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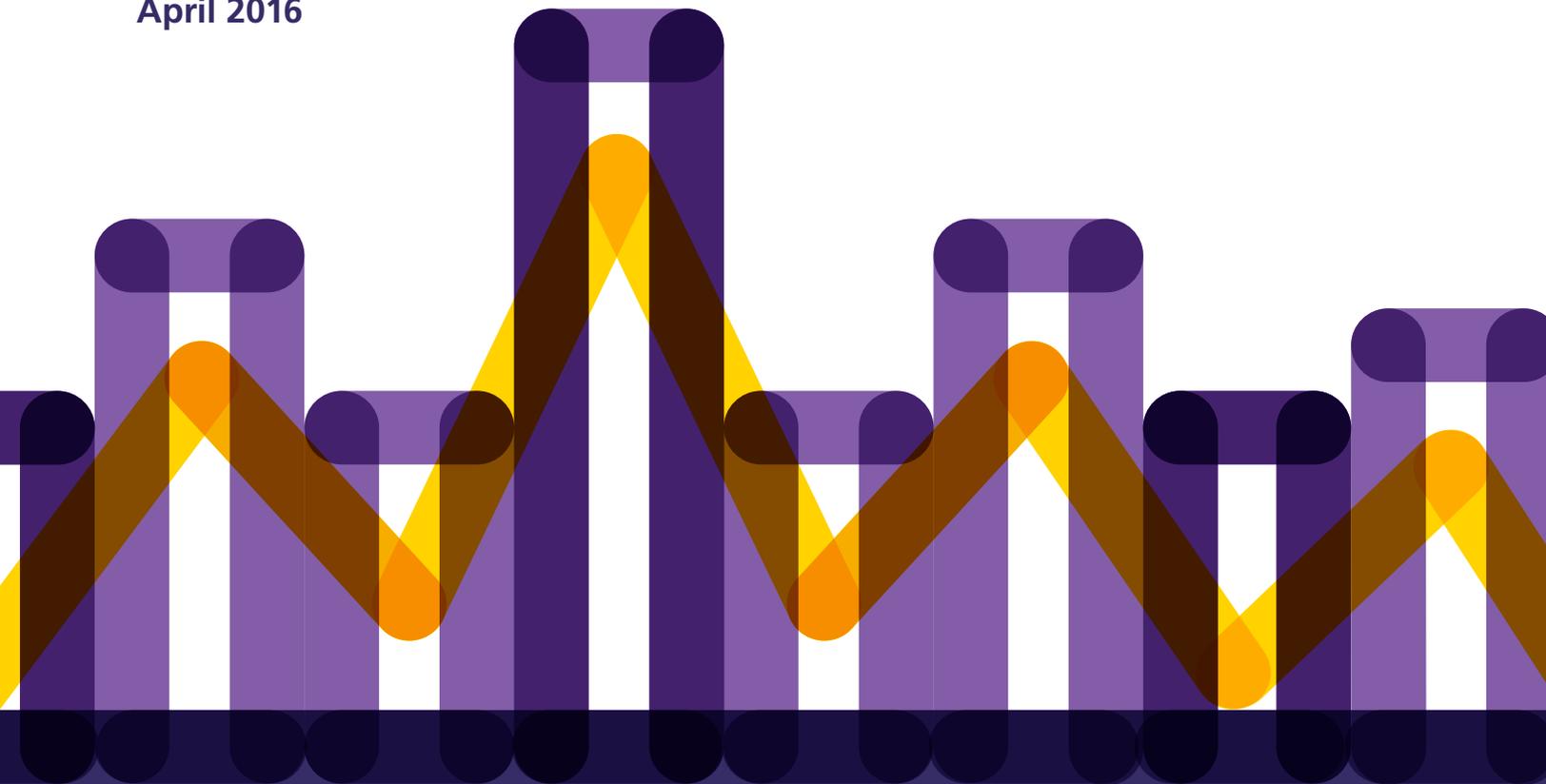
Results of the 2015 Medical School Enrollment Survey

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April 2016



Association of
American Medical Colleges

Results of the 2015 Medical School Enrollment Survey

Association of American Medical Colleges
Washington, D.C.

