

Yeshiva University Accreditation History

First accredited: March 2021
Next review: March 2026
Maximum class size: 30/40/50
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March 2025

Focused Visit. The commission noted 8 areas of noncompliance with the *Standards*.

No report due (compliance will be verified at the probation site visit in August 2025):

- **Standard A3.02** (lacked evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)
- **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 A3.15a** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission any required academic standards)
- **Standard A3.15b** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)
- **Standard A3.15d** (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- **Standard B1.04b** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)
- **Standard B3.04a** (lacked evidence supervised clinical practice experiences occur in the emergency department setting)
- **Standard B4.04b** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students)

September 2024

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

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.11a** (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 having a documented action plan for diversity, equity, and inclusion)
- **Standard A1.11c** (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 retention strategies)
- **Standard A2.09d** (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)

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- **Standard A2.09g** (lacked evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director *is* knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.12g** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- **Standard A3.17a** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and must include documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard A3.20a** (lacked evidence faculty records, including program director, medical director and principal faculty include current job descriptions that include duties and responsibilities specific to each faculty member)
- **Standard B1.01b** (lacked evidence the curriculum is consistent with program competencies)
- **Standard B1.03d** (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, course goal/rationale)
- **Standard B1.03e** (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, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.04b** (lacked evidence supervised clinical practice experiences occur in the inpatient setting)
- **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 B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **Standard B4.01a** (lacked evidence that the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes)

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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 C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

No further information requested; areas described in the report will be addressed at focused site visit.

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 **reviewed and more information requested** of the report. No further information requested; report will be addressed at focused site visit.

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

- Updates to the program's Program Management Portal and website.

No further information requested.

March 2024

Adverse Action-Accreditation-Probation (after Provisional Monitoring review) due to noncompliance concerns regarding:

- The sponsoring institution's responsibility for supporting program faculty in program assessment, ensuring effective program leadership, and complying with ARC-PA accreditation Standards and policies.
- The sponsoring institution's demonstration of its commitment to supporting the program in defining its goal(s) for diversity, equity, and inclusion for students, faculty, and staff, including implementing retention strategies.
- The program director's knowledge about and responsibility for continuous programmatic review and analysis, completion of ARC-PA required documents, and adherence to the Standards and ARC-PA policies.
- Sufficient administrative support staff to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program.
- The program's responsibility for publishing and making readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession.
- Student academic records kept by the program including that the student has met published admission criteria, student performance while enrolled, and that the student has met requirements for program completion.
- Faculty records, including current job descriptions, consistently provide duties and responsibilities specific to each faculty member.

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- A curriculum consistent with program competencies.
- Didactic courses with defined and published course goal/rationale; and learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.
- A curriculum with evidence of instruction that addresses medical care for the prenatal population.
- Supervised clinical practice experiences (SCPEs) that occur in the inpatient setting; with physicians who are specialty board certified in their area of instruction, NCCPA certified PAs, and other licensed health care providers qualified in their area of instruction; and enable students to meet program defined learning outcomes for surgery and behavioral and mental health care.
- The program's methods of assessment in the didactic curriculum aligned with what is expected and taught in the didactic learning outcomes and instructional objectives.
- The program's methods of assessment in supervised clinical practice experiences monitored and documented the progress of each student in a manner that would promptly identify deficiencies in knowledge or skills in the specific program defined learning outcomes and instructional objectives.
- A self-assessment process that provided evidence of performance of critical analysis of data and applying results of analysis leading to conclusions that identified program strengths, areas in need of improvement, and action plans.
- A self-study report that effectively documented the program's process of ongoing data analysis and linked the data analysis to data-driven conclusions with subsequent identification of program strengths, areas in need of improvement, and action plans.
- Documented initial evaluation of clinical sites to ensure student access to physical facilities, patient populations, and supervision and the program's plan to evaluate and document ongoing evaluation of clinical sites.

An initial focused visit will occur in advance of the March 2025 commission meeting, and a focused probation visit will occur in conjunction with the final provisional visit in advance of the March 2026 commission meeting. The program's maximum class size remains 50. The program requested reconsideration of the commission's action. The action was upheld.

Report due July 26, 2024 (*Standards*, 5th edition):

- **Standard A1.02a** (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)
- **Standard A1.02c** (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies)
- **Standard A1.11a** (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 having a documented action plan for diversity, equity, and inclusion)

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- **Standard A1.11c** (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 retention strategies)
- **Standard A2.09d** (lacked evidence the program director *is* knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09g** (lacked evidence the program director *is* knowledgeable about and responsible for completion of ARC-PA required documents)
- **Standard A2.09h** (lacked evidence the program director *is* knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- **Standard A2.18b** (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)
- **Standard A3.12g** (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)
- **Standard A3.17a** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and must include documentation that the student has met published admission criteria including advanced placement if awarded)
- **Standard A3.20a** (lacked evidence faculty records, including program director, medical director and principal faculty include current job descriptions that include duties and responsibilities specific to each faculty member)
- **Standard B1.01b** (lacked evidence the curriculum is consistent with program competencies)
- **Standard B1.03d** (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, course goal/rationale)
- **Standard B1.03e** (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, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)
- **Standard B3.04b** (lacked evidence supervised clinical practice experiences occur in the inpatient setting)
- **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 B3.06c** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)

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- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- **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 C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

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

- **Standard A3.17c** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of student performance while enrolled)
- **Standard A3.17f** (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met requirements for program completion)
- **Standard B2.08a** (lacked evidence the curriculum includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly)
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **Standard C1.02c.ii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **Standard C1.02c.iii.** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **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)
- **Standard C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised

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clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)

- **Standard C2.01b** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)
- **Standard E1.03** (lacked evidence program submits reports or documents as required by the ARC-PA)

June 2022

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

- how program will determine the student has met all aspects of learning outcomes assessed to determine student deficiencies in a timely manner No further information requested.

No further information requested.

March 2022

The commission **reviewed and more information requested of the report** providing evidence of

- how program will determine the student has met all aspects of learning outcomes assessed to determine student deficiencies in a timely manner No further information requested.

Additional information (description of how the program addresses learning outcomes not assessed by the preceptor so the program may identify and address any student deficiencies in a timely manner) due February 7, 2022.

September 2021

The commission **did not accept** the report addressing 5th edition

- **Standard A3.13a** (lacked evidence the program publishes and makes readily available to prospective students admissions related information related to admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.14** (lacked evidence the program will make admission decisions in accordance with published practices) and
- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

Additional information (succinct narrative on how it will determine the student has met all aspects of learning outcomes assessed to determine student deficiencies in a timely manner) due October 25, 2021.

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Accreditation-Provisional; Next Comprehensive Evaluation: TBD (Provisional Monitoring). The program is approved for up to 30 students in the first class of students, 40 in the second class and 50 in the third class.

Report due June 1, 2021 (*Standards*, 5th edition) -

- **Standard A3.13a** (lacked evidence the program publishes and makes readily available to prospective students admissions related information related to admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.14** (lacked evidence the program will make admission decisions in accordance with published practices) and
- **Standards B4.01a-b** (lacked evidence the program will conduct student evaluations in the supervised clinical education components with clear parallels between what is expected, taught and assessed).

No report due (*Standards*, 5th edition) -

- **Standard A2.18a** (lacked evidence the program has a 1.0 FTE administrative support staff dedicated exclusively to the program; corrected subsequent to the visit) and
- **Standard D1.02c** (lacked evidence the program informed, in writing, everyone who requested information, applied or planned to enroll, the implications of non-accreditation; no report required as the program received accreditation).