

University of Iowa Accreditation History

First accredited: February 1973
Next review: March 2033
Maximum class size: 25
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March 2024

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

- **Standard A1.01** (provided evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard A2.10** (provided evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- **Standard B4.01b** (provided evidence the 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 and that allow the program to identify and address any student deficiencies in a timely manner)

No further information requested.

March 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2033. Maximum class size: 25.

Report due October 1, 2023 (*Standards*, 5th edition):

- **Standard A1.01** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions and that signed affiliation agreement(s) define the responsibilities of each party related to the educational program for students, specify whose policies govern, and document student access to educational resources and clinical experiences)
- **Standard A2.10** (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)
- **Standard B4.01b** (lacked evidence the 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 and that allow the program to identify and address any student deficiencies in a timely manner)

June 2020

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

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

September 2017

The commission **did not accept** the mSSR. No further information requested (Self-Study Report due in 2019).

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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 2020 to March 2023 due to this change.

September 2014

Program Change: Change in graduation requirements (105 to 113 credits) and change in length of program (from 25 to 28 months), both effective August 1, 2014. The commission **acknowledged the proposed changes** and requested report (data on first cohort that completes new curriculum [modified Self-Study Report, mSSR]) by August 1, 2016. [Due date was later changed to April 14, 2017.]

March 2014

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

- Update of website and portal. No further information requested.

September 2013

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

- **Standard A2.12** (provided evidence the medical director is an active participant in the program), and
- **Standard A3.14b** (provided evidence of publication of the program's success in achieving its goals). No further information requested.

The program's website did not identify the accreditation status and the Program Management Portal did not identify all principal faculty. Report due as soon as corrections made.

March 2013

Accreditation-Continued; Next Comprehensive Evaluation: March 2020. Maximum class size: 25.
Report due July 1, 2013 (*Standards*, 4th edition) -

- **Standard A2.12** (lacked evidence the medical director is an active participant in the program), and
- **Standard A3.14b** (lacked evidence of publication of the program's success in achieving its goals).

March 2007

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

- The graduate survey, description of evaluations and update on financial stability plan. No further information requested.

September 2006

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

- **Standard A5.16** (provided evidence admission of students is made in accordance with clearly defined and published practices of the institution and program) and

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- **Standards C2.2a-e** (provided evidence self-study reports include critical analysis of 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 and e) timely surveys of graduates evaluating curriculum and program effectiveness).

Additional information (graduate survey, description of evaluations and update on financial stability plan) due January 12, 2007.

March 2006

Accreditation-Continued; Next Comprehensive Evaluation: March 2012.

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

- **Standard A5.16** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program) and
- **Standards C2.2a-e** (lacked evidence self-study reports include critical analysis of 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 and e) timely surveys of graduates evaluating curriculum and program effectiveness).

March 2000

The commission **accepted the report** addressing 1st edition

- **Standard II B 2 a** (provided evidence written behavioral learning objectives and competencies are available for all courses in the didactic phase). (Six-month delay had been granted). No further information requested.

March 1999

Accreditation-Continued; Next Comprehensive Evaluation: March 2006.

Report due August 1, 1999 (*Standards*, 1st edition) -

- **Standard II B 2 a** (lacked evidence written behavioral learning objectives and competencies are available for all courses in the didactic phase).

NOTE: The ARC-PA commission action information available begins in March 1999. Information from initial accreditation in 1973 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.