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Contents

Acknowledgments	1
Executive Summary	2
Background	4
Survey Methodology	6
Results	7
Discussion	16
Appendix. New Schools Accredited Since 2002 or in the LCME Accreditation Process	18

Acknowledgments

The 2015 AAMC Survey of Medical School Enrollment Plans would not have been possible without the collaboration of several people. The authors are especially grateful to the deans and administrators of the medical schools for their participation in the survey and to the AAMC's John Prescott, MD, Ann Steinecke, PhD, and Nicole Sweeney for their assistance with outreach to the deans. Enrollment data for DO-granting schools were provided by Tom Levitan of the American Association of Colleges of Osteopathic Medicine.

We owe special thanks to the AAMC Communications team for their work on editing, design, and layout and the following AAMC staff for their review of earlier drafts of this report: Emory Morrison, Malika Fair, MD, and Ann Steinecke.

The AAMC welcomes your comments and suggestions for future editions of this report.

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Executive Summary

This report examines first-year medical school enrollment over the past decade and projects first-year enrollment through 2025. The goal is to inform the academic medicine community, researchers, and policymakers about trends and issues related to U.S. medical school enrollment. The report is based on the 12th annual AAMC Survey of Medical School Enrollment Plans. Each fall, the survey is sent to deans at all MD-granting U.S. medical schools with preliminary accreditation or higher. This most recent survey was conducted between September 2015 and January 2016.

Key findings include:

- **Medical school enrollment has grown 25 percent since 2002–2003, and 30 percent growth should be achieved by 2017–2018.**

In 2006, in response to concerns of a likely future physician shortage, the AAMC recommended a 30 percent increase in first-year medical school enrollment by the 2015–2016 academic year (over 2002–2003 levels). Using the baseline of the 2002–2003 first-year enrollment of 16,488 students, a 30 percent increase corresponds to an increase of 4,946 students. The survey results indicate that the 30 percent goal will likely be attained by 2017–2018. Enrollment growth could be accelerated if any of the seven applicant or candidate schools in the Liaison Committee on Medical Education (LCME) pipeline attains preliminary accreditation.

- **Schools are increasingly concerned about the availability of graduate medical education opportunities for their incoming students.**

Medical schools reported concern about enrollment growth outpacing growth in graduate medical education (GME). Half of medical schools reported concerns about their own incoming students' ability to find residency positions of their choice after medical school, up from 35 percent in 2012. Concern about GME availability at the state and national levels declined somewhat since 2013, yet it still remained high.

- **There has been a large increase in the percentage of schools experiencing competition for clinical training sites from DO-granting schools and other health care professional programs.**

In 2015, 85 percent of respondents expressed concern about the number of clinical training sites and the supply of qualified primary care preceptors. Seventy-two percent expressed concern about the supply of qualified specialty preceptors. There has been a large increase in the percentage of schools experiencing competition from DO-granting schools and other health care professional programs, from about a quarter of schools in 2009 to more than half of schools in 2015. Forty-four percent of respondents reported feeling pressure to pay for clinical training slots, though the majority of schools currently do not pay for clinical training.

- **Schools are dedicated to increasing diversity in their student body and increasing student interest in caring for underserved populations.**

Most respondents (84 percent) indicated that they had (or were planning to have within two years) specific admission programs or policies designed to recruit a diverse student body interested in caring for underserved populations. The majority of respondents had established or expected programs/policies geared toward minorities underrepresented in medicine, students from disadvantaged backgrounds, and students from rural and underserved communities. Schools reported a variety of approaches, with a focus on outreach at high schools and local four-year universities and admission strategies such as holistic review.

