

University of Tampa Accreditation History

First accredited: March 2019

Next review: March 2034

Maximum class size: 48

Page 1 of 5

September 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

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.

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

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

March 2024 (following Final Provisional review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards* after completion of the provisional review process. Next Comprehensive Evaluation: March 2034. Maximum class size: 48.

The program received a Warning Letter regarding demonstrated noncompliance with one or more of the Standards in almost every area (A1, A2, A3, B1, B2, B3, B4, C1, and E1) and the program's attention to detail within the application and the self-study report.

Report due May 1, 2024:

- Update PANCE pass rate data in Program Management Portal

Report due July 1, 2024 (Standards, 5th edition):

- **Standard A1.02k** (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees)
- **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 A2.09b** (lacked evidence the program director is knowledgeable about and responsible for program administration)
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A3.07a** (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)
- **Standard B1.03g** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, methods of student assessment/evaluation)
- **Standard B2.13a** (lacked evidence the curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include framing of research questions)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)

University of Tampa Accreditation History

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Page 2 of 5

- **Standard B4.01a** (lacked evidence that 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 that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence that 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 that allow the program to identify and address any student deficiencies in a timely manner)
- **Standard B4.03e** (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)

Report due October 1, 2024 (Standards, 5th edition) modified self-study report:

- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **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 A3.12c** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years provided by the NCCPA through its program portal, no later than April first each year)
- **Standard A3.12d** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

March 2023

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

- Revised Appendix D, clarification of program's learning outcomes for the supervised clinical practice experiences and revised content on the program's curriculum website so that it is clear to visitors of the site that there is no longer a non-clinical rotation option.

No further information requested.

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

- Resubmitted PANCE Required Report.

No further information requested.

The commission **acknowledged** providing evidence of

University of Tampa Accreditation History

First accredited: March 2019

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Page 3 of 5

- Updates to the Program Management Portal.

No further information requested.

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 2022

The commission **reviewed and more information requested** of the report addressing 5th edition

- **Standard A3.13d** (provided evidence the program must defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)
- **Standard A3.14** (provided evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B3.06a** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (provided evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard B4.01b** (provided evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

And providing evidence of

- Supervised clinical practice experience (SCPE) program expected learning outcomes for the "non-clinical" elective rotation, necessary documents to verify the program has a means to determine that each student has met the program's expected learning outcomes for a non-clinical elective rotation and description of how the program aligns student evaluation tools with the expected SCPE learning outcomes and "course instructional objectives" as defined by the program for a non-clinical elective rotation.

Additional information (revised Appendix D, clarification of program's learning outcomes for the supervised clinical practice experiences and revised content on the program's curriculum website so that it is clear to visitors of the site that there is no longer a non-clinical rotation option) due September 6, 2022.

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept the report**. Additional information (resubmitted PANCE Required Report) due October 7, 2022.

Report due September 19, 2022:

- Update PANCE pass rate data in Program Management Portal

March 2022 (following Provisional Monitoring review)

University of Tampa Accreditation History

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Page 4 of 5

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. Next Comprehensive Evaluation: March 2024 (Final Provisional). Maximum class size: 48.

Report due June 15, 2022:

- Provide supervised clinical practice experience (SCPE) program expected learning outcomes for the “non-clinical” elective rotation, necessary documents to verify the program has a means to determine that each student has met the program’s expected learning outcomes for a non-clinical elective rotation and description of how the program aligns student evaluation tools with the expected SCPE learning outcomes and “course instructional objectives” as defined by the program for a non-clinical elective rotation.

Report due June 15, 2022 (*Standards*, 5th edition):

- **Standard A3.13d** (lacked evidence the program must defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)

September 2020

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

- Updated changes in response to COVID-19. No further information requested.

June 2020

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 B3.02** (provided evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program’s learning outcomes), and
- **Standards B3.03a-d** (provided evidence of methods to determine, after SCPEs, that all students are able to meet the program’s learning outcomes with patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions). No further information requested.

March 2019

University of Tampa Accreditation History

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Page 5 of 5

Accreditation-Provisional; Next Comprehensive Evaluation: March 2022 (Provisional Monitoring). The program is approved for up to 48 students in the first class of students, 48 in the second class and 48 in the third class.

Report due December 13, 2019 (*Standards*, 4th edition) -

- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences [SCPEs], that all students are able to meet the program's learning outcomes), and
- **Standards B3.03a-d** (lacked evidence of methods to determine, after SCPEs, that all students are able to meet the program's learning outcomes with patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions).