Pacific University
Accreditation History

First accredited: October 1997
Next review: October 2027
Maximum class size: 60

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

- Description of the factors utilized by the program to determine that administrative support staff are sufficient in number, a detailed budget reflecting fiscal year 24/25 and fiscal year 25/26, clarification of role and FTE for some faculty members, and a signed Institutional Official Letter of Approval

and acknowledged the proposed change effective July 1, 2025.

April 2026
Program Change: Change in fiscal support. The commission **reviewed and requested more information of the program's proposed change**. Additional information (Description of the factors utilized by the program to determine that administrative support staff are sufficient in number, a detailed budget reflecting fiscal year 24/25 and fiscal year 25/26, clarification of role and FTE for some faculty members, and a signed Institutional Official Letter of Approval) due May 11, 2026

September 2023
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 2022
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 2021
The commission **acknowledged the report** providing evidence of

- Changes in response to COVID-19. No further information requested.

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

- Updated plans 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 **accepted the report** addressing 4th edition

- ***Standards C2.01b and c***, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and

c) faculty evaluation of the curricular and administrative aspects of the program). No further information requested.

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

- Updated PANCE pass rate data in Program Management Portal and on program website. No further information requested.

December 2019
Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 16, 2019. Administrative-Probation removed post receipt of annual report.

September 2019
Accreditation-Continued; Next Comprehensive Evaluation: June 2027. Maximum class size: 60.
The commission **accepted the report** addressing 4th edition

- ***Standards B3.07c-f*** (provided evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics, e) ob/gyn) and f) behavioral and mental health care).

Additional information (update PANCE pass rate data in Program Management Portal and on program website) due December 6, 2019.

June 2019
Adverse Action-Accreditation-Probation. The Reconsideration Review Panel upheld the commission's decision.
Report due July 8, 2019 (*Standards*, 4th edition) -

- ***Standards B3.07c-f*** (lacked evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics, e) ob/gyn) and f) behavioral and mental health care).

March 2019
Adverse Action-Accreditation-Probation.
The commission **did not accept the report** addressing 4th edition

- ***Standards B3.07c-f*** (lacked evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics, e) ob/gyn) and f) behavioral and mental health care).

The program appealed the commission's decision.

March 2018
The commission **accepted the report** addressing 4th edition

- ***Standard B3.06a*** (provided evidence of supervised clinical practice experience [SCPEs] with physicians specialty board certified in their area of instruction). No further information requested.

July 2017

Accreditation-Continued; Next Comprehensive Evaluation: June 2027. Maximum class size: 60.
Report due September 25, 2017 (*Standards*, 4th edition) -

- ***Standard B3.06a*** (lacked evidence of supervised clinical practice experience [SCPEs] with physicians specialty board certified in their area of instruction).

Due August 1, 2018 (*Standards*, 4th edition) -

- ***Standards B3.07c-f*** (lacked evidence of SCPEs with preceptors practicing in c) general surgery, d) pediatrics, e) ob/gyn) and f) behavioral and mental health care).

Due August 1, 2019 (*Standards*, 4th edition) -

- ***Standards C2.01b and c***, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment and c) faculty evaluation of the curricular and administrative aspects of the program).

March 2014
Program Change: Change class size (44 to 60), effective June 1, 2014. The commission **approved the proposed change**. No further information requested.

September 2011
The commission **accepted the report** providing evidence of

- General surgery experiences and recruiting clinical sites. No further information requested.

March 2011
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 B7.05d/B3.07a*** (provided evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in general surgery) and
- ***Standards C3.06/C3.04*** (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).

Additional information (general surgery experiences and timeline for recruiting additional sites) due July 1, 2011.

September 2010
Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 126.
Report due December 31, 2010 (*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 B7.05d/B3.07a*** (lacked evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in general surgery) and
- ***Standards C3.06/C3.04*** (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
The commission **accepted the report** providing evidence of

- The student costs/fees and data on clinical experiences. No further information requested.

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

- ***Standard A3.02*** (provided evidence the program provides students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus),
- ***Standard A3.06*** (provided evidence that students are not required to supply their own clinical sites or preceptors for program-required clinical rotations),
- ***Standard A3.07g*** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- ***Standard A3.14b*** (provided evidence core faculty records include current curriculum vitae),
- ***Standard B3.02b*** (provided evidence the program provides students with instruction in patient assessment and management, including performance of physical examinations across the life span),
- ***Standard B7.03d*** (provided evidence supervised clinical practice experience is provided in long-term care settings),
- ***Standards B7.04d, g and h*** (provided evidence the program documents that every student has supervised clinical practice experiences in d) general surgical care, including operative experiences, g) prenatal care and women's health and h) prenatal care and women's health).
- ***Standards C2.01b4, b6 and b7*** (provided evidence the self-study documents b4) student evaluations of individual didactic courses, clinical experiences, and faculty, b6) preceptor evaluations of student performance and suggestions for curriculum improvement and b7) the most recent five-year first time and aggregate graduate performance on the PANCE) and
- ***Standard D1.01*** (provided evidence student health records are confidential). No further information requested.

