

Nova Southeastern University–Jacksonville Accreditation History

First accredited: March 2009
Next review: September 2024
Maximum class size: 60
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September 2023

The commission **Accepted** the report addressing 5th edition

- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health (to include prenatal and gynecologic care)

No further information required.

March 2023

The commission **Reviewed and More Information Requested** the report addressing 5th edition

- **Standard B3.03a** (provided evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (provided evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health (to include prenatal and gynecologic care)
- **Standard B3.03d** (provided evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.03e** (provided evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for behavioral and mental health conditions)
- **Standard B4.01a** (provided evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to align with what is expected and taught)
- **Standard B4.01b** (provided evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to allow the program to identify and address any student deficiencies in a timely manner)

Additional information (women’s health supervised clinical practice experience learning outcomes) due May 15, 2023.

September 2022

Adverse Action-Accreditation-Probation Extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*. A focused probation visit will occur in advance of the September 2024 commission meeting. The program’s maximum class size remains 60. The decision is not appealable.

Report due December 16, 2022 (*Standards*, 5th edition):

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- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health (to include prenatal and gynecologic care)
- **Standard B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **Standard B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for behavioral and mental health conditions)
- **Standard B4.01a** (lacked evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to align with what is expected and taught)
- **Standard B4.01b** (lacked evidence program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components to allow the program to identify and address any student deficiencies in a timely manner)

Report due April 18, 2024 (*Standards*, 5th edition):

- **Standard C1.03** modified self-study report (lacked evidence program prepares a self-study report that accurately and succinctly documents the process, application and results of ongoing program self-assessment)

March 2021

Adverse Action-Accreditation-Probation (from September 2020); A focused probation visit will occur in advance of the September 2022 commission meeting. The program’s maximum class size remains 60.

Report due July 1, 2021 (*Standards*, 5th edition) -

- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) parallels what is expected of students and taught and b) allows the program to identify and address any student deficiencies timely).

Report due March 5, 2022 (*Standards*, 5th edition) -

- **Standard C1.02b-c i-iii** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by b) performing critical analysis of data and c) applying the results leading to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans) and

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- **Standard C1.03** (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

September 2020

Adverse Action-Accreditation-Probation; A focused probation visit will occur in advance of the September 2022 commission meeting. The program's maximum class size remains 60.

Report due January 15, 2021 (*Standards*, 5th edition) -

- **Standard A1.02a and d** (lacked evidence the sponsoring institution is responsible for a) supporting the faculty in program assessment and d) complying with ARC-PA accreditation Standards and policies) and
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis).

Report due March 5, 2022 (*Standards*, 5th edition) -

- **Standard C1.02b-c i-iii** modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by b) performing critical analysis of data and c) applying the results leading to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans).

June 2020

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

- The proposed plan in response to COVID-19. No further information requested.

March 2020

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

- Updated PANCE pass rate data in the Program Management Portal and on the program's website. No further information requested.

September 2019

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

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

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

- **Standard C2.01c-e**, modified Self-Study Report (lacked evidence of a self-study report that documents c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

Additional information (templates addressing sufficiency and effectiveness of faculty, faculty evaluation of the curricular and administrative aspects of the program, modifications that occurred as a result of self-assessment and self-identified program strengths and areas in need of improvement) due June 17, 2020.

June 2018

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Program Change: Change in graduation requirements (increase from 138 to 144 credits awarded), effective May 14, 2018. The commission **acknowledged the change**. No further information requested.

September 2017

Program's PANCE pass rate for class of 2016 was 83%. As pass rate was less than 85%, the program submitted the required PANCE performance analysis report. The commission **accepted the report**. No further information requested.

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

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement)
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standard C2.01b-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, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

Additional information (resubmit modified Self-Study Report) due June 15, 2019.

July 2016

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

- **Standard B3.07f** (provided evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in behavioral and mental health).

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 March 2022 to March 2025 due to this change.

September 2015

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

- **Standard A3.19e** (provided evidence that student files include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student). No further information requested.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 60. Report due June 15, 2015 (*Standards*, 4th edition) -

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- **Standard A3.19e** (lacked evidence that student files include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student),

Due June 16, 2016 (*Standards*, 4th edition) -

- **Standard B3.07f** (lacked evidence of supervised clinical practice experiences [SCPEs] with preceptors practicing in behavioral and mental health) and

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

- **Standard C1.01** (lacked evidence of implementation of an ongoing program self-assessment process which documents program effectiveness and fosters program improvement)
- **Standard C1.02** (lacked evidence the program applies the results of ongoing program self-assessment to the curriculum and other dimensions of the program) and
- **Standards C2.01b-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, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

September 2013

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

- Defined program expectations/requirements for patient encounters (preventive, emergent, acute and chronic and surgical management). No further information requested.

