

Hofstra University Accreditation History

First accredited: September 2001
Next review: September 2026
Maximum class size: 50
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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.

September 2021

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

- Update on hiring of faculty and administrator. No further information requested.

March 2021

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

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

September 2020

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

- Updated 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.

Additional information (update on hiring of faculty and administrator) due May 1, 2021.

June 2018

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

- **Standards C2.01b, c and e**, modified Self-Study Report (provided evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, and e) self-identified program strengths and areas in need of improvement). No further information requested.

March 2018

Program Change: Change in class size (incremental, 50 to 57, effective September 2018, to 63 effective 2019, to 69, effective 2020 and to 75, effective 2021). The commission **approved the proposed change**. No further information requested.

September 2017

Program Change: Change in class size (incremental, 50 to 65, effective September 2017, to 80, effective 2018, to 95, effective 2019 and to 100, effective 2020). The commission **did not approve the proposed change**.

March 2017

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Program Change: Change in class size (incremental, 50 to 65, effective September 2017, to 80, effective 2018, to 95, effective 2019 and to 100, effective 2020). The commission **deferred approval** of the proposed incremental increases until its September 2017 meeting, as the ARC-PA policy states that a program holding the status of Accreditation-Continued must maintain four consecutive years of that status from the date of the last approved class size increase before the ARC-PA will consider a request for an increase in maximum entering class size. The program's last approved class size increase was in March 2013.

September 2016

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

- Portal update of PANCE data. No further information requested.

July 2016

Accreditation-Continued; Next Comprehensive Review: September 2026. Maximum entering class size: 50.

Reports due September 1, 2016

- Update PANCE pass rate data in Program Management Portal

Due February 1, 2018 (*Standards*, 4th edition) -

- **Standards C2.01b, c and e**, modified Self-Study Report (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, and e) self-identified program strengths and areas in need of improvement).

September 2013

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

- Additional faculty and clinical sites. No further information requested.

March 2013

Program Change: Change in class size (35 to 50), effective September 2013 and aggregate (105 to 150), effective September 2015. The commission **acknowledged the proposed change**.

Additional information (additional faculty and clinical sites) due July 1, 2013.

September 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 A3.12** (provided evidence the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment),
- **Standard B3.02** (provided evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire competencies needed with preventive patient encounters) and

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- **Standard B3.03b-c** (provided evidence of SCPEs providing sufficient patient exposure with patients seeking b) women's health and c) surgical management). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2015. Maximum Student Capacity: 105.

Report due July 1, 2012 (*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 A3.12** (lacked evidence the program defines, publishes and makes readily available to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment),
- **Standard B3.02** (lacked evidence supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire competencies needed with preventive patient encounters) and
- **Standard B3.03b-c** (lacked evidence of SCPEs providing sufficient patient exposure with patients seeking b) women's health and c) surgical management).

Program Change: Change in graduation requirements/academic degree (baccalaureate to baccalaureate/master's). The commission **acknowledged the program change**. No further information requested.

September 2010

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

- **Standard A2.02** (provided evidence core program faculty include two additional faculty positions for individuals currently NCCPA-certified as PAs),
- **Standard A2.19** (provided evidence instructional faculty participate in the evaluation of student performance and the identification of students who are not achieving course and program objectives),
- **Standard A3.07g** (provided evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- **Standards A3.13c-e** (provided evidence student files kept by the program include documentation of c) remediation, d) disciplinary action and e) that the student has met institution and program health screening and immunization requirements),
- **Standard B1.02** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standard B1.06** (provided evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),

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- **Standard B3.04d** (provided evidence the program provides instruction in the important aspects of patient care including rehabilitative),
- **Standards B6.01c and d** (provided evidence the program provides instruction in c) reimbursement, including documentation, coding, and billing and d) quality assurance and risk management in medical practice),
- **Standards C1.01a, b, e** (provided evidence the program collects and analyzes a) student attrition, deceleration, and remediation, b) faculty attrition and e) graduate evaluations of curriculum and program effectiveness),
- **Standards C2.01a and b1-b4** (provided evidence the self-study documents
 - the program's process of ongoing self-assessment.
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations and
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty). No further information requested.

March-April 2009

Accreditation-Continued; Next Comprehensive Evaluation: September 2011. Maximum Student Capacity: 105. Report due July 1, 2010 (*Standards*, 3rd edition) -

- **Standard A2.02** (lacked evidence core program faculty include two additional faculty positions for individuals currently NCCPA-certified as PAs),
- **Standard A2.19** (lacked evidence instructional faculty participate in the evaluation of student performance and the identification of students who are not achieving course and program objectives),
- **Standard A3.07g** (lacked evidence the program defines, publishes and makes readily available to prospective and enrolled students estimates of all costs related to the program),
- **Standards A3.13c-e** (lacked evidence student files kept by the program include documentation of c) remediation, d) disciplinary action and e) that the student has met institution and program health screening and immunization requirements),
- **Standard B1.02** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standard B1.06** (lacked evidence for each didactic and clinical course, the program provides a published syllabus that defines expectations and guides student acquisition of expected competencies),
- **Standard B3.04d** (lacked evidence the program provides instruction in the important aspects of patient care including rehabilitative),
- **Standards B6.01c and d** (lacked evidence the program provides instruction in c) reimbursement, including documentation, coding, and billing and d) quality assurance and risk management in medical practice),

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- **Standards C1.01a, b, e** (lacked evidence the program collects and analyzes a) student attrition, deceleration, and remediation, b) faculty attrition and e) graduate evaluations of curriculum and program effectiveness),
- **Standards C2.01a and b1-b4** (lacked evidence the self-study documents
 - the program's process of ongoing self-assessment.
 - b1) student attrition, deceleration, and remediation,
 - b2) faculty attrition,
 - b3) student failure rates in individual courses and rotations and
 - b4) student evaluations of individual didactic courses, clinical experiences, and faculty).

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 105. The program requested reconsideration of the commission's decision. The Appeal Review Panel voted to reverse the initial adverse action to place the program on Probation.

March 2006

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

- **Standard C5.5** (provided evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice). No further information requested.

March 2005

Accreditation-Continued; Next Comprehensive Evaluation: March 2009. Maximum Student Capacity: 80.

Report due January 13, 2006 (*Standards*, 2nd edition) -

- **Standard C5.5** (lacked evidence a summative evaluation of each student is completed and documented prior to program completion to assure that students meet defined program objectives for the knowledge, skills, and attitudes that demonstrate suitability for practice).

September 2003

Program Change: Restructure of program (now one class starting each September; maximum student capacity now 80). The commission **acknowledged the proposed change**. No further information requested.

September 2002

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

- **Standard A2.23** (provided evidence the proposed administrative and technical support staff needed to meet the needs of the program especially early on are adequate),
- **Standard A5.17a** (provided evidence requirements for prior education and work experience are clearly defined or presented in written form),

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- **Standard A5.17b** (provided evidence the policy regarding experiential learning is clearly defined or presented in written form),
- **Standard A5.8** (provided evidence the program has a policy by which students may work within the program or institution while enrolled in the program) and
- **Standard A5.9** (provided evidence the program has a policy with respect to its not requiring students to perform clerical or administrative work for the program). No further information requested.

March 2002

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

- **Standard A2.3** and **Standard F1.2** (provided evidence the program has a designated program director). No further information requested.

December 2001

Accreditation-Provisional; Next Comprehensive Evaluation: March 2005. Maximum Student Capacity: 120.

Report due February 1 (*Standards*, 2nd edition) -

- **Standard A2.3** and **Standard F1.2** (lacked evidence the program has a designated program director).

Due July 15, 2002 (*Standards*, 2nd edition).

- **Standard A2.23** (lacked evidence the proposed administrative and technical support staff needed to meet the needs of the program especially early on are adequate),
- **Standard A5.17a** (lacked evidence requirements for prior education and work experience are clearly defined or presented in written form),
- **Standard A5.17b** (lacked evidence the policy regarding experiential learning is clearly defined or presented in written form),
- **Standard A5.8** (lacked evidence the program has a policy by which students may work within the program or institution while enrolled in the program) and
- **Standard A5.9** (lacked evidence the program has a policy with respect to its not requiring students to perform clerical or administrative work for the program).

October 2001

Defer decision on Accreditation-Provisional. Report due November 15, 2001 (clarify student enrollment numbers).