University of South Alabama
Accreditation History

First accredited: April 1996
Next review: October 2034
Maximum class size: 60

September 2025
The commission **reviewed and requested additional information of the report** addressing 5th edition

- ***Standard A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)

Additional information (how the sponsoring institution has provided sufficient faculty to operate the educational program, clarification of the number of principal faculty currently present, and clarification of the student-to-faculty ratio that the program determined to be sufficient) due December 17, 2025.

No additional information required for 5th edition:

- ***Standard A3.15f*** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for allegations of student mistreatment)
- ***Standard A1.11b*** STANDARD CURRENTLY ON HOLD (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)

June 2025
The commission **acknowledged the report** providing evidence of

- Updated Budget tab in Program Management Portal.

No further information requested.

September 2024
Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted four areas of noncompliance with the *Standards*.
Next Comprehensive Evaluation: September 2034. Maximum class size: 60.
Report due November 1, 2024:

- Update Budget tab in Program Management Portal.

Report due March 3, 2025 (*Standards*, 5th edition):

- ***Standard A1.07*** (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students)

- ***Standard A1.11b*** (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)
- ***Standard A2.03*** (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- ***Standard A3.15f*** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for allegations of student mistreatment)

<u>September 2023</u>
The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

<u>March 2022</u>
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.

<u>June 2020</u>
The commission **acknowledged the report** providing evidence of

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

<u>September 2019</u>
Program change: Change in class size (40 to 60), effective May 15, 2020. The commission **approved the proposed change**. No further information requested.

<u>March 2017</u>
The commission **accepted the modified Self-Study Report** requested in September 2014. No further information requested.

<u>May 2016</u>
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program's next validation review changed from September 2021 to September 2024 due to this change. Program granted extension to December 1, 2016 for submitting modified self-study report.

<u>March 2016</u>
The commission **accepted the report** providing evidence of

- Analysis of student advising and analysis of faculty workload. Program reminded of report due July 1, 2016.

September 2015
The commission **accepted the report** providing evidence of
- Analysis of student advising and analysis of faculty workload. Program reminded of reports due December 16, 2015 and July 1, 2016.

March 2015
The commission **accepted the report** addressing 4th edition
- ***Standard A2.03*** (provided evidence of sufficiency of principal faculty specifically for student advising) and
- ***Standard B1.09*** (provided evidence of Clinical Medicine instructional objectives appropriately guiding student acquisition of competencies)

Additional information requested (June 16 and December 16, 2015 and July 1, 2016 [analysis of student advising and analysis of faculty workload]).

The commission **acknowledged** the update of SCPEs. No further information requested.

September 2014
Accreditation-Continued; Next Comprehensive Evaluation: September 2021.
Maximum class size: 40.
Report due December 15, 2014 -
- Update supervised clinical practice experiences [SCPEs] in the Program Management Portal),

Due February 1, 2015 (*Standards*, 4th edition) -
- ***Standard A2.03*** (lacked evidence of sufficiency of principal faculty specifically for student advising) and
- ***Standard B1.09*** (lacked evidence of Clinical Medicine instructional objectives appropriately guiding student acquisition of competencies) and

Due July 1, 2016 -
- **Modified Self-Study Report (mSSR)** (lacked evidence of a self-study and assessment process that included critical analysis of data generated from alumni survey, PANCE outcomes and expected outcomes resulting from plans for improvement).

March 2012
The commission **accepted the report** providing evidence of
- Course syllabi. No further information requested.

September 2011
The commission **acknowledged the report** addressing the 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 A1.07b/(A1.08)*** (provided evidence the sponsoring institution assures that the program has the human resources needed to operate the program),
- ***Standard A2.02*** (provided evidence the core faculty include a medical director),
- ***Standards A2.10/(A2.09g)*** (provided evidence the program director is knowledgeable about and responsible for the accreditation process),
- ***Standards A2.11d/(A2.09d)*** (provided evidence the program director is knowledgeable about and primarily responsible for the program's continuous review and analysis),
- ***Standards A2.13c-d*** (provided evidence the medical director is c) knowledgeable in current practice standards and the PA role and d) being an advocate for the program),
- ***Standards A2.13e/(A2.12)*** (provided evidence the medical director is responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards),
- ***Standards A2.23/(A2.18)*** (provided evidence of sufficient administrative and technical support staff),
- ***Standards B1.06/(B1.09)*** (provided evidence of published syllabi for each clinical course that define expectations and guide student acquisition of expected competencies),
- ***Standards B6.03c/(B2.17)*** (provided evidence of the program providing instruction on the physician-PA team relationship),
- ***Standard B7.04e*** (provided evidence of a supervised clinical practice experience provided in a long-team care setting),
- ***Standards C1.01a, c, e-f/(C1.01)*** (provided evidence the program regularly collects and analyzes information to support an ongoing process of monitoring and documenting program effectiveness related to
  - a) student attrition, deceleration, and remediation,
  - c) student failure rates in individual courses and rotations,
  - e) graduate evaluations of curriculum and program effectiveness and
  - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- ***Standards C1.02/(C1.02)*** (provided evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01b1, 3, 5, 6/(C2.01b)*** (provided evidence the self-study report documents outcome data and critical analysis of
  - b1) student attrition, deceleration, and remediation,
  - b3) student failure rates in individual courses and rotations,
  - b5) graduate evaluations of curriculum and program effectiveness and
  - b6) preceptor evaluations of student performance and suggestions for curriculum improvement),

- ***Standards C2.01c/(C2.01e)*** (provided evidence the self-study report documents the process and results of ongoing self-assessment of self-identified program strengths and areas in need of improvement)
- ***Standards C3.05/(C3.03)*** (provided evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established)

The commission also **acknowledged the report** addressing 4th edition

- ***Standard A1.11*** (provided evidence of the sponsoring institution supporting the program in securing sufficient numbers of clinical sites and preceptors),
- ***Standard A3.14b*** (provided evidence of the program defining, publishing and making readily available to enrolled and prospective students the success of the program in achieving its goal),
- ***Standards A3.17b, f and g*** (provided evidence of the program defining, publishing and making readily available to students upon admission academic performance and progression information to include: b) completion deadlines/requirements related to curricular components, f) policies and procedures for remediation and deceleration and g) policies and procedures for processing allegations of harassment) and
- ***Standard B1.08*** (provided evidence of the curriculum including instruction to prepare students to work collaboratively in interprofessional patient centered teams) and Additional information related to the medical director and supervised clinical practice experiences [SCPEs]).

Additional information (course syllabi) requested by December 31, 2011.

March 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2013. The program is approved for up to 120 students.
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 A1.07b/(A1.08)*** (lacked evidence the sponsoring institution assures that the program has the human resources needed to operate the program),
- ***Standard A2.02*** (lacked evidence the core faculty include a medical director),
- ***Standards A2.10/(A2.09g)*** (lacked evidence the program director is knowledgeable about and responsible for the accreditation process),
- ***Standards A2.11d/(A2.09d)*** (lacked evidence the program director is knowledgeable about and primarily responsible for the program's continuous review and analysis),
- ***Standards A2.13c-d*** (lacked evidence the medical director is c) knowledgeable in current practice standards and the PA role and d) being an advocate for the program),

- ***Standards A2.13e/(A2.12)*** (lacked evidence the medical director is responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards),
- ***Standards A2.23/(A2.18)*** (lacked evidence of sufficient administrative and technical support staff),
- ***Standards B1.06/(B1.09)*** (lacked evidence of published syllabi for each clinical course that define expectations and guide student acquisition of expected competencies),
- ***Standards B6.03c/(B2.17)*** (lacked evidence of the program providing instruction on the physician-PA team relationship),
- ***Standard B7.04e*** (lacked evidence of a supervised clinical practice experience provided in a long-team care setting),
- ***Standards C1.01a, c, e-f/(C1.01)*** (lacked evidence the program regularly collects and analyzes information to support an ongoing process of monitoring and documenting program effectiveness related to
  - a) student attrition, deceleration, and remediation,
  - c) student failure rates in individual courses and rotations,
  - e) graduate evaluations of curriculum and program effectiveness and
  - f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- ***Standards C1.02/(C1.02)*** (lacked evidence the program applies the results of ongoing program assessment to the curriculum and other dimensions of the program),
- ***Standards C2.01b1, 3, 5, 6/(C2.01b)*** (lacked evidence the self-study report documents outcome data and critical analysis of
  - b1) student attrition, deceleration, and remediation,
  - b3) student failure rates in individual courses and rotations,
  - b5) graduate evaluations of curriculum and program effectiveness and
  - b6) preceptor evaluations of student performance and suggestions for curriculum improvement),
- ***Standards C2.01c/(C2.01e)*** (lacked evidence the self-study report documents the process and results of ongoing self-assessment of self-identified program strengths and areas in need of improvement)
- ***Standards C3.05/(C3.03)*** (lacked evidence the program monitors the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established) and

Due July 1, 2011 (*Standards*, 4th edition) -

- ***Standard A1.11*** (lacked evidence the sponsoring institution supports the program in securing sufficient numbers of clinical sites and preceptors),
- ***Standard A3.14b*** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students the success of the program in achieving its goal),
- ***Standards A3.17b, f, g*** (lacked evidence the program defines, publishes and makes readily available to students upon admission academic performance and progression

information to include: b) completion deadlines/requirements related to curricular components, f) policies and procedures for remediation and deceleration and g) policies and procedures for processing allegations of harassment) and

- ***Standard B1.08*** (lacked evidence the curriculum includes instruction to prepare students to work collaboratively in interprofessional patient centered teams) and

Additional information related to the medical director and supervised clinical practice experiences [SCPEs]).

<u>September 2005</u>
The commission **accepted the report** addressing 2nd edition

- ***Standard A5.9*** (provided evidence of a policy regarding students not being required to perform clerical or administrative work for the program),
- ***Standard A5.17b*** (provided evidence of the program defining, publishing and making readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning),
- ***Standard B6.2g*** (provided evidence of clinical experiences in psychiatry/behavioral medicine),
- ***Standard C4.1f*** (provided evidence of a self-study report that documents a response to the last accreditation citations) and
- ***Standard D1.2*** (provided evidence of where student health records are maintained). No further information requested.

<u>September 2004</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2010.
Report due July 15, 2005 (*Standards*, 2nd edition) -

- ***Standard A5.9*** (lacked evidence of a policy regarding students not being required to perform clerical or administrative work for the program),
- ***Standard A5.17b*** (lacked evidence of the program defining, publishing and making readily available to prospective students policies regarding advanced placement, transfer of credit, and credit for experiential learning),
- ***Standard B6.2g*** (lacked evidence of clinical experiences in psychiatry/behavioral medicine),
- ***Standard C4.1f*** (lacked evidence of a self-study report that documents a response to the last accreditation citations) and
- ***Standard D1.2*** (lacked evidence of where student health records are maintained).

<u>March 2001</u>
The commission **accepted the report** addressing 1st edition

- ***Standard I B 1*** (provided evidence of job descriptions specific to the program director, medical director, academic coordinator and clinical coordinator),
- ***Standard I E 3*** (provided evidence of the self-study report) and

- ***Standard II B 1 c*** (provided evidence of the sufficiency of documentation that instruction is provided which stresses the examination of evidence from clinical research as a basis for clinical decision-making). No further information requested.

<u>September 2000</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2004.
Report due January 5, 2001 (*Standards*, 1st edition) -

- ***Standard I B 1*** (lacked evidence of job descriptions specific to the program director, medical director, academic coordinator and clinical coordinator),
- ***Standard I E 3*** (lacked evidence of the self-study report) and
- ***Standard II B 1 c*** (lacked evidence of the sufficiency of documentation that instruction is provided which stresses the examination of evidence from clinical research as a basis for clinical decision-making).

<u>March 1999</u>
The commission **accepted the report** addressing 1st edition

- ***Standard I D 1 f*** (provided evidence of published policies and procedures regarding students performing service work),
- ***Standard I E*** (provided evidence of a formal plan for a continuous system of self-evaluation),
- ***Standard I E 3*** (provided evidence of analysis of available processes and outcomes in the self-study) and
- ***Standard II B 1 c*** (provided evidence of course materials and objectives on interpretation of the medical literature). No further information requested.

<u>September 1998</u>
Accreditation-Continued; Next Comprehensive Evaluation: September 2000.
Report due February 1, 1999 (*Standards*, 1st edition) -

- ***Standard I D 1 f*** (lacked evidence of published policies and procedures regarding students performing service work),
- ***Standard I E*** (lacked evidence of a formal plan for a continuous system of self-evaluation),
- ***Standard I E 3*** (lacked evidence of analysis of available processes and outcomes in the self-study) and
- ***Standard II B 1 c*** (lacked evidence of course materials and objectives on interpretation of the medical literature).

<u>September 1997</u>
Program Change: Change from quarter to semester hours (course content and length [27 months] remain the same). The commission **acknowledged the change**. No further information requested.

University of South Alabama
Accreditation History

First accredited: April 1996
Next review: October 2034
Maximum class size: 60

NOTE: The ARC-PA commission action information available begins in September 1997. Information from initial accreditation in 1996 by CAAHEP is not available.