Penn State College of Medicine at the Milton S. Hershey Medical Center
Accreditation History

First accredited: September 2013
Next review: October 2027
Maximum class size: 30

October 2026
Program Change: Change in the name of the sponsoring institution from Penn State University College of Medicine to Penn State College of Medicine at the Milton S. Hershey Medical Center. The commission **acknowledged the change** effective January 1, 2027. No further information requested.

March 2023
Program Change: Change in program fiscal support. The commission **acknowledged the program's proposed change.** No further information requested.

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

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

June 2022
The commission **acknowledged the report** providing evidence of

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

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

- ***Standard C1.03*** (provided evidence the program's self-study report accurately and succinctly documents the application and results of ongoing program self-assessment)

March 2022
The commission **acknowledged the report** providing evidence of

- Updates to the program's website.

No further information requested.

September 2021
Accreditation-Continued; Next Comprehensive Evaluation: September 2027. Maximum Class Size: 30.
Report due November 15, 2021 (*Standards*, 5th edition) -

- ***Standard A3.12c*** (lacked evidence the program publishes and makes readily available to enrolled and prospective students the most current annual NCCPA PANCE Exam Performance Summary Report [All Test Takers]).

Report due March 25, 2022 (*Standards*, 5th edition) -

- ***Standard C1.03*** (lacked evidence the program's self-study report accurately and succinctly documents the application and results of ongoing program self-assessment).

June 2020
The commission **accepted the report** addressing 4th edition

- ***Standard A1.03c*** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- ***Standard A2.09d*** (provided evidence the program director is knowledgeable about and responsible for program continuous review and analysis). No further information requested.

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

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

March 2020

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.

January 2020

Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the September 2021 commission meeting. Maximum class size: 30. The Reconsideration Review Panel upheld the commission's decision granting Accreditation-Probation.
Report due February 24, 2020 (*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis).

Report due April 2, 2021 (*Standards*, 5th edition) -

- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- ***Standards C2.01b-f***, 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

September 2019

Adverse Action-Accreditation-Probation. A focused probation site visit will occur in advance of the September 2021 commission meeting. The program is approved to accept up to 30 students per class.
Report due December 13, 2019 (*Standards*, 4th edition) -

- ***Standard A1.03c*** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies) and
- ***Standard A2.09d*** (lacked evidence the program director is knowledgeable about and responsible for program continuous review and analysis).

Report due April 2, 2021 (*Standards*, 5th edition) -

- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- ***Standards C2.01b-f***, 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

The program appealed the commission's decision.

June 2019

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

- The formal, established continuous self-assessment process reflects faculty collection and interpretation of data. No further information requested.

September 2018

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

- The self-assessment process.

Additional information (evidence the formal, established continuous self-assessment process reflects faculty collection and interpretation of data) due February 5, 2019.

March 2018

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

- ***Standard A2.16*** (provided evidence all instructional faculty serving as supervised clinical practice experience [SCPEs] preceptors hold a valid license),
- ***Standard B3.06a*** (provided evidence of SCPEs with physicians specialty board certified in their area of instruction) 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 (narrative describing self-assessment process) due June 22, 2018.

September 2017 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: September 2027. The program's approved maximum entering class size remains 30.

Reports due January 1, 2018 (*Standards*, 4th edition) -

- ***Standard A2.16*** (lacked evidence all instructional faculty serving as supervised clinical practice experience [SCPEs] preceptors hold a valid license),
- ***Standard B3.06a*** (lacked evidence of SCPEs with physicians specialty board certified in their area of instruction) and
- ***Standard C1.01*** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement).

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

- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- ***Standards C2.01b-f***, 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, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement).

July 2016
The commission **accepted the report** addressing standards 4th edition

- ***Standard A3.14f*** (provided evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standards B3.06a and b*** (provided evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) 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). No further information requested.

March 2016 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: September 2017 (Final Provisional). The program's maximum class size remains 30 for the third class.
Report due May 6, 2016 (*Standards*, 4th edition) -

- ***Standard A3.14f*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- ***Standards B3.06a and b*** (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction) 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).

March 2015
The commission **accepted the report** providing evidence of

- Progress in hiring the clinical coordinator. No further information requested.

March 2014
The commission **accepted the report** addressing 4th edition

- ***Standards A3.14d and e*** (provided evidence the program publishes and makes readily available to enrolled and prospective students d) all required curricular components and e) academic credit offered by the program) and
- ***Standard C4.02*** (provided evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience). No further information requested.

September 2013

Penn State College of Medicine at the Milton S. Hershey Medical Center
Accreditation History

Accreditation-Provisional; Next Comprehensive Evaluation: March 2016 (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 30 in the second class and 30 in the third class.

Report due January 15, 2014 (*Standards*, 4th edition) -

- ***Standards A3.14d and e*** (lacked evidence the program publishes and makes readily available to enrolled and prospective students d) all required curricular components and e) academic credit offered by the program) and
- ***Standard C4.02*** (lacked evidence the program documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Due February 1, 2015

- Progress in hiring clinical coordinator.