University of Colorado Denver
Accreditation History

First accredited: February 1973
Next review: April 2027
Maximum class size: 44

October 2026
The commission deferred its decision regarding the program's accreditation status pending clarification regarding curricular changes.

January 2026
The number of students in the Program Management Portal 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 2021
The commission **acknowledged the report** providing evidence of

- Update to changes in response to COVID-19. No further information requested.

March 2021
The commission **acknowledged the report** providing evidence of

- Update to changes in response to COVID-19. No further information requested.

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

- Update regarding changes 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 2019
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 2018
Program Change: Change in program length (36 to 35 months), effective July 1, 2018. The commission **acknowledged the proposed change**. No further information requested.

July 2017
The commission **accepted the report** providing evidence of

- Preceptor evaluation and related OSCEs. No further information requested.

March 2017
The commission **accepted the report** addressing 4th edition

- ***Standard B3.02*** (provided evidence of clearly defined program expectations related to preventive, emergent, acute and chronic patient encounters that enabled students to acquire the competencies needed for entry into clinical PA practice) and
- ***Standards B3.03a-d*** (provided evidence of clearly defined program expectations for supervised clinical practice experiences with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions). Additional clarifying information (preceptor evaluation and related OSCEs) due April 28, 2017.

<u>September 2016</u>
The commission **acknowledged the report** providing evidence of

- PANCE pass rate data update in the Portal. No further information requested.

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

- SCPEs tab update in the Portal. Additional information requested September 19, 2016 (PANCE pass rate data update).

<u>July 2016</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum student class size 44.
Report due September 1, 2016

- Correct supervised clinical practice experiences (SCPEs) tab and update PANCE pass rate data in Program Management Portal and

Due January 15, 2017 (*Standards*, 4th edition) -

- ***Standard B3.02*** (lacked evidence of clearly defined program expectations related to preventive, emergent, acute and chronic patient encounters that enabled students to acquire the competencies needed for entry into clinical PA practice) and
- ***Standards B3.03a-d*** (lacked evidence of clearly defined program expectations for supervised clinical practice experiences with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

<u>September 2011</u>
The commission **accepted the report** providing evidence of

- The number of students successfully placed in an emergency department. No further information requested.

<u>March 2011</u>
The commission **accepted the report** providing evidence of

- Successful recruitment of a clinical coordinator for emergency department rotations.

Program reminded of report due July 1, 2011.

September 2010
The commission **accepted the report** addressing 2nd edition

- ***Standard A3.07i*** (provided evidence PANCE pass rate data was published and readily available to prospective and enrolled students),
- ***Standard B7.04b*** (provided evidence of supervised clinical practice experiences in emergency room/department),
- ***Standards B7.05a, g*** (provided evidence of supervised clinical practice experiences with residency trained physicians or other licensed health care professionals experienced in a) emergency medicine and g) ob/gyn) and
- ***Standard D1.01*** (provided evidence that student health records are confidential).

Additional information due December 31, 2010 (successful recruitment of a clinical coordinator for emergency department rotations) and July 1, 2011 (the number of students successfully placed in an emergency department).

September 2009
Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum student capacity: 120.
Report due June 30, 2010 (*Standards*, 3rd edition) -

- ***Standard A3.07i*** (lacked evidence PANCE pass rate data was published and readily available to prospective and enrolled students),
- ***Standard B7.04b*** (lacked evidence of supervised clinical practice experiences in emergency room/department),
- ***Standards B7.05a, g*** (lacked evidence of supervised clinical practice experiences with residency trained physicians or other licensed health care professionals experienced in a) emergency medicine and g) ob/gyn) and
- ***Standard D1.01*** (lacked evidence that student health records are confidential).

September 2005
The commission **acknowledged the report** providing evidence of

- A list of general internal medicine sites,
- Defined expectations for psychiatry/behavioral medicine and documentation students have met these expectations and
- Clarification regarding student experiences in long-term care settings. No further information requested.

September 2004
The commission **acknowledged the report** addressing 2nd edition

- ***Standards B6.2b, d, g-h*** (provided some evidence every student has clinical experiences in b) general internal medicine, d) prenatal care and gynecology, g) psychiatry/behavioral medicine and h) geriatrics) and

- ***Standard B6.3*** (provided some evidence of clinical experiences in long-term care settings).

Additional information (list of general internal medicine sites, defined expectations for psychiatry/behavioral medicine and documentation students have met these expectations and clarification regarding student experiences in long-term care settings) due August 15, 2005.

March 2004
Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum student capacity: 120.
Report due July 15, 2004 (*Standards*, 2nd edition) -

- ***Standards B6.2b, d, g-h*** (lacked evidence every student has clinical experiences in b) general internal medicine, d) prenatal care and gynecology, g) psychiatry/behavioral medicine and h) geriatrics) and
- ***Standard B6.3*** (lacked evidence of clinical experiences in long-term care settings).

September 1998
The commission **accepted the report** addressing 1st edition

- ***Standard II B 2 b*** (provided evidence of a job description for the medical director). No further information requested.

September 1997
Accreditation-Continued; Next Comprehensive Evaluation: 2003.
Report due August 1, 1998 (*Standards*, 1st edition) -

- ***Standard II B 2 b*** (lacked evidence of a job description for the medical director).

NOTE: The ARC-PA commission action information available begins in September 1997. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.