

York College, CUNY Accreditation History

First accredited: March 2004

Next review: March 2028

Maximum class size: 30

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June 2024

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested more information for the report**. Additional information (correlation of PANCE outcomes including overall and content area cohort performance; program instructional objectives, learning outcomes, and breadth and depth of the curriculum; Remediation practices and results; Attrition criteria and data for cohort being reviewed; documentation of its analysis of the four students who did not pass the PANCE on their performance in the didactic and clinical years; describe quantitative and qualitative data summaries that support its correlational analysis and conclusions described in the report narrative for the areas above; and documentation of its analysis of PANCE category performance as it relates to the program's instructional objectives, learning outcomes, and breadth and depth of the curriculum) due by June 3, 2024.

June 2020

The program's PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

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

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

March 2020

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

- **Standard C2.01b**, modified Self-Study Report (provided evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment). No further information requested.

September 2018

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

- **Standard B3.02** (provided evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standard B3.03a** (provided evidence of program defined expectations and methods to determine students, after SCPEs with patients seeking medical care across the life span, have attained the expected learning outcomes),
- **Standards B3.06a and b** (provided evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- **Standard C3.04** (provided evidence the program documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice) and

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- **Standard C4.01** (provided evidence the program defines and documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs). No further information requested.

June 2018

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

- **Standard A3.17a** (provided evidence the program defines, publishes and makes readily available to students upon admission any required academic standards) and
- **Standard A3.19b** (provided evidence that student files include documentation that the student has met institution and program health screening and immunization requirements). No further information requested.

March 2018

Accreditation-Continued; Next Comprehensive Evaluation: March 2028. Maximum class size: 30.

Report due April 30, 2018 (*Standards*, 4th edition) -

- **Standard A3.17a** (lacked evidence the program defines, publishes and makes readily available to students upon admission any required academic standards) and
- **Standard A3.19b** (lacked evidence that student files include documentation that the student has met institution and program health screening and immunization requirements).

Due June 29, 2018 (*Standards*, 4th edition) -

- **Standard B3.02** (lacked evidence of clearly defined expectations for students in supervised clinical practice experiences [SCPEs] that enable students to meet program expectations and acquire competencies needed for entry into clinical practice),
- **Standard B3.03a** (lacked evidence of program defined expectations and methods to determine students, after SCPEs with patients seeking medical care across the life span, have attained the expected learning outcomes),
- **Standards B3.06a and b** (lacked evidence of SCPEs with a) physicians specialty board certified in their area of instruction and b) PAs teamed with physicians who are specialty board certified in their area of instruction),
- **Standard C3.04** (lacked evidence the program documents a summative evaluation of each student within the final four months of the program to verify that each student is prepared to enter clinical practice) and
- **Standard C4.01** (lacked evidence the program defines and documents effective processes for the ongoing evaluation of all sites and preceptors used for SCPEs).

Due December 16, 2019 (*Standards*, 4th edition) -

- **Standard C2.01b**, modified Self-Study Report (lacked evidence of a self-study report that documents results of critical analysis from the ongoing self-assessment).

March 2016

Program Change: Change in degree (baccalaureate to master's curriculum), effective September 1, 2016.

The commission **approved the proposed change**. No further information requested.

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September 2011

The commission **accepted the report** addressing standards 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A3.05/A3.16** (provided evidence admission of students is made in accordance with clearly defined and published practices of the institution and program) and
- **Standards C2.01b1 and b3/C2.01b** (provided evidence the self-study report documents b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations). No further information requested.

March 2011

Accreditation-Continued; Next Comprehensive Evaluation: March 2016. Maximum Student Capacity: 60. Report due July 1, 2011 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards A3.05/A3.16** (lacked evidence admission of students is made in accordance with clearly defined and published practices of the institution and program) and
- **Standards C2.01b1 and b3/C2.01b** (lacked evidence the self-study report documents b1) student attrition, deceleration and remediation and b3) student failure rates in individual courses and rotations).

March 2008

The commission **accepted the report** addressing 3rd edition

- **Standard A3.03** (provided evidence announcements and advertising accurately reflect the program) and
- **Standard B1.02** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine). No further information requested.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2011. Maximum Student Capacity: 60. Report due January 11, 2008 (*Standards*, 3rd edition) -

- **Standard A3.03** (lacked evidence announcements and advertising accurately reflect the program) and
- **Standard B1.02** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine).

March 2005

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

- Documentation of student clinical experiences in family medicine. No further information requested.

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September 2004

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

- **Standard A2.5** (provided evidence core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently certified as PAs),
- **Standard B2.1b** (provided evidence instruction in the basic medical sciences includes physiology) and
- **Standard B6.2a** (provided evidence the program documents that every student has clinical experiences in family medicine).

Additional information (documentation of student clinical experiences in family medicine) due by January 14, 2005.

March 2004

Accreditation-Provisional; Next Comprehensive Evaluation: March 2007. Maximum Student Capacity: 60.
Report Due: July 15, 2004 (*Standards*, 2nd edition) -

- **Standard A2.5** (lacked evidence core program faculty include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently certified as PAs),
- **Standard B2.1b** (lacked evidence instruction in the basic medical sciences includes physiology) and
- **Standard B6.2a** (lacked evidence the program documents that every student has clinical experiences in family medicine).