- **Enrollment increases at DO-granting schools continue to accelerate.**

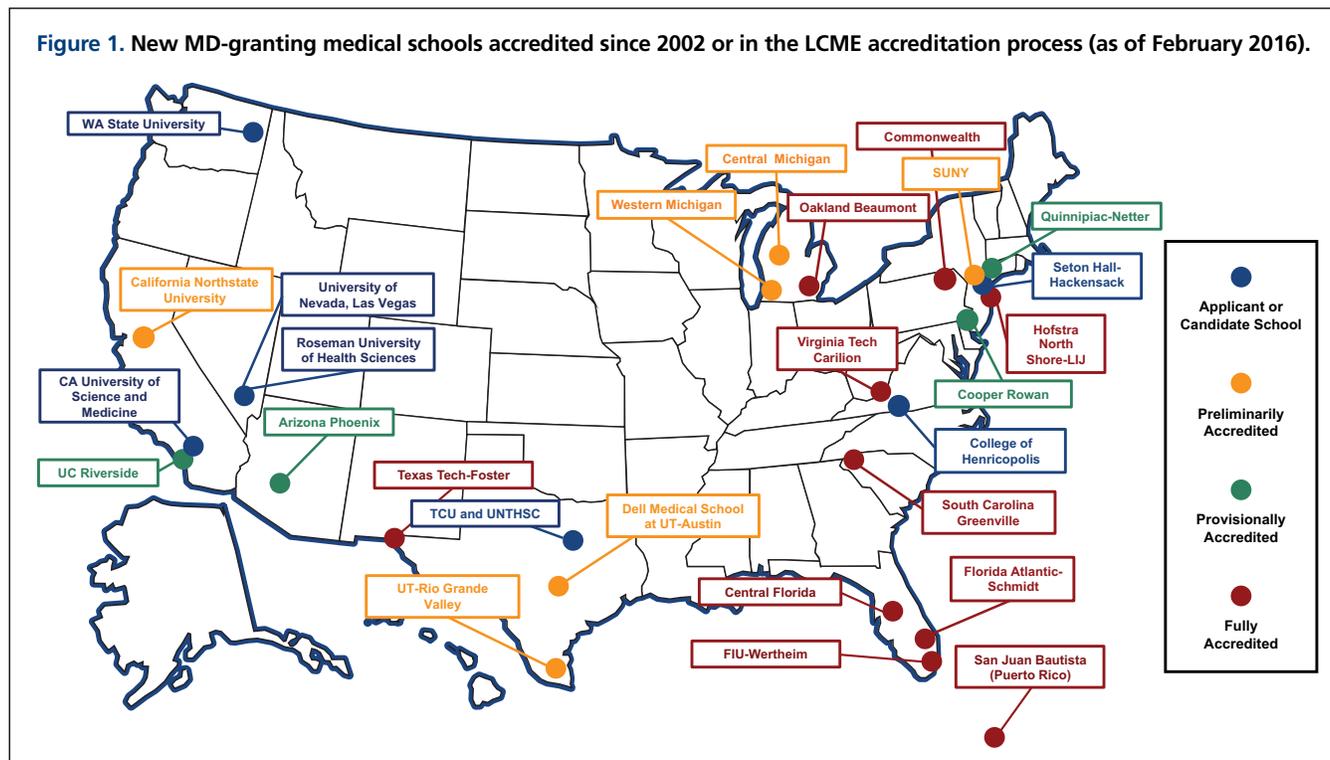
First-year enrollment at DO-granting schools in 2020–2021 is expected to reach 8,468, a 185 percent increase from 2,968 students in 2002–2003. Combined first-year enrollment at existing MD-granting and DO-granting medical schools is projected to reach 30,186 by 2020–2021, an increase of 55 percent compared with 2002–2003.

Background

A decade ago, in response to concerns of a future physician shortage, the AAMC recommended a 30 percent increase in enrollment at LCME-accredited medical schools by 2