the program conducts student evaluations in the supervised clinical education components that allow the program to identify and address any student deficiencies in a timely manner).

Report due December 15, 2022 (*Standards*, 5th edition) -

- ***Standard C1.02c.i, ii and iii*** (lacked evidence the program applies the results of its ongoing self-assessment process by applying the results that lead to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans) and
- ***Standard C1.03*** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

Le Moyne College
Accreditation History

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

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

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

- Updates to the plan in response to COVID-19. No further information requested.

June 2020
The commission **acknowledged the report** providing evidence of

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

March 2020
The commission **did not accept the report** providing evidence of

- Clarification of discipline of practice for preceptors providing SCPEs in internal medicine. No further information requested.

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.

September 2019
The commission **accepted the report** addressing 4th edition

- ***Standard B3.07b*** (provided some evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in the discipline of internal medicine).

Additional information (clarification of discipline of preceptors identified) due December 2, 2019.

March 2019
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.

April 2016
The program was notified of a change in the accreditation process (due to increase in program applications, commission meetings, in addition to March and September, to be conducted). Program's next validation review changed from September 2018 to March 2021 due to this change.

March 2015
Program Change: Change in class size (size (54 to 75), effective August 2015. The commission **approved the proposed class size increase**. No further information requested.

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

- Updated website update**.** No further information requested.

September 2014
Program Change: Change in class size (54 to 75), effective August 2015. The commission **did not approve the proposed class size increase**.

The commission notified the program the accreditation statement on its website was incorrect. Website update requested.

March 2013
Program Change: Additional maximum student capacity request (108 to 115), effective August 2013. The commission **acknowledged the proposed change**. No further information requested.
Program Change: Change in maximum student capacity (94 to 108), effective August 2013. The commission **acknowledged the proposed change**. No further information requested.

September 2011
Accreditation-Continued; Next Comprehensive Evaluation: September 2018. Maximum Student Capacity: 94. The commission noted zero areas of noncompliance with the *Standards*.

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

- ***Standards A1.07a/A1.07*** (provided evidence the sponsoring institution assures that the program has sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students) and
- ***Standards A2.04/A2.04*** (provided evidence core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution).

March 2011
Defer Accreditation Action until September 2011.
Report due July 1, 2011 (*Standards*, 3rd/4th edition) -
NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- ***Standards A1.07a/A1.07*** (lacked evidence the sponsoring institution assures that the program has sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students) and
- ***Standards A2.04/A2.04*** (lacked evidence core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution).

September 2010
Program Change: Change in maximum student capacity (70 to 94), effective August 2010. The commission **acknowledged the proposed change**. No further information requested.

March 2007
The commission **accepted the report** addressing 2nd edition

- ***Standard A5.17b*** (provided evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit and credit for experiential learning),
- ***Standard B7.2*** (provided evidence the program provides students an historical perspective of the PA profession, as well as content related to current trends and the political and legal issues that affect PA practice) and
- ***Standard B7.4a*** (provided evidence instruction includes content relating to PA professional organizations). No further information requested.

March 2006
Accreditation-Continued; Next Comprehensive Evaluation: March 2011. Maximum Student Capacity: 70. Report due January 12, 2007 (*Standards*, 2nd edition) –

- ***Standard A5.17b*** (lacked evidence the program defines, publishes and makes readily available to prospective students policies regarding advanced placement, transfer of credit and credit for experiential learning),
- ***Standard B7.2*** (lacked evidence the program provides students an historical perspective of the PA profession, as well as content related to current trends and the political and legal issues that affect PA practice) and
- ***Standard B7.4a*** (lacked evidence instruction includes content relating to PA professional organizations).

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

- CVs of faculty, analysis of recruiting/retaining personnel and plans for instruction in interpreting medical literature. No further information requested.

Personnel Change: Program director appointed, effective June 1, 2003.

March 2003
The commission **accepted the report** addressing 2nd edition

- ***Standard A2.6*** (provided evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- ***Standard A2.7e*** (provided evidence core program faculty have responsibility for developing, implementing, and evaluating curriculum for non-program courses),
- ***Standard B1.4*** (provided evidence course syllabi have measurable instructional objectives and expected student competencies),

- ***Standard B2.1c*** (provided evidence of documentation in the course objectives of instruction in pathophysiology) and
- ***Standard B5.10*** (provided some evidence the program provides instruction to equip students with the necessary skills to interpret the medical literature).

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

- Name and CV of person hired as core faculty and update on program director position.

Additional information (CVs of core and teaching faculty, analysis of recruiting and retaining personnel and specific details/plans on instruction related to interpreting medical literature) due July 15, 2003.

<u>September 2002</u>
The commission **accepted the report** addressing 2nd edition

- ***Standard A2.16*** (provided evidence core faculty is sufficient to be responsible for the administration and coordination of the didactic and clinical portions of the curriculum).

Additional information (name and CV of person hired as core faculty and update on program director position) due January 15, 2003.

<u>March 2002</u>
Accreditation-Continued; Next Comprehensive Evaluation: March 2006. Maximum Student Capacity: 70.
Report due July 19, 2002 (*Standards*, 2nd edition) -

- ***Standard A2.16*** (lacked evidence core faculty is sufficient to be responsible for the administration and coordination of the didactic and clinical portions of the curriculum).

Due January 17, 2003 (*Standards*, 2nd edition) –

- ***Standard A2.6*** (lacked evidence the core program faculty have appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- ***Standard A2.7e*** (lacked evidence core program faculty have responsibility for developing, implementing, and evaluating curriculum for non-program courses),
- ***Standard B1.4*** (lacked evidence course syllabi have measurable instructional objectives and expected student competencies),
- ***Standard B2.1c*** (lacked evidence of documentation in the course objectives of instruction in pathophysiology) and
- ***Standard B5.10*** (lacked evidence the program provides instruction to equip students with the necessary skills to interpret the medical literature).

<u>September 2000</u>
The commission **accepted the report** providing evidence of

- Objectives that address the health care delivery system course content. No further information requested.

<u>March 2000</u>
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1 c (3)*** (provided evidence of sufficient space and faculty supervision to teach physical examination skills to all students),
- ***Standard I B 3 c (1)*** (provided evidence students have ready access to an adequate supply of current books, journals, periodicals, and other reference materials related to the curriculum) and
- ***Standard II B 1 d*** (provided evidence of instruction on the PA role in health care delivery and intraprofessional, political and legal factors).

Additional information (objectives that address the health care delivery system course content) for review at September 2000 meeting.

March 1999

Accreditation-Continued; Next Comprehensive Evaluation: March 2002.
Report due (review at March 2000 meeting) (*Standards*, 1st edition) -

- ***Standard I B 1 c (3)*** (lacked evidence of sufficient space and faculty supervision to teach physical examination skills to all students),
- ***Standard I B 3 c (1)*** (lacked evidence students have ready access to an adequate supply of current books, journals, periodicals, and other reference materials related to the curriculum) and
- ***Standard II B 1 d*** (lacked evidence of instruction on the PA role in health care delivery and intraprofessional, political and legal factors).

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1996 by CAAHEP is not available.