

## George Washington University Accreditation History

First accredited: November 1972

Next review: September 2033

Maximum class size: 70

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### June 2024

The commission **accepted** the report addressing 5<sup>th</sup> edition

- **Standard A1.11a** (provided evidence the sponsoring institution demonstrates its commitment to student, faculty and staff *diversity, equity, and inclusion* by supporting the program in defining its goal(s) for *diversity, equity and inclusion*)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)

No further information requested.

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

- Updates to the program's website

No further information requested.

### September 2023

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation Next Comprehensive Evaluation: September 2033. Maximum class size: 70.

Report due November 10, 2023:

- Update NCCPA PANCE Pass Rate Summary Report on website.

Report due February 1, 2024 (*Standards*, 5<sup>th</sup> edition):

- **Standard A1.11a** (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff *diversity, equity, and inclusion* by supporting the program in defining its goal(s) for *diversity, equity and inclusion*)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)

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

- **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.

### May 2016

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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 2020 to September 2023 due to this change.

### March 2014

Accreditation-Administrative Probation. The Annual Report was due December 31, 2013. It was not submitted until January 3, 2014. Administrative-Probation removed post receipt of annual report.

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

- **Standard A3.13** (provided evidence the program announcements and advertising accurately reflect the program offered). No further information requested.

### September 2013

Accreditation-Continued; Next Comprehensive Evaluation: September 2020. The program is approved to accept up to a class size of 70.

Report due November 15, 2013 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.13** (lacked evidence the program announcements and advertising accurately reflect the program offered).

### November 2011

At the request of the program, next Comprehensive Evaluation delayed until September 2013.

### March 2009

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

- **Standard A3.13e** (provided evidence student files include documentation that the student has met institution and program health screening and immunization requirements),
- **Standard B1.06** (provided evidence that syllabi for didactic courses define expectations and guide student acquisition of expected competencies),
- **Standard B7.02** (provided evidence that all sites used for supervised clinical practice have been evaluated),
- **Standard B7.04e** (provided evidence that supervised clinical practice experiences are provided in a long-term care setting),
- **Standard C4.01** (provided evidence that there are consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences),
- **Standard C4.02** (provided evidence the program applies comparable evaluation processes to clinical sites regardless of geographic location) and
- **Standard C4.03** (provided evidence the program documents that all sites meet the program's prescribed expectations for student learning and performance evaluation measures). No further information requested.

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### September 2008

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

- Student health screening and documentation of clinical site evaluation. No further information requested.

### March 2008

Accreditation-Continued; Next Comprehensive Evaluation: September 2012. The program is approved for up to 122 students.

Report due July 11, 2008 regarding

- Student health screening and documentation of clinical site evaluation and

Due January 9, 2009 (*Standards*, 3<sup>rd</sup> edition) -

- **Standard A3.13e** (lacked evidence student files include documentation that the student has met institution and program health screening and immunization requirements),
- **Standard B1.06** (lacked evidence that syllabi for didactic courses define expectations and guide student acquisition of expected competencies),
- **Standard B7.02** (lacked evidence that all sites used for supervised clinical practice have been evaluated),
- **Standard B7.04e** (lacked evidence that supervised clinical practice experiences are provided in a long-term care setting),
- **Standard C4.01** (lacked evidence that there are consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences),
- **Standard C4.02** (lacked evidence the program applies comparable evaluation processes to clinical sites regardless of geographic location) and
- **Standard C4.03** (lacked evidence the program documents that all sites meet the program's prescribed expectations for student learning and performance evaluation measures).

### December 2001

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

- List of core program faculty and

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

- **Standards I C 1/A5.17** (provided evidence of technical standards being given to students upon inquiry into the program),
- **Standards I C 5/D3.1** (provided evidence of students being clearly identified as students within the program) and
- **Standards I E 1 e/C2.2d** (provided evidence students evaluate program effectiveness).  
No further information requested.

### March 2001

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Accreditation-Continued; Next Comprehensive Evaluation: March 2008. The program is approved for up to 108 students.

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

- List of core program faculty and
- ***Standards I C 1/A5.17*** (lacked evidence of technical standards being provided to students upon inquiry into the program),
- ***Standards I C 5/D3.1*** (lacked evidence of students being clearly identified as students within the program) and
- ***Standards I E 1 e/C2.2d*** (lacked evidence students evaluate program effectiveness).

March 1998

Accreditation-Continued; Next Comprehensive Evaluation: March 2001. The commission noted zero areas of noncompliance with the *Standards*.

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1972 by the American Medical Association Council on Medical Education and subsequent accrediting organizations is not available.