Saint Louis University
Accreditation History

First accredited: June 1973
Next review: July 2033
Maximum class size: 46

October 2026
The program's graduation rate was 85% or lower for two (2) consecutive years. The program submitted the Student Graduation Rate Required Report. The commission **accepted the report**. No further information requested.

September 2025
The commission **acknowledged the report** providing evidence of

- Updates to the program's website. No further information requested.

June 2025
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 2025
Program Change: Change in credits from 98 to 102, effective January 1, 2024. The commission **approved the program's proposed change** and noted 1 area of noncompliance with the *Standards.*
Report due June 1, 2025:

- Update success in achieving goals on the program's website.

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

- ***Standard E1.09b*** (lacked evidence the program received approval from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the requirements for program completion/graduation that include changes in total credits required)

March 2024
The commission **accepted** the report addressing 5th edition

- ***Standard B4.01b*** (provided evidence that the program conducts 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 that allow the program to identify and address any student deficiencies in a timely manner)
- ***Standard C1.03*** (provided 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)
- ***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)

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.

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

- Updates to the program's Program Management Portal. No further information requested.

June 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: June 2033. Maximum class size: 46.
Report due August 15, 2023:

- Update PANCE pass rate data in Program Management Portal

Report due October 1, 2023 (*Standards*, 5th edition):

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

June 2021

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

March 2021

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 2020

Program Change: Change in graduation requirements (proposed option for Master of Medical Science/Master of Public Health dual degree pilot for PA students), effective June 22, 2020. The commission **acknowledged the proposed option**. No further information requested.

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due February 15, 2021.

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

- Updated Portal and website with most recent graduate performance on the PANCE. 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.

June 2019
The commission reviewed the quarterly update dated May 5, 2019 regarding the open faculty position. Additional information (reason for delay in advertising, FTE clarification, update personnel in Program Management Portal) due May 22, 2019.

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

- Information related to the open faculty position. Program reminded to continue to provide quarterly updates.

Report due August 14, 2019 (update Program Management Portal and program website with most recent graduate performance on the PANCE).

June 2018
Program Change: Change in graduation requirements (97 to 98 credits), effective August 22, 2018. The commission **acknowledged the proposed change**. No further information requested.

March 2017
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 2017
Program Change: Change in graduation requirements (96 to 97 credits), effective January 3, 2016. The commission **acknowledged the proposed change**. No further information requested.

September 2016
Program Change: Increase class size (35 to 40, effective August 2017 and 40 to 46, effective August 2018). The commission **approved the proposed change**. No further information requested.

May 2016
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 2020 to March 2023 due to this change.

September 2014
The commission **accepted the report** providing evidence of

- Securing sufficient clinical sites. No further information requested.

March 2014
The commission **accepted the report** providing evidence of

- The policy regarding the provision of timely access and referral of students to services addressing personal issues. No further information requested.

September 2013
The commission **accepted the report** addressing 4th edition

- ***Standard A1.08*** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard A1.11*** (provided evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences) and
- ***Standard A3.10*** (provided evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program). Additional information requested by December 31, 2013 (policy on services to students) and by July 1, 2014 (securing sufficient clinical sites).

Additional report due December 31, 2013 (copy of policy regarding the provision of timely access and referral of students to services addressing personal issues).

Additional report due July 1, 2014 (update on implementation and evaluation of plans to secure sufficient clinical sites).

March 2013
Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 35. Report due June 19, 2013 (*Standards*, 4th edition) -

- ***Standard A1.08*** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- ***Standard A1.11*** (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors in sufficient number for program-required clinical practice experiences) and
- ***Standard A3.10*** (lacked evidence of written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program).

March 2012
Program Change: Change in graduation requirements (94 to 96 credits), effective August 2011. The commission **acknowledged the proposed changed**. No further information requested.

March 2010
The commission **accepted the report** providing evidence of

- Clinical experiences in long-term care settings. No further information requested.

September 2009
The commission **accepted the report** addressing 3rd edition

- ***Standard B1.09*** (provided evidence the program prepares students to provide medical care to patients from diverse populations),
- ***Standard B3.04d*** (provided evidence the program provides instruction in the important aspects of patient care including rehabilitative),
- ***Standard B7.04e*** (provided evidence supervised clinical practice experience is provided in long-term care settings),
- ***Standard C1.01e*** (provided evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness),
- ***Standard C1.02*** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01b7 and d*** (provided evidence the self-study report documents b7) the most recent five-year first time and aggregate graduate performance on the PANCE and d) modifications that occurred because of self-assessment) and
- ***Standard C4.01*** (provided evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences).

Additional information (documentation of clinical experiences in long-term care settings) requested by December 31, 2009.

Saint Louis University
Accreditation History

March 2008
Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 105.
Report due July 10, 2009 (*Standards*, 3rd edition) -

- ***Standard B1.09*** (lacked evidence the program prepares students to provide medical care to patients from diverse populations),
- ***Standard B3.04d*** (lacked evidence the program provides instruction in the important aspects of patient care including rehabilitative),
- ***Standard B7.04e*** (lacked evidence supervised clinical practice experience is provided in long-term care settings),
- ***Standard C1.01e*** (lacked evidence the program collects and analyzes graduate evaluations of curriculum and program effectiveness),
- ***Standard C1.02*** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01b7 and d*** (lacked evidence the self-study report documents b7) the most recent five-year first time and aggregate graduate performance on the PANCE and d) modifications that occurred because of self-assessment) and
- ***Standard C4.01*** (lacked evidence the program defines and maintains consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences).

March 2002
Program Change: Change in credential offered (offer only the master of medical science track, length reduced from 31 to 27 months), effective with class entering May 2002. The commission **acknowledged the proposed change**. No further information requested.

March 2000
Accreditation-Continued; Next Comprehensive Evaluation: March 2007. The commission noted zero areas of noncompliance with the *Standards*.

NOTE: The ARC-PA commission action information available begins in March 2000. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.