First accredited: January 1978 Next review: September 2024 Maximum class size: 45

Page 1 of 6

March 2024

The commission **did not accept** the PANCE Required Report.

No further information requested.

September 2022

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in September 2022. Administrative-Probation removed post receipt of fee.

July 2022

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2022.

March 2022

The commission accepted the report providing evidence of

• Acceptable PANCE report. No further information requested.

September 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (acceptable response) due September 17, 2021.

September 2018

Accreditation-Administrative Probation Removed.

The commission accepted the program's report providing evidence of

• Hiring a permanent program director. No further information requested.

June 2018

The commission acknowledged the report providing evidence of

• Website updated with program's success in achieving it goals. No further information requested.

The commission accepted the report providing evidence of

• The recruitment plan for the permanent program director. Program reminded of quarterly updates.

March 2018

Accreditation-Administrative Probation-One-year appointment of interim program director extended six months (from September 1, 2017 until February 28, 2018). The commission was to be notified as soon as a permanent program director appointed. In March 2018, program requested additional six-month extension. Program placed on Accreditation-Administrative Probation (until such time that the permanent program director position has been filled and the ARC-PA notified). Additional information (detailed recruitment plan to have the permanent program director position filled by September 1, 2018) due March 15, 2018. Program must submit quarterly updates until position filled.

First accredited: January 1978 Next review: September 2024 Maximum class size: 45

Page 2 of 6

The program website did not identify its success in achieving the stated goals. Additional information (update website) by May 1, 2018.

The commission accepted the report providing evidence of

• The PANCE performance analysis report. No further information requested.

September 2017

Program's PANCE pass rate percentage was 76% for its 2016 cohort. As pass rate was less than 85%, the program submitted required PANCE performance analysis report. The commission **did not accept the report**. Additional information (acceptable response) due November 5, 2017.

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 September 2021 to September 2024 due to this change.

March 2016

Program Change: Change in academic degree (baccalaureate to a master's), effective September 2016. The commission **acknowledged the proposed change**. No further information requested.

March 2015

The commission accepted the report providing evidence of

Correcting the program website URL in the Portal. No further information requested.

September 2014

Accreditation-Continued; Next Comprehensive Evaluation: September 2021. Maximum class size: 45. **No report due** (*Standards*, 4th edition) -

- **Standard A3.12** (lacked evidence at the time of the site visit that the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment; corrected subsequent to the visit).
- **Standard A3.14b** (lacked evidence at the time of the site visit that the program defines, publishes and makes readily available to enrolled and prospective students the program's success in achieving its goals; corrected subsequent to the visit).
- **Standard A3.14g** (lacked evidence at the time of the site visit that the program defines, publishes and makes readily available to enrolled and prospective students policies and procedures for refunds of tuition and fees; corrected subsequent to the visit).

Report due September 26, 2014

Correct website address in Program Management Portal.

First accredited: January 1978 Next review: September 2024 Maximum class size: 45

Page 3 of 6

September 2012

The commission accepted the report providing evidence of

• Update on achievement of defining and publishing instructional objectives for each didactic and clinical course. No further information requested.

March 2012

The commission accepted the report addressing 4th edition

- Standard A2.04 (provided evidence principal faculty and the program director have academic
 appointments and privileges comparable to other faculty with similar academic responsibilities
 in the institution),
- **Standard A2.16** (provided evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- **Standard B1.08** (provided evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B1.09** (provided evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.13** (provided evidence the program curriculum includes instruction in patient safety and prevention of medical errors,
- **Standards B3.06a-c** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),
- **Standard C1.02** (provided evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program),
- **Standard C2.01b** (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment),
- **Standard C3.04** (provided evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences) 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).

Additional information (update on achievement of defining and publishing instructional objectives for each didactic and clinical course) due July 1, 2012.

First accredited: January 1978 Next review: September 2024 Maximum class size: 45

Page 4 of 6

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 90.

Report due December 31, 2011 (Standards, 4th edition) -

- Standard A2.04 (lacked evidence principal faculty and the program director have academic
 appointments and privileges comparable to other faculty with similar academic responsibilities
 in the institution),
- **Standard A2.16** (lacked evidence all instructional faculty serving as supervised clinical practice experience preceptors hold a valid license),
- **Standard B1.08** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B1.09** (lacked evidence for each didactic and clinical course, the program defines and publishes instructional objectives that guide student acquisition of required competencies),
- **Standard B2.13** (lacked evidence the program curriculum includes instruction in patient safety and prevention of medical errors,
- **Standards B3.06a-c** (lacked evidence of supervised clinical practice experiences [SCPEs] with a) physicians specialty board certified in their area of instruction, b) PAs teamed with physicians who are specialty board certified in their area of instruction and c) other licensed health care providers experienced in their area of instruction),
- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement),
- Standard C1.02 (lacked evidence the program applies the results of ongoing program selfassessment to the curriculum and other dimensions of the program),
- **Standard C2.01b** (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment),
- **Standard C3.04** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice),
- Standard C4.01 (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences) 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).

March 2007

The commission accepted the report addressing 2nd edition

- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C4.1f** (provided evidence the self-study report documents response to the last accreditation citations). No further information requested.

First accredited: January 1978 Next review: September 2024 Maximum class size: 45

Page 5 of 6

September 2006

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 90.

Report due January 12, 2007 (Standards, 2nd edition) -

- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies) and
- **Standard C4.1f** (lacked evidence the self-study report documents response to the last accreditation citations).

March 2004

The commission acknowledged the report providing evidence of

• Budget and an analysis of student failure rates for physiology courses. No further information requested.

Program Change: Change in start/end dates (to coordinate with semesters of the City University of New York academic calendar). The commission **acknowledged the proposed change**. No further information requested.

September 2003

The commission accepted the report addressing 2nd edition

- **Standard A3.1** (provided evidence of sufficient financial resources to operate an educational program to fulfill obligations to matriculating and enrolled students),
- Standards C2.2c and f (provided evidence the self-study report includes critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and
- **Standard C5.5** (provided evidence a summative evaluation for each student has been completed prior to program completion).

Additional information (budget and an analysis of student failure rates for physiology courses) due January 15, 2004.

September 2002

Accreditation-Continued; Next Comprehensive Evaluation: September 2006. Maximum Student Capacity: 90.

Report due July 15, 2003 (Standards, 2nd edition) -

- **Standard A3.1** (lacked evidence of sufficient financial resources to operate an educational program to fulfill obligations to matriculating and enrolled students),
- Standards C2.2c and f (lacked evidence the self-study report includes critical analysis of c) student failure rates in individual courses and rotations and f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement) and

First accredited: January 1978 Next review: September 2024 Maximum class size: 45

Page 6 of 6

• **Standard C5.5** (lacked evidence a summative evaluation for each student has been completed prior to program completion).

March 1999

The commission accepted the report addressing 1st edition

- **Standard I C 1** (provided evidence the technical standards are distributed or made available to prospective students) and
- **Standard I E 3** (provided evidence the self-study report documents program modifications that have occurred as a result of the self-evaluation). No further information requested.

September 1998

 $\label{lem:continued:equation} Accreditation\mbox{-} Continued; \mbox{Next Comprehensive Evaluation: September 2002}.$

Report due February 1, 1999 (Standards, 1st edition) -

- **Standard I C 1** (lacked evidence the technical standards are distributed or made available to prospective students) and
- **Standard I E 3** (lacked evidence the self-study report documents program modifications that have occurred as a result of the self-evaluation).

NOTE: The ARC-PA commission action information available begins in September 1998. Information from initial accreditation in 1978 by CAHEA and subsequent accrediting organizations is not available.