South University-Savannah
Accreditation History

First accredited: October 1997
Next review: October 2035
Maximum class size: 70

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

- Revised preceptor evaluation tools for the Medicine elective and Surgery elective SCPEs

No further information required.

July 2026
The commission **reviewed and requested more information of** the March 30, 2026 report addressing 5th edition

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

Additional information (Revised preceptor evaluation tools for the Medicine elective and Surgery elective SCPEs) due June 25, 2026.

January 2026
The commission **acknowledged the report** providing evidence of

- Updated accreditation history URL on program website.

No further information requested.

September 2025
Accreditation-Continued; Next Comprehensive Evaluation: October 2035. Maximum class size: 70.
Report due November 14, 2025:

- Update accreditation history URL on program website.

Due March 31, 2026 (*Standards*, 5th edition):

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

March 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 **accepted the report**.
No further information requested.

September 2020
The commission **accepted the report** providing evidence of

- Follow up regarding changes in response to COVID-19. No further information requested.

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June 2020

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

- The proposed plan in response to COVID-19.

Additional information (revised clinical syllabus) due June 20, 2020.

March 2016

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

- Correction of SCPEs in the Program Management Portal and updating the program website with NCCPA PANCE pass rate summary

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

- ***Standard B1.09*** (provided evidence the program defines and publishes instructional objectives that guide student learning on the clinical rotations),
- ***Standard B3.02*** (provided evidence of program expectations for students in supervised clinical practice experiences [SCPEs] with preventive, emergent, acute and chronic patient encounters) and
- ***Standards B3.03a-d*** (provided evidence of program defined requirements for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

September 2015

Accreditation-Continued; Next Comprehensive Evaluation: September 2025. Maximum class size: 70.

Report due October 26, 2015

- Correct SCPEs in the Program Management Portal and update program website with NCCPA PANCE pass rate summary.

Due December 28, 2015 (*Standards*, 4th edition) -

- ***Standard B1.09*** (lacked evidence the program defines and publishes instructional objectives that guide student learning on the clinical rotations),
- ***Standard B3.02*** (lacked evidence of program expectations for students in supervised clinical practice experiences [SCPEs] with preventive, emergent, acute and chronic patient encounters) and
- ***Standards B3.03a-d*** (lacked evidence of program defined requirements for SCPEs with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

September 2011

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

- Analysis of student attrition rate. No further information requested.

September 2010

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

- Analysis of student attrition rate. No further information requested.

September 2009
The commission **accepted the report** providing evidence of
- Analysis of student attrition rate. No further information requested.

September 2008
Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 210. The commission noted zero areas of noncompliance with the *Standards*.
Reports due July 7, 2009, 2010 and 2011 (analysis of student attrition rate).

March 2004
The commission **acknowledged the report** addressing 2nd edition
- ***Standard D1.2*** (provided evidence the student health records are confidential documents). No further information requested.

September 2003
Accreditation-Continued; Next Comprehensive Evaluation: September 2008. Maximum Student Capacity: 180.
Report due January 15, 2004 (*Standards*, 2nd edition) -
- ***Standard D1.2*** (lacked evidence the student health records are confidential documents).

March 2002
Program Change: Change in curriculum (baccalaureate to master's), effective 2003. The commission **acknowledged the proposed change**. No further information requested.

March 2001
The commission **accepted the report** addressing 2nd edition
- ***Standard I B 1 d*** (provided evidence of adequate support staff to support the program),
- ***Standard I C 1*** (provided evidence of clearly identified and published information related to admission requirements),
- ***Standard I D 1 a*** (provided evidence announcements and advertising accurately reflect the program offered),
- ***Standard I D 1 c*** (provided evidence costs to the students are accurately stated, published and made known to all applicants),
- ***Standard I E 3*** (provided evidence the self-study report reflects program modifications that occurred as a result of the self-evaluation process) and
- ***Standard II B 2 b*** (provided evidence learning objectives for clinical rotations are adequate to guide students or preceptors). No further information requested.

September 2000
Accreditation-Continued; Next Comprehensive Evaluation: September 2003.

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Report due January 15, 2001 (*Standards*, 2nd edition) -

- ***Standard I B 1 d*** (lacked evidence of adequate support staff to support the program),
- ***Standard I C 1*** (lacked evidence of clearly identified and published information related to admission requirements),
- ***Standard I D 1 a*** (lacked evidence announcements and advertising accurately reflect the program offered),
- ***Standard I D 1 c*** (lacked evidence costs to the students are accurately stated, published and made known to all applicants),
- ***Standard I E 3*** (lacked evidence the self-study report reflects program modifications that occurred as a result of the self-evaluation process) and
- ***Standard II B 2 b*** (lacked evidence learning objectives for clinical rotations are adequate to guide students or preceptors).

March 1998

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

- Three-year line-item budget and descriptions of PA licensure and PA national certification exam. No further information requested.

October 1997

Accreditation-Provisional; Next Comprehensive Evaluation: March 2010. Report due prior to March 1998 meeting on citations (three-year line-item budget and descriptions of PA licensure and PA national certification exam).