

Dartmouth-Hitchcock Medical Center Cardiothoracic Surgery Physician Assistant Residency Accreditation History

First accredited: June 2021

Next review: June 2031

Maximum class size per cohort: 2

Number of cohorts per year: 1

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June 2024

Accreditation-Clinical Postgraduate Program; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: June 2031. The program is approved for up to two (2) students per cohort with one (1) entering cohort per year.

September 2023

Accreditation-Administrative Probation removed. The Annual Accreditation Fee was received in full in September 2023. Administrative-Probation removed post receipt of fee.

July 2023

Accreditation-Administrative Probation. The Annual Accreditation Fee was due July 1, 2023.

March 2022

The commission **Accepted** the follow up report addressing 3rd edition

- **Standard C1.01** (provided evidence the ongoing program self-assessment process includes an assessment of the effectiveness of the program director's leadership, management and responsibility).

The commission **Reviewed and More Information Requested** the report addressing 3rd edition

- **Standard C1.01** (lacked evidence the ongoing program self-assessment process includes an assessment of the effectiveness of the program director's leadership, management and responsibility) and

Additional information (blank copy of annual evaluation or documentation) due January 24, 2022.

June 2021

Accreditation-Clinical Postgraduate Program; Next Comprehensive Evaluation: June 2024. The program is approved for up to two (2) students per cohort.

Report due September 1, 2021 (*Standards*, 3rd edition) -

- **Standard A3.11c** (lacked evidence the program director is responsible for the program's fiscal management),
- **Standard C1.01** (lacked evidence the ongoing program self-assessment process includes an assessment of the effectiveness of the program director's leadership, management and responsibility) and
- **Standard C2.01** (lacked evidence the program implements its defined process for the initial and ongoing evaluation of all clinical sites).

No report due (program provided evidence of compliance after site visit but was not in compliance at time of visit)

- **Standard E1.04** lacked evidence the program submits reports or documents as required by the ARC-PA; corrected subsequent to the visit).