

New York Institute of Technology Accreditation History

First accredited: September 1999

Next review: September 2029

Maximum class size: 56 (60 effective September 4, 2024)

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September 2023

Program Change: Increase maximum entering class size to 60 students, effective September 4, 2024. The commission **approved the program's proposed change**. No further information requested.

Program Change: One-time temporary Increase in maximum entering class size to 57 for the 2024 cohort only in order to accommodate students from a closing program, effective September 28, 2023. The commission **approved the program's proposed change**. No further information requested.

June 2021

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

- How the program aligns student assessments with acquisition of program defined SCPE learning outcomes and how the program determines students have met the expected learning outcomes. No further information requested.

March 2021

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

- How student assessments are aligned with acquisition of program defined supervised clinical practice experience (SCPE) learning outcomes.

Additional information (narrative describing how the program aligns student assessments with acquisition of program defined SCPE learning outcomes and how the program determines students have met the expected learning outcomes) due February 22, 2021.

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

- Changes in response to COVID-19. No further information requested.

September 2020

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

- The update regarding changes in response to COVID-19. No further information requested.

June 2020

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

- **Standard B3.03a** (provided evidence of clearly defined learning outcomes for students in supervised clinical practice experiences (SCPEs) with patients seeking medical care across the life span),
- **Standard B3.06b** (provided evidence of SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction),
- **Standard C3.01** (provided evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes),
- **Standard C4.01** (provided evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures) and

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- **Standard C4.02** (provided evidence the program consistently documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

Additional information (description of how student assessments are aligned with acquisition of program defined SCPE learning outcomes) due July 20, 2020.

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

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

September 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum Class Size: 56. Report due March 17, 2020 (*Standards*, 4th edition) -

- **Standard B3.03a** (lacked evidence of clearly defined learning outcomes for students in supervised clinical practice experiences (SCPEs) with patients seeking medical care across the life span),
- **Standard B3.06b** (lacked evidence of SCPEs with PAs teamed with physicians who are specialty board certified in their area of instruction),
- **Standard C3.01** (lacked evidence of student evaluations related to supervised clinical education components paralleling the required learning outcomes),
- **Standard C4.01** (lacked evidence the program documents effective processes for the initial and ongoing evaluation of all sites and preceptors used for SCPEs to ensure that sites and preceptors meet program defined expectations for learning outcomes and performance evaluation measures) and
- **Standard C4.02** (lacked evidence the program consistently documents that each clinical site provides the student access to patient populations necessary to fulfill program expectations of the clinical experience).

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.

September 2012

Accreditation-Continued; Next Comprehensive Evaluation: September 2019. Maximum class size: 56. **No report due** (*Standards*, 4th edition) -

- **Standard E1.04** (lacked evidence at the time of the site visit that the program informed the ARC-PA of a change in principal faculty within 30 days of the date of the effective change [individual resigned effective September 1, 2011; ARC-PA not notified until November 7, 2011]).

February 2010

At request of the commission, to level the workload of the commission, next comprehensive evaluation rescheduled to September 2012.

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September 2007

Program Change: Change in student capacity (120 to 156), effective September 2007. The commission **acknowledged the proposed change**. No further information requested.

September 2006

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

- **Standard A2.24** (provided evidence at a minimum, there is one full time support staff person assigned to the program to assist the core program faculty),
- **Standard A5.16** (provided evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B6.2.h** (provided evidence the program documents that every student has clinical experiences in geriatrics) and
- **Standard B6.3** (provided evidence that clinical experiences are provided in long-term care settings). No further information requested.

Program Change: Change in student capacity (90 to 120), effective September 2006. The commission **acknowledged the proposed change**. No further information requested.

September 2005

Accreditation-Continued; Next Comprehensive Evaluation: September 2010. Maximum Student Capacity: 90.

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

- **Standard A2.24** (lacked evidence at a minimum, there is one full time support staff person assigned to the program to assist the core program faculty),
- **Standard A5.16** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program),
- **Standard B6.2.h** (lacked evidence the program documents that every student has clinical experiences in geriatrics) and
- **Standard B6.3** (lacked evidence that clinical experiences are provided in long-term care settings).

September 2002

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

- **Standard A5.3b** (provided evidence academic costs are readily available to prospective students) and
- **Standard B1.4** (provided evidence clinical course objectives include measurable instructional objectives). No further information requested.

September-December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2005. Maximum Student Capacity: 90.

Report due August 1, 2002 (*Standards*, 2nd edition) -

- **Standard A5.3b** (lacked evidence academic costs are readily available to prospective students) and

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- **Standard B1.4** (lacked evidence clinical course objectives include measurable instructional objectives).

March 2000

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

- **Standard I A 3** (provided evidence the institution assumes responsibility for assuring that students enrolled in the PA program meet published admission requirements),
- **Standard I B 1 a (2)** (provided evidence the program director has the requisite knowledge and skills to administer the overall operation of the program),
- **Standard I B 3 a** (provided evidence of adequate office space for the program),
- **Standard I C 1** (provided evidence admission decisions are consistent with published policies),
- **Standard I D 1 a** (provided evidence announcements accurately reflect the program offered),
- **Standard I D 1 c** (provided evidence the published credit hours are consistent with institutional policy),
- **Standard II B 1 c** (provided evidence the professional phase of the program includes interpretation of the medical literature) and
- **Standard II B 1 d** (provided evidence the professional phase of the program includes instruction on the role of the PA). No further information requested.

September 1999

Accreditation-Provisional; Next Comprehensive Evaluation: September 2001.

Report due February 1, 2000 (*Standards*, 1st edition) -

- **Standard I A 3** (lacked evidence the institution assumes responsibility for assuring that students enrolled in the PA program meet published admission requirements),
- **Standard I B 1 a (2)** (lacked evidence the program director has the requisite knowledge and skills to administer the overall operation of the program),
- **Standard I B 3 a** (lacked evidence of adequate office space for the program),
- **Standard I C 1** (lacked evidence admission decisions are consistent with published policies),
- **Standard I D 1 a** (lacked evidence announcements accurately reflect the program offered),
- **Standard I D 1 c** (lacked evidence the published credit hours are consistent with institutional policy),
- **Standard II B 1 c** (lacked evidence the professional phase of the program includes interpretation of the medical literature) and
- **Standard II B 1 d** (lacked evidence the professional phase of the program includes instruction on the role of the PA).