September 2007

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Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 126.
Report due January 11, 2008 (*Standards*, 3rd edition) -

- ***Standard A3.02*** (lacked evidence the program provides students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus),
- ***Standard A3.06*** (lacked evidence that students are not required to supply their own clinical sites or preceptors for program-required clinical rotations),
- ***Standard A3.07g*** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- ***Standard A3.14b*** (lacked evidence core faculty records include current curriculum vitae),
- ***Standard B3.02b*** (lacked evidence the program provides students with instruction in patient assessment and management, including performance of physical examinations across the life span),
- ***Standard B7.03d*** (lacked evidence supervised clinical practice experience is provided in long-term care settings),
- ***Standards B7.04d, g and h*** (lacked evidence the program documents that every student has supervised clinical practice experiences in d) general surgical care, including operative experiences, g) prenatal care and women's health and h) prenatal care and women's health).
- ***Standards C2.01b4, b6 and b7*** (lacked evidence the self-study documents b4) student evaluations of individual didactic courses, clinical experiences, and faculty, b6) preceptor evaluations of student performance and suggestions for curriculum improvement and b7) the most recent five-year first time and aggregate graduate performance on the PANCE) and
- ***Standard D1.01*** (lacked evidence student health records are confidential).

Due July 11, 2008

- Documents describing the student costs/fees and data on clinical experiences.

<u>September 2006</u>
Program Change: Change in maximum student capacity (72 to 126). The commission **acknowledged the proposed change**. No further information requested.

<u>September 2003</u>
The commission **accepted the report** addressing 2nd edition

- ***Standard A4.1*** (provided evidence classrooms have sufficient seating to accommodate the class size),
- ***Standard B1.5*** (provided evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard C6.1*** (provided evidence sites used for clinical practice experiences are consistently evaluated) and
- ***Standard D1.2*** (provided evidence student health records are confidential). No further information requested.

<u>September 2002</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 72.
Report due July 15, 2003 (*Standards*, 2nd edition) -

- ***Standard A4.1*** (lacked evidence classrooms have sufficient seating to accommodate the class size),
- ***Standard B1.5*** (lacked evidence the program orients instructional faculty and preceptors to the specific educational competencies expected of PA students),
- ***Standard C6.1*** (lacked evidence sites used for clinical practice experiences are consistently evaluated) and
- ***Standard D1.2*** (lacked evidence student health records are confidential).

Program Change: Change in maximum student capacity (64 to 72) and Change in program length (additional month), effective September 2002. The commission **acknowledged the proposed program changes**. No further information requested.

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

- ***Standard I C 1*** (provided evidence admission of students is made in accordance with clearly defined and published practices),
- ***Standard I D 1 a*** (provided evidence announcements accurately reflect the program offered),
- ***Standard I D 1 c*** (provided evidence academic costs are made clear to applicants),
- ***Standard I E 3*** (provided evidence in the self-study report of an analysis of evaluative data or how program changes have occurred or will occur as a result of that analysis),
- ***Standards I E 1 b and e*** (provided evidence the self-study report includes analysis of b) student failure rates in individual courses and e) ongoing students' evaluations on courses and program effectiveness) and
- ***Standard II B 2 a*** (provided evidence written objectives for all clinical rotations are adequate to guide student learning). No further information requested.

<u>September 1999</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2002.

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

- ***Standard I C 1*** (lacked evidence admission of students is made in accordance with clearly defined and published practices),
- ***Standard I D 1 a*** (lacked evidence announcements accurately reflect the program offered),
- ***Standard I D 1 c*** (lacked evidence academic costs are made clear to applicants),
- ***Standard I E 3*** (lacked evidence in the self-study report of an analysis of evaluative data or how program changes have occurred or will occur as a result of that analysis),
- ***Standards I E 1 b and e*** (lacked evidence the self-study report includes analysis of b) student failure rates in individual courses and e) ongoing students' evaluations on courses and program effectiveness) and
- ***Standard II B 2 a*** (lacked evidence written objectives for all clinical rotations are adequate to guide student learning).

NOTE: The ARC-PA commission action information available begins in September 1999. Information from initial accreditation in 1997 by CAAHEP is not available.