

**Florida International University – Herbert Wertheim College of Medicine  
Accreditation History**

First accredited: March 2015

Next review: March 2029

Maximum class size: 45

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March 2025

Program Change: Change in Program Fiscal Support. The commission **approved the program's proposed change** effective July 1, 2024. 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.

March 2024

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

- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)

No further information requested.

March 2023 (following Probation Review)

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2029. Maximum class size: 45.

Report due October 1, 2023 (*Standards*, 5<sup>th</sup> edition):

- **Standard A2.04** (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)

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

- **Standard C1.03** modified self-study report (provided evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment)

March 2022

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 2021

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

- Analysis of PANCE Exam Performance First-Time Takers due to pass rate percentage of 85% or less for the class of 2020. No further information requested.

June 2021

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report. No further information requested.

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March 2021

Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of the March 2023 commission meeting. The program's maximum class size remains 45. The program requested reconsideration of the commission's action. The action was upheld.

Report due August 22, 2022 (*Standards*, 5<sup>th</sup> edition) -

- **Standard C1.03** modified self-study report (lacked evidence the self-study report accurately and succinctly documents the process, application and results of ongoing program self-assessment).

June 2020

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

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

The commission **does not approve** the report

- Requesting extension of the appointment of the interim program director.

Additional information (further details regarding the search process) identified.

September 2019

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

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09g** (provided evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard A3.17b** (provided evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard A3.22a** (provided evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),
- **Standard B2.06** (provided evidence that the curriculum includes instruction in rehabilitative, palliative and end-of-life care),
- **Standard B3.02** (provided evidence of methods to determine, after supervised clinical practice experiences, 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.

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

- Updated PANCE pass rate data in Portal and on website. No further information requested

March 2019

Accreditation-Continued; Next Comprehensive Evaluation: March 2029. Maximum class size: 45.

Report due May 6, 2019

- Update PANCE pass rate data in Program Management Portal and website

Due June 14, 2019 (*Standards*, 4<sup>th</sup> edition) -

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- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard A2.09g** (lacked evidence the program director is knowledgeable about and responsible for program participation in the accreditation process),
- **Standard A3.17b** (lacked evidence the program defines, publishes and makes readily available to students upon admission completion deadlines related to curricular components),
- **Standard A3.22a** (lacked evidence principal faculty records include current job descriptions that include duties and responsibilities specific to the faculty member),
- **Standard B2.06** (lacked evidence that the curriculum includes instruction in rehabilitative, palliative and end-of-life care),
- **Standard B3.02** (lacked evidence of methods to determine, after supervised clinical practice experiences, 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).

Due December 15, 2020 (*Standards*, 4<sup>th</sup> edition) -

- **Standards C2.01b-e** (lacked evidence of a self-study report that documented b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

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)

September 2018

The program's PANCE pass rate was 79% for the 2017 cohort. As pass rate was less than 82%, the program submitted the required PANCE performance analysis report. The commission **accepted the report**. No further information requested.

September 2017 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Final Provisional). The program's maximum class size remains 45 for the third class.

**No report due** (*Standards*, 4<sup>th</sup> edition)

- **Standards C2.01b and c** (lacked evidence of a self-study report that documents b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program. Report not required as documentation will need to be provided in the self-study report for the Final Provisional accreditation visit.)

September 2015

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

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- **Standard A3.14** (provided evidence of defining, publishing and making readily available to enrolled and prospective students the program's success in achieving its goals), and
- **Standard C4.01** (provided evidence the program has an effective mechanism by which it evaluates preceptors in an ongoing fashion).

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

- The processes for determining board certification of preceptors. No further information requested.

March 2015

Accreditation-Provisional; Next Comprehensive Evaluation: September 2017 (Provisional Monitoring).

The program is approved for up to 45 students in the first class of students, 45 in the second class and 45 in the third class.

Report due May 15, 2015 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.14** (lacked evidence of defining, publishing and making readily available to enrolled and prospective students the program's success in achieving its goals), and
- **Standard C4.01** (lacked evidence the program has an effective mechanism by which it evaluates preceptors in an ongoing fashion).
- Clarify processes of determining board certification of preceptors

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

- **Standard D1.03** (lacked evidence developing program informs, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and must convey the implications of non-accreditation to applicants)