

## Seton Hall University Accreditation History

First accredited: March 2001  
Next review: March 2027  
Maximum class size: 60  
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### June 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

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.

### March 2023

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 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 2021

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 and completed summative testing. No further information requested.

### June 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 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing and update on class of 2021 if further modifications to their curriculum occur) due July 10, 2020.

### June 2019

Program Change: Change in graduation requirements (preclinical 14 to 16 months), effective August 2019 and (clinical 16-19 months to 13-16 months), effective January 2020. The commission **acknowledged the proposed change**. No further information requested.

### March 2019

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.

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### March 2018

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.

### March 2017

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.

### January 2017

Accreditation-Continued; Next Comprehensive Evaluation: March 2027. Maximum class size: 60.

**No report due** (*Standards*, 4<sup>th</sup> edition) -

- **Standard B1.09** (lacked evidence at the time of the site visit of instructional objectives that guide student acquisition of required competencies; corrected subsequent to the visit),
- **Standard B3.02** (lacked evidence at the time of the site visit of instructional objectives related to preventive, emergent, acute and chronic patient encounters that guide student acquisition of required competencies; corrected subsequent to the visit) and
- **Standard B3.02** (lacked evidence at the time of the site visit that supervised clinical practice experiences occur with PAs teamed with physicians who are specialty board certified in their area of instruction; corrected subsequent to the visit).

### March 2016

Program Change: Adjustment to the maximum class size (40 to 60), effective August 2016. The commission **approved the adjustment** to the maximum class size. No further information requested.

### September 2015

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

- Additional space. No further information requested.

### March 2015

Program Change: Increase class size (30 to 40), effective August 2015. The commission **approved the proposed change** increasing the maximum class size. Additional information (plan for additional space) due April 15, 2015.

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

- Updated student learning outcomes and program expectations. No further information requested.

### September 2014

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

- Patient encounters. No further information requested.

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### March 2014

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

- Compliance with 4<sup>th</sup> edition standards B3.03a-d based on SCPEs

Reports due June 2 (narrative and table of patient encounters, 4<sup>th</sup> edition standards B3.03a-d) and November 3, 2014 (updated student learning outcomes and program expectations, standards B3.03a-d).

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

- Updated data in the Portal. No further information requested.

The commission noted complete or inaccurate data in the Program Management Portal related to faculty FTE. Correction required by April 14, 2014.

### September 2012

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

- How the program director participates in budget planning and data regarding SCPEs.

Additional information (demonstrate compliance with 4<sup>th</sup> edition standards B3.03a-d based on SCPEs) due December 31, 2013.

### March 2012

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **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) and
- **Standard A3.20** (provided evidence that PA students do not have access to the academic records or other confidential information of other students or faculty)

The commission **did not accept the report** addressing 4<sup>th</sup> edition

- **Standard A2.09c** (lacked evidence the program director is knowledgeable about and responsible for program fiscal management),
- **Standards B3.03a-d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

Report due July 1, 2012 (how the program director participates in budget planning and gather and analyze data regarding SCPEs).

### September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2016. Maximum Student Capacity: 90.

Report due July 1, 2012 *Standards*, 4<sup>th</sup> edition) -

- **Standard A2.09c** (lacked evidence the program director is knowledgeable about and responsible for program fiscal management),

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- **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 A3.20** (lacked evidence that PA students do not have access to the academic records or other confidential information of other students or faculty) and
- **Standards B3.03a-d** (lacked evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).

### September 2007

The commission **accepted the report** addressing 2<sup>nd</sup> edition

- **Standard C4.1a** (provided evidence the self-study report documents process and results of continuous evaluation). No further information requested.

### September 2006

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

Report due July 12, 2007 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard C4.1a** (lacked evidence the self-study report documents process and results of continuous evaluation).

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

- Graduate performance on PANCE. No further information requested.

### September 2005

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

- Graduate performance on PANCE. No further information requested.

### September 2004

The commission **acknowledged the report** addressing 2<sup>nd</sup> edition

- **Standard B1.4** (provided evidence for each didactic and clinical course, the program must provide clearly written course syllabus that include measurable instructional objectives and expected student competencies),
- **Standard C4.1b** (provided evidence the self-study report documents outcome data analysis) and
- **Standard D1.1** (provided evidence of documentation verifying that each student has completed health screening and meets program health requirements must be in program files).
- Course objectives for Biomedical Ethics and standards.
- First report on graduate performance on PANCE. No further information requested.

### September 2003

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

Report due July 15, 2004 (*Standards*, 2<sup>nd</sup> edition) -

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- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program must provide clearly written course syllabus that include measurable instructional objectives and expected student competencies),
- **Standard C4.1b** (lacked evidence the self-study report documents outcome data analysis) and
- **Standard D1.1** (lacked evidence of documentation verifying that each student has completed health screening and meets program health requirements must be in program files).
- Course objectives for Biomedical Ethics and standards.
- Graduate performance on PANCE due July 15, 2004, 2005 and 2006.

### March 2003

Program Change: Change in credits (alteration in assignment of credits to specific courses, no change in sequencing or content), effective Fall 2003. The commission **acknowledged the change**. No further information requested.

### September-December 2001

The commission **accepted the report** addressing 1<sup>st</sup>/2<sup>nd</sup> edition

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the *Standards*. The citations listing reflects the 1<sup>st</sup> edition of the *Standards* and the corresponding standard in the 2<sup>nd</sup> edition.

- **Standards I B 1 a (1)/A2.11** (provided evidence the program director supervises the medical director),
- **Standards I B 3 a/A4.1** (provided evidence the laboratory section of anatomy has been identified) and
- **Standards I C 1/A5.17a-c** (provided evidence the program publishes and makes readily available to prospective students a) requirements for prior education or work experience, b) policies regarding advanced placement, transfer of credit and credit for experiential learning and c) specific academic and technical standards). No further information requested.

### March 2001 (Seton Hall University)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2004.

Report due August 1, 2001 (*Standards*, 1<sup>st</sup>/2<sup>nd</sup> edition) -

**NOTE:** The review was conducted as the ARC-PA was transitioning from the 1<sup>st</sup> to 2<sup>nd</sup> edition of the *Standards*. The citations listing reflects the 1<sup>st</sup> edition of the *Standards* and the corresponding standard in the 2<sup>nd</sup> edition.

- **Standards I B 1 a (1)/A2.11** (lacked evidence the program director supervises the medical director),
- **Standards I B 3 a/A4.1** (lacked evidence the laboratory section of anatomy has been identified) and
- **Standards I C 1/A5.17a-c** (lacked evidence the program publishes and makes readily available to prospective students a) requirements for prior education or work experience, b) policies regarding advanced placement, transfer of credit and credit for experiential learning and c) specific academic and technical standards).

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### September 2000 (Seton Hall University/University of Medicine and Dentistry of New Jersey)

Program Change: Substantive change (UMDNJ to end joint sponsorship with Seton Hall University, effective when the current students have graduated in fall 2001). Seton Hall University seeking accreditation for its own program.

The commission **accepted the report** addressing 1<sup>st</sup> edition

- **Standard I D 1 f** (provided evidence the program publishes policies and procedures by which students may perform service work while enrolled in the program),
- **Standard I E 1 c** (provided evidence the program completed a timely survey of employers) and
- **Standard II B 2 a** (provided evidence of learning goals or competencies for physiology and research methods II). No further information requested.

### March 2000 (Seton Hall University/University of Medicine and Dentistry of New Jersey)

Accreditation-Continued; Next Comprehensive Evaluation: March 2003.

Report due August 1, 2000 (*Standards*, 1<sup>st</sup> edition) -

- **Standard I D 1 f** (lacked evidence the program publishes policies and procedures by which students may perform service work while enrolled in the program),
- **Standard I E 1 c** (lacked evidence the program completed a timely survey of employers) and
- **Standard II B 2 a** (lacked evidence of learning goals or competencies for physiology and research methods II).

### March 1998 (Seton Hall University/University of Medicine and Dentistry of New Jersey)

The commission **accepted the report** addressing Essentials I B I a(3), I B I a(4), I C I and I D I a. No further information requested.

### March 1997 (Seton Hall University/University of Medicine & Dentistry of New Jersey)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2000.

Report due March 1998 Essentials I B I a(3), I B I a(4), I C I and I D I a

(insufficient core faculty, inadequate clerical staff, announcements and advertising that do not accurately reflect the program, and information given to prospective students that does not indicate the consideration given to prior health experience or the preference for Seton Hall University undergraduate students).