Nova Southeastern University-Fort Lauderdale
Accreditation History

First accredited: May 1994
Next review: April 2035
Maximum class size: 77

October 2026
The commission **accepted** the report providing evidence of

- Instructional objectives and learning outcomes that address technical skills for PAC 6315 Emergency Medicine, PAC 6311 Internal Medicine, PAC 6302 Women's Health, PAC 6318 Family Medicine, and PAC 6317 Pediatrics.

No further information required.

September 2025
The commission reviewed the report addressing the observation for 5th edition

- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

and noted 1 area of noncompliance with the *Standards*. No report due as the program will complete a modified SSR due April 1, 2027.

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

- ***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)

Additional information (instructional objectives and learning outcomes that address technical skills for PAC 6315 Emergency Medicine, PAC 6311 Internal Medicine, PAC 6302 Women's Health, PAC 6318 Family Medicine, and PAC 6317 Pediatrics) due December 18, 2025.

No additional information required for 5th edition:

- ***Standard A3.12a*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)
- ***Standard A3.13a*** (provided evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- ***Standard A3.14*** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.
- ***Standard A3.15d*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- ***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 B4.01b*** (provided evidence the program conduct 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 B4.03a*** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- ***Standard C2.01a*** (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 physical facilities)
- ***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)

<u>March 2025</u>
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 15 areas of noncompliance with the *Standards* and 1 new observation by the commission.
Next Comprehensive Evaluation: March 2035. Maximum class size: 77.
Report due June 15, 2025 (*Standards*, 5th edition):

- ***Standard A3.12a*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)
- ***Standard A3.13a*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])
- ***Standard A3.14*** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.
- ***Standard A3.15d*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- ***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 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 B4.01b*** (lacked evidence the program conduct 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 B4.03a*** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- ***Standard 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)

Report due April 1, 2027 (*Standards*, 5th edition) modified self-study report:

- ***Standard C1.02b*** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- ***Standard C1.02c.i.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- ***Standard C1.02c.ii.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- ***Standard C1.02c.iii.*** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- ***Standard C1.03*** (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

Observation response due June 15, 2025 (*Standards*, 5th edition):

- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

<u>June 2020</u>
The commission **acknowledged the report** providing evidence of

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

<u>June 2018</u>
Program Change: Change in graduation requirements (140 to 144 credits awarded), effective May 14, 2018. The commission **acknowledged the change**. No further information requested.

<u>May 2016</u>

Nova Southeastern University-Fort Lauderdale
Accreditation History

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 2022 to March 2025 due to this change.

September 2015
The commission **acknowledged the report** providing evidence of

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

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

- ***Standard A3.19f*** (provided evidence that student files include documentation that the student has met requirements for program completion),
- ***Standard B1.10*** (provided evidence that instructional faculty are oriented to the specific learning outcomes required of students),
- ***Standards B3.04c and d*** (provided evidence of supervised clinical practice experiences [SCPEs] occurring in c) inpatient and d) operating room settings) and
- ***Standard B3.07f*** (provided evidence of SCPEs with preceptors practicing in behavioral and mental health).

Additional information (update SCPEs in Program Management Portal) due July 30, 2015.

March 2015
Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 77.
Report due May 1, 2015 (*Standards*, 4th edition) -

- ***Standard A3.19f*** (lacked evidence that student files include documentation that the student has met requirements for program completion),
- ***Standard B1.10*** (lacked evidence that instructional faculty are oriented to the specific learning outcomes required of students),
- ***Standards B3.04c and d*** (lacked evidence of supervised clinical practice experiences [SCPEs] occurring in c) inpatient and d) operating room settings) and
- ***Standard B3.07f*** (lacked evidence of SCPEs with preceptors practicing in behavioral and mental health).

September 2008
The commission **accepted the report** addressing 3rd edition

- ***Standard A3.13e*** (provided evidence student files include documentation that the student has met institution and program health screening and immunization requirements). No further information requested.

March 2008
Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 240.
Report due July 11, 2008 (*Standards*, 3rd edition) -

- ***Standard A3.13e*** (lacked evidence student files include documentation that the student has met institution and program health screening and immunization requirements).

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

- The health information form and explanation of student health related information in the student files. No further information requested.

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

- ***Standards B6.2g-h*** (provided evidence every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
- ***Standard B6.3*** (provided evidence clinical experiences are provided in long-term care settings),
- ***Standards C2.2b-f*** (provided evidence the self-study report includes critical analysis of outcome data from b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, 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) and
- ***Standard D1.2*** (provided evidence the student health records are confidential).

Additional information (health information form and explanation of student health related information in the student files) due January 14, 2005.

March 2004
Accreditation-Continued; Next Comprehensive Evaluation: March 2008. Maximum Student Capacity: 182.
Report due July 15, 2004 (*Standards*, 2nd edition) -

- ***Standards B6.2g-h*** (lacked evidence every student has clinical experiences in g) psychiatry/behavioral medicine and h) geriatrics),
- ***Standard B6.3*** (lacked evidence clinical experiences are provided in long-term care settings),
- ***Standards C2.2b-f*** (lacked evidence the self-study report includes critical analysis of outcome data from b) faculty attrition, c) student failure rates in individual courses and rotations, d) student evaluations of individual didactic courses, clinical experiences, and faculty, 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) and
- ***Standard D1.2*** (lacked evidence the student health records are confidential).

March 2003
Personnel Change: Interim program director appointed.
March 2000
The commission **accepted the report** addressing 1st edition

- ***Standard I C 2*** (provided evidence of a summary evaluation for each student prior to completion),
- ***Standard I D 1 f*** (provided evidence of policies and processes by which students may perform service work), and
- ***Standard I E 1 c*** (provided evidence of surveys to graduates and employers).

March 1999
Accreditation-Continued; Next Comprehensive Evaluation: March 2004. Maximum Student Capacity: 182.
Report due for review at March 2000 meeting (*Standards*, 1st edition)

- ***Standard I C 2*** (lacked evidence of a summary evaluation for each student prior to completion),
- ***Standard I D 1 f*** (lacked evidence of policies and processes by which students may perform service work), and
- ***Standard I E 1 c*** (lacked evidence of surveys to graduates and employers).