March 2013

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

- Documentation of the initial and ongoing evaluation of sites and preceptors used for SCPEs (standard C4.01).

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

- That students receive adequate experiences with preventive, emergent, acute and chronic patient encounters (standard B3.02) and
- That students receive adequate experiences with surgical management (standard B3.03c).

Additional information (defined program expectations/requirements for patient encounters) due July 1, 2013.

September 2012

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

- **Standard A1.02** (provided evidence of signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),

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- **Standard A2.08** (provided evidence the program director provides effective leadership and management)
- **Standards A2.09a-b, e-f** (provided evidence the program director is knowledgeable about and responsible for program a) organization, b) administration, e) planning and f) development),
- **Standard A3.19a** (provided evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard B1.05** (provided evidence the program curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B1.08** (provided evidence the program curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B3.02** (provided evidence of defined program expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03a-d** (provided evidence of program defined requirements 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)
- **Standard C3.04** (provided evidence of the program conducting and documenting 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) and
- **Standard C4.01** (provided evidence the program has defined, maintained and documented an effective process for the initial and ongoing evaluation of all clinical sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations) and
- Provided evidence of PANCE performance analysis.

Additional information (standards B3.02 [assures students receive adequate experiences with preventive, emergent, acute and chronic patient encounters], B3.03c [assures students receive adequate experiences with surgical management] and C4.01 [evidence of documentation of the initial and ongoing evaluation of sites and preceptors used for SCPEs]) due December 31, 2012.

March 2012

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 180.

Report due July 1, 2012 (*Standards*, 4th edition) -

- **Standard A1.02** (lacked evidence of signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences),
- **Standard A2.08** (lacked evidence the program director provides effective leadership and management)
- **Standards A2.09a-b, e-f** (lacked evidence the program director is knowledgeable about and responsible for program a) organization, b) administration, e) planning and f) development),

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- **Standard A3.19a** (lacked evidence that student files include documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard B1.05** (lacked evidence the program curriculum includes instruction in intellectual honesty and appropriate academic and professional conduct),
- **Standard B1.08** (lacked evidence the program curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams),
- **Standard B3.02** (lacked evidence of defined program expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03a-d** (lacked evidence of program defined requirements 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)
- **Standard C3.04** (lacked evidence of the program conducting and documenting 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) and
- **Standard C4.01** (lacked evidence the program has defined, maintained and documented an effective process for the initial and ongoing evaluation of all clinical sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations) and
- PANCE performance analysis.

March 2010

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

- Clinical sites secured in psychiatry and in long-term care settings No further information requested.

September 2009

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

- **Standard A3.07a** (provided evidence institutional policies and practices that favor specific groups of applicants are defined, published and readily available to prospective and enrolled students),
- **Standard B7.04e** (provided evidence supervised clinical practice experiences occur in long-term care settings),
- **Standard B7.05f** (provided evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standard D2.03** (provided evidence the program provides referral for students with personal problems that may interfere with their progress in the program),
- **Standard E1.12f** (provided evidence the program has identified qualified faculty in sufficient number to provide instruction in the first 12 months of the program)
- **Standard E1.14** (provided evidence the program has identified prospective clinical sites sufficient in number to meet the needs of students).

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Additional information (update of clinical sites secured in psychiatry and in long-term care settings) due December 31, 2009.

March 2009

Accreditation-Provisional; Next Comprehensive Evaluation: March 2012. Maximum Student Capacity: 180. Report due June 1, 2009 (*Standards*, 3rd edition) -

- **Standard A3.07a** (lacked evidence institutional policies and practices that favor specific groups of applicants are defined, published and readily available to prospective and enrolled students),
- **Standard B7.04e** (lacked evidence supervised clinical practice experiences occur in long-term care settings),
- **Standard B7.05f** (lacked evidence supervised clinical practice experiences occur with residency trained physicians or other licensed health care professionals experienced in psychiatry),
- **Standard D2.03** (lacked evidence the program provides referral for students with personal problems that may interfere with their progress in the program),
- **Standard E1.12f** (lacked evidence the program has identified qualified faculty in sufficient number to provide instruction in the first 12 months of the program)
- **Standard E1.14** (lacked evidence the program has identified prospective clinical sites sufficient in number to meet the needs of students).