

## Stanford University Accreditation History

First accredited: March 1976  
Next review: September 2032  
Maximum class size: 50  
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### March 2024

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

- Program's established, formal, continuous self-assessment process addressing institutional support for financial resources, curricular design/course selection, program assessment, and diversity and Inclusion

No further information requested.

### September 2023

The commission **reviewed and more information requested** of the report addressing 5<sup>th</sup> edition

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

Additional information (program's established, formal, continuous self-assessment process addressing institutional support for financial resources, curricular design/course selection, program assessment, and diversity and Inclusion) due October 1, 2023.

### March 2023

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

- Updates to the program's Program Management Portal. No further information requested.

### September 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2032. Maximum class size: 50.

Report due November 25, 2022:

- Update PANCE pass rate data in Program Management Portal.

Report due May 5, 2023 (*Standards*, 5<sup>th</sup> edition):

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

No report due (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission):

- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

### June 2020

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

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

### September 2019

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Program Change: Change in graduation requirements (156 to 182 credits), effective August 19, 2019. The commission **acknowledged the proposed change**. No further information requested.

### March 2019

Program Change: Change in graduation requirements (156 to 180 credits), effective April 1, 2019. The commission **did not acknowledge the proposed change**. The proposal lacked specificity to understand the rationale for the proposed change.

### June 2018

Program Change: Change in graduation requirements (170 to 156 credits), effective August 28, 2018. The commission **acknowledged the proposed change**. No further information requested.

### July 2017

Program Change: Change in graduation requirements (173 to 170 credits), effective August 28, 2017. The commission **acknowledged the proposed change**. No further information requested.

Program Change: Change in graduation requirements (174 to 173 credits awarded within the Master of Science PA program, effective August 28, 2017). The commission **acknowledged the proposed change**. No further information requested.

### September 2016

Program Change: Proposed change from a certificate and associate degree to a master curriculum, effective July 1, 2017. The commission **acknowledged the program change**.

### April 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 September 2019 to September 2022 due to this change.

### September 2014

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

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

### March 2014

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

- Students and behavioral health SCPEs. Additional information (update SCPEs) by May 1, 2014.

### September 2013

The commission **did not accept** the report. The program is required to submit acceptable responses by January 1 (graphic representation of students and their behavioral health SCPEs) and May 1, 2014 (updated listing of SCPEs).

### March 2013

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

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

Additional information (graphic representation of students and their clinical behavioral health experiences and update supervised clinical practice experiences [SCPEs] in behavioral health in the Program Management Portal) by July 1, 2013.

### September 2012

Accreditation-Continued; Next Comprehensive Evaluation: September 2019. The program is approved to accept up to a class size of 50.

Report due December 31, 2012 (*Standards*, 4<sup>th</sup> edition) -

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

### March 2008

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

- Students and preceptors. No further information requested.

### September 2007

The commission **accepted the report** addressing 3<sup>rd</sup> edition

- **Standard A1.07a** (provided evidence that the sponsoring institution had sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.04** (provided evidence that core program faculty had appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standard A3.03** (provided evidence the program website accurately reflected the program) and
- **Standard A3.06** (provided evidence the program did not require that students supply their own clinical sites or preceptors for program-required clinical rotations).

Additional clarifying information regarding students and preceptors requested by January 11, 2008.

### March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2012. Maximum student capacity: 100.

Report due July 13, 2007 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A1.07a** (lacked evidence that the sponsoring institution had sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A2.04** (lacked evidence that core program faculty had appointments and privileges comparable to other faculty who have similar responsibilities within the institution),
- **Standard A3.03** (lacked evidence the program website accurately reflected the program) and
- **Standard A3.06** (lacked evidence the program did not require that students supply their own clinical sites or preceptors for program-required clinical rotations).

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### September 2003

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

- **Standard C2.2c** (provided evidence of program analysis of student failure in clinical courses) and
- **Standard C4.1e** (provided evidence of plans for addressing curricular weaknesses identified by the graduate and employer surveys). No further information requested.

### March 2003

Accreditation-Continued; Next Comprehensive Evaluation: March 2007. Maximum student capacity: 50.  
Report due July 15, 2003 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard C2.2c** (lacked evidence of program analysis of student failure in clinical courses) and
- **Standard C4.1e** (lacked evidence of plans for addressing curricular weaknesses identified by the graduate and employer surveys).

Personnel change: New medical director appointed January 2003.

### September 2002

Personnel change: New medical director appointed May 2002.

### September 2001

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

- **Standard A1.5a** (provided evidence that the sponsoring institution assumed primary responsibility for student admission),
- **Standard A2.2** (provided evidence of job descriptions for the program director and medical director),
- **Standards A2.10 and A2.11** (provided evidence of clarity of roles and responsibilities in day-to-day operations),
- **Standard A2.13** (provided evidence of the medical director providing continuous, competent medical guidance for the clinically related program components),
- **Standard A5.17b** (provided evidence of policies on advanced placements, transfer of credit, or credit for experiential learning),
- **Standard A5.5** (provided evidence of policies and procedure for faculty grievances) and
- **Standard D1.6** (provided evidence that students had access to the same health care services of the sponsoring institution). No additional information requested.

### March 2001

Accreditation-Continued; Next Comprehensive Evaluation: March 2003. Maximum student capacity: 50.  
Report due August 1, 2001 (*Standards*, 2<sup>nd</sup> edition) -

- **Standard A1.5a** (lacked evidence that the sponsoring institution assumed primary responsibility for student admission),

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- **Standard A2.2** (lacked evidence of job descriptions for the program director and medical director),
- **Standards A2.10 and A2.11** (lacked evidence of clarity of roles and responsibilities in day-to-day operations),
- **Standard A2.13** (lacked evidence of the medical director providing continuous, competent medical guidance for the clinically related program components),
- **Standard A5.17b** (lacked evidence of policies on advanced placements, transfer of credit, or credit for experiential learning),
- **Standard A5.5** (lacked evidence of policies and procedure for faculty grievances) and
- **Standard D1.6** (lacked evidence that students had access to the same health care services of the sponsoring institution).

NOTE: The ARC-PA commission action information available begins in March 2001. Information from initial accreditation in 1976 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.