Pennsylvania College of Technology
Accreditation History

First accredited: October 1996
Next review: October 2027
Maximum class size: 30

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

- Revised and resubmitted PANCE Required Report

No further information required.

September 2025
The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested more information of the report**. Additional information (revised and resubmitted PANCE Required Report) due October 17, 2025.

September 2024
The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

June 2024
Program Change: Change in curriculum. The commission **approved the program's proposed change.** No additional information requested.

March 2023
The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

March 2022
Program Change: Discontinue the Combined BS/MS degree and begin offering a standalone Master of Science in Physician Assistant Studies degree that is not attached to a pre-PA phase. The commission **acknowledged the program's proposed change.** No additional information requested.

September 2020
The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. 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
Program Change: Change in graduation requirements (100 to 97 credits), effective August 17, 2020 (prior to enrolling the first cohort in BS/MS degree option). The commission **acknowledged the proposed change**. No further information requested.

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

- ***Standards C2.01b-e***, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement). No further information requested.

March 2019
The commission **accepted the report** providing evidence of

- The program's specific expectations/learning outcomes/competencies and methods of assessment for SCPEs. No further information requested.

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

- ***Standard B3.02*** (provided evidence of defined expectations for students in supervised clinical practice experiences [SCPEs] with preventive, emergent, acute and chronic patient encounters that enable students to acquire competencies needed for entry into clinical practice),
- ***Standards B3.03a-d*** (provided evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- ***Standard C1.01*** (provided evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

Additional information (detail of the program's specific expectations/learning outcomes/competencies and methods of assessment for SCPEs) due August 1, 2018**.**

September 2017
Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum class size: 30.
Report due January 1, 2018 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence of defined expectations for students in supervised clinical practice experiences [SCPEs] with preventive, emergent, acute and chronic patient encounters that enable students to acquire competencies needed for entry into clinical practice),
- ***Standards B3.03a-d*** (lacked evidence that SCPEs enable each student to meet program expectations and acquire competencies needed for entry into clinical practice with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions) and
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

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

- ***Standards C2.01b-e***, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

March 2014
Accreditation-Administrative Probation. The Annual Report was due December 31, 2013. It was not submitted until January 3, 2014. Administrative Probation removed post receipt of annual report.

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

- Completion of renovation. No further information requested.

September 2013
The commission **accepted the 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),
- ***Standard A2.16*** (provided evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- ***Standard A3.21*** (provided evidence that student health records are confidential),
- ***Standard B1.05*** (provided evidence the curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- ***Standard B1.08*** (provided evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- ***Standard B3.06a*** (provided evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction),
- ***Standard C2.01b-f*** (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement) and
- ***Standard C4.01*** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

Additional information (completion of renovation) due December 31, 2013.

February 2013
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 2015 to September 2017 due to this change.

September 2012

Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 60.
Report due June 1, 2013 (*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),
- ***Standard A2.16*** (lacked evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- ***Standard A3.21*** (lacked evidence that student health records are confidential),
- ***Standard B1.05*** (lacked evidence the curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- ***Standard B1.08*** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- ***Standard B3.06a*** (lacked evidence of supervised clinical practice experiences with physicians specialty board certified in their area of instruction),
- ***Standard C2.01b-f*** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement) and
- ***Standard C4.01*** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs).

<u>September 2007</u>
The commission **accepted the report** providing evidence of

- Physiology syllabus. No further information requested.

<u>March 2007</u>
The commission **accepted the report** addressing 2nd edition

- ***Standard B2.1b*** (provided evidence instruction in basic medical sciences include physiology) and
- ***Standard B6.3*** (provided evidence clinical experience is provided in long-term care settings).

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

- Physiology the syllabus, faculty recruiting and long-term care.

Additional information (physiology syllabus with new student learning outcomes) due July 13, 2007.

<u>September 2006</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 60.
Report due January 12, 2007 (*Standards,* 2nd edition) -

- ***Standard B2.1b*** (lacked evidence instruction in basic medical sciences include physiology) and
- ***Standard B6.3*** (lacked evidence clinical experience is provided in long-term care settings).

- Additional information (physiology syllabus, faculty recruiting efforts and long-term care settings).

September 2003
The commission **accepted the report** providing evidence of
- The confidentiality of student health records. No further information requested.

March 2003
The commission **accepted the report** addressing 2nd edition
- ***Standard C6.2*** (provided evidence equivalent evaluation processes are applied to all clinical sites regardless of geographic location),
- ***Standard D1.1*** (provided evidence each student has completed health screening and meets program health requirements) and
- ***Standard D1.2*** (provided evidence student health records are confidential).

Additional information (clarification on the confidentiality of student health records) due July 15, 2003.

September 2002
Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 60.
Report due January 15, 2003 (*Standards,* 2nd edition) -
- ***Standard C6.2*** (lacked evidence equivalent evaluation processes are applied to all clinical sites regardless of geographic location),
- ***Standard D1.1*** (lacked evidence each student has completed health screening and meets program health requirements) and
- ***Standard D1.2*** (lacked evidence student health records are confidential).

Program Change: Change in maximum student capacity (increase from 50 to 60), effective August 2002.
The commission **approved the change** (noted above).

March 2002
Personnel Change: The interim program director was appointed permanent program director.

September 2001
Personnel Change: Interim program director appointed.

March 2001
The commission **did not accept the report** addressing 1st edition
- ***Standard I B 1 d*** (lacked evidence of sufficient support staff),
- ***Standard I B 3 a*** (lacked evidence clinical practice sites provide consistent learning opportunities among students),
- ***Standard I D 1 c*** (lacked evidence academic credit is accurately stated and published),

- ***Standard I D 1 f*** (lacked evidence the program publishes policies and procedures by which students may perform service work while enrolled in the program),
- ***Standard I E*** (lacked evidence the self-study plan provides for a continuous system of formal self-evaluation),
- ***Standard I E 1 b*** (lacked evidence the self-study report analyzes student failure rates in individual courses and rotations)
- ***Standard I E 3*** (lacked evidence the self-study adequately documents data collection and program modification based on data analysis)
- ***Standard II B 1 e*** (lacked evidence of adequate clinical experience in geriatric medicine) and
- ***Standard II B 2 b*** (lacked evidence learning objectives for clinical rotations provide meaningful guidance to students and preceptors).

Schedule a special visit to review the citations and clarify the commission's expectations.

<u>September 2000</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2002.
Report due January 15, 2001 (*Standards*, 1st edition) -

- ***Standard I B 1 d*** (lacked evidence of sufficient support staff),
- ***Standard I B 3 a*** (lacked evidence clinical practice sites provide consistent learning opportunities among students),
- ***Standard I D 1 c*** (lacked evidence academic credit is accurately stated and published),
- ***Standard I D 1 f*** (lacked evidence the program publishes policies and procedures by which students may perform service work while enrolled in the program),
- ***Standard I E*** (lacked evidence the self-study plan provides for a continuous system of formal self-evaluation),
- ***Standard I E 1 b*** (lacked evidence the self-study report analyzes student failure rates in individual courses and rotations)
  Standard I E 3 (lacked evidence the self-study adequately documents data collection and program modification based on data analysis)
- ***Standard II B 1 e*** (lacked evidence of adequate clinical experience in geriatric medicine) and
- ***Standard II B 2 b*** (lacked evidence learning objectives for clinical rotations provide meaningful guidance to students and preceptors).

<u>September 1999</u>
The commission **acknowledged the report** providing evidence of

- Analysis of the clinical year. No further information requested.

<u>March 1999</u>
The commission **acknowledged the report** addressing 1st edition

- ***Standards I B 3 a and I B 1 c (3)*** (provided evidence that there were sufficient preceptors and clinical sites for supervised clinical practice experiences),
- ***Standard I E 3*** (provided evidence the self-study is complete) and
- ***Standard II B 1 e*** (provided evidence of consistent clinical instruction).

Additional information (analysis of the clinical year) due August 1, 1999.

March 1998
Accreditation-Continued; Next Comprehensive Evaluation: September 2000.
Report due February 1, 1999 (*Standards*, 1st edition) -

- ***Standards I B 3 a and I B 1 c (3)*** (lacked evidence that there were sufficient preceptors and clinical sites for supervised clinical practice experiences),
- ***Standard I E 3*** (lacked evidence the self-study is complete) and
- ***Standard II B 1 e*** (lacked evidence of consistent clinical instruction).

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