

Tufts University Accreditation History

First accredited: September 2012

Next review: March 2026

Maximum class size: 50

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March 2025

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.

June 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

- Confirmation all students in the class of 2021 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

September 2020

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

- Follow-up regarding 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.

Additional information (updated clinical syllabi for May and June 2020 rotations) due June 15, 2020 and (follow-up for the class of 2021 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due April 1, 2021.

March 2019

Program Change: Change in graduation requirements (increase from 77 to 130 credits), effective January 8, 2019. The commission **acknowledged the proposed change**. No further information requested.

March 2018

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

- **Standard B1.09** (lacked evidence that the program defines and publishes instructional objectives that guide student acquisition of required competencies for each didactic and clinical course),
- **Standard B3.02** (lacked evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03c** (lacked evidence that SCPEs enable students to meet the program defined requirements with patients seeking care for conditions requiring surgical management) and
- **Standard B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine). No further information requested.

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September 2017

The commission **did not accept the report** addressing 4th edition

- **Standard B1.09** (lacked evidence that the program defines and publishes instructional objectives that guide student acquisition of required competencies for each didactic and clinical course),
- **Standard B3.02** (lacked evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03c** (lacked evidence that SCPEs enable students to meet the program defined requirements with patients seeking care for conditions requiring surgical management) and
- **Standard B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine).

Additional information (as identified above for standards B1.09, B3.02 and B3.03c) due December 1, 2017.

March 2016 (following Final Provisional review)

Accreditation-Continued; Next Comprehensive Evaluation: March 2026. The maximum entering class size remains 50.

Report due April 1, 2017 (*Standards*, 4th edition) -

- **Standard B1.09** (lacked evidence that the program defines and publishes instructional objectives that guide student acquisition of required competencies for each didactic and clinical course),
- **Standard B3.02** (lacked evidence that supervised clinical practice experiences [SCPEs] enable students to meet program expectations and acquire the competencies needed for clinical PA practice),
- **Standard B3.03c** (lacked evidence that SCPEs enable students to meet the program defined requirements with patients seeking care for conditions requiring surgical management) and
- **Standard B3.07a** (lacked evidence of SCPEs with preceptors practicing in family medicine).

September 2014 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: March 2016 (Final Provisional). The program's maximum class size remains 50 for the third class. The commission noted zero areas of noncompliance with the *Standards*.

September 2013

Program Change: Increase in academic credit (net increase of one credit). The commission **acknowledged the proposed change**. No further information requested.

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

- Program data submitted to the portal. No further information requested.

September 2012

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Accreditation-Provisional; Next Comprehensive Evaluation: September 2014 (Provisional Monitoring).

The program is approved for up to 30 students in year one, 40 in year two and 50 in year three.

No report due for standards (*Standards*, 4th edition) -

- **Standard A3.07** (lacked evidence at the time of the site visit that the policy on immunization of students was based on current Centers for Disease Control recommendations for health professionals; corrected subsequent to the visit).

Report due March 30, 2013 (submit program data to Program Management Portal).