

James Madison University Accreditation History

First accredited: April 1999

Next review: September 2026

Maximum class size: 32 (36 effective August 21, 2024)

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September 2023

Program Change: Increase maximum entering class size to 36 students effective August 21, 2024. The commission **approved the program's proposed change**. No further information requested.

June 2022

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.

September 2021

Program Change: Change in graduation requirements (101 to 103 credits), effective January 2022. The commission **approved the proposed change**. No further information requested.

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

- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes. No further information requested.

March 2021

The commission **acknowledged the report** providing evidence of a change in program support. No further information requested.

September 2020

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

- The proposed plan in response to COVID-19.

Additional information (follow-up for the class of 2020 after graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes) due April 1, 2021.

September 2019

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

- The modified Self-Study report that documents the process and results of ongoing self-assessment. No further information requested.

March 2019

The commission **did not accept the report** addressing 4th edition

- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Additional information (modified Self-Study report that documents the process and results of ongoing self-assessment) due June 10, 2019.

March 2018

Program Change: Change in maximum class size (30 to 32), effective August 27, 2018. The commission **approved the proposed change**. No further information requested.

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

- Course objectives, preceptor evaluation forms and determination of student achievement. No further information requested.

The commission **did not accept the report** providing evidence of

- Description of assurance of student achievement of competencies

Additional information (course objectives, preceptor evaluation forms and determination of student achievement) due January 15, 2018.

July 2017

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

- Timeframe for hiring faculty and critical analysis of data regarding students achieving competencies.

Additional information (description of assurance of student achievement of competencies) due October 2, 2017.

March 2017

Program Change: Change in class size (30 to 32), effective August 2017. The commission **did not approve the proposed change**. The program not eligible to request an increase until after March 2018.

January 2017

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

- Explanation of class size discrepancy and SCPEs. No further information requested.

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

- **Standard A1.08** (provided evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (provided evidence principal faculty are sufficient in number to meet the academic needs of enrolled students),
- **Standard A2.18** (provided evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program),
- **Standard B2.06** (provided evidence the program curriculum includes instruction in rehabilitative care across the life span),
- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (provided evidence of program defined expectations 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) and
- **Standard C1.01** (provided evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

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Additional information (timeframe for hiring faculty and critical analysis of data regarding students achieving competencies) due May 10, 2017.

September 2016

Accreditation-Continued; Next Comprehensive Evaluation: September 2026. Maximum class size: 30. Report due October 27, 2016 (*Standards*, 4th edition) -

- **Standard A1.08** (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.03** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students) and
- **Standard A2.18** (lacked evidence there is at least a 1.0 FTE position, dedicated exclusively to the program, to provide administrative support for the program).
- Explanation of class size discrepancy and correct supervised clinical practice experiences [SCPEs] in the Program Management Portal.

Due November 9, 2016 (*Standards*, 4th edition) -

- **Standard B2.06** (lacked evidence the program curriculum includes instruction in rehabilitative care across the life span),
- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standards B3.03a-d** (lacked evidence of program defined expectations 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) and
- **Standard C1.01** (lacked evidence of an ongoing self-assessment process designed to document program effectiveness and foster program improvement).

Due September 25, 2018 (*Standards*, 4th edition) -

- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

Program Change: Change in graduation requirements (101 to 104 credits), effective January 9, 2017. The commission **acknowledged the proposed change**. No further information requested.

March 2016

Program Change: Change in graduation requirements (82 to 101 credits), effective August 31, 2016. The commission **acknowledged the proposed change**. No further information requested.

March 2014

Program Change: Change in class size (25 to 30), effective August 26, 2013. The commission **approved the proposed change**. No further information requested.

September 2009

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Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 75. The commission noted zero areas of noncompliance with the *Standards*.

September 2007

Program Change: Change in maximum student capacity (50 to 75), effective August 2008. The commission **acknowledged the proposed change**. No further information requested.

March 2007

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

- Clinical site evaluation. No further information requested.

September 2006

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

- **Standard A2.11** (provided evidence the program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program),
- **Standards C2.2a-g** (provided evidence the self-study report incorporates critical analysis of outcome data that includes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C6.2** (provided evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location).

Additional information (clinical site evaluation) due January 12, 2007.

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September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2009. Maximum Student Capacity: 50.

Report due July 14, 2006 (*Standards*, 2nd edition) -

- **Standard A2.11** (lacked evidence the program director supervises the medical director, faculty, and staff in all activities that directly relate to the PA program),
- **Standards C2.2a-g** (lacked evidence the self-study report incorporates critical analysis of outcome data that includes
 - a) student attrition, deceleration, and remediation,
 - b) faculty attrition,
 - c) student failure rates in individual courses and rotations,
 - d) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - e) student evaluations of individual didactic courses, clinical experiences, and faculty,
 - f) surveys of employers on such matters as employment settings, scope of practice, graduate competence, and suggestions for curriculum improvement and
 - g) evaluation of the most recent five-year aggregate student performance on the national certifying examination) and
- **Standard C6.2** (lacked evidence equivalent evaluation processes are applied to all clinical sites regardless of geographical location).

September 2003

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

September 2002

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

- **Standard A2.9** (provided evidence the program director is assigned to the program on a full-time basis),
- **Standard A2.10** (provided evidence the program director is responsible for the continuous review and analysis, planning, and development of the program) and
- **Standard B1.4** (provided evidence all didactic courses include measurable instructional objectives and expected student competencies). No further information requested.

September-December 2001

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Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 50.

Report due August 1, 2002 (*Standards*, 2nd edition) -

- **Standard A2.9** (lacked evidence the program director is assigned to the program on a full-time basis),
- **Standard A2.10** (lacked evidence the program director is responsible for the continuous review and analysis, planning, and development of the program) and
- **Standard B1.4** (lacked evidence all didactic courses include measurable instructional objectives and expected student competencies).

NOTE: The ARC-PA commission action information available begins in September 2001. Information from initial accreditation in 1999 by CAAHEP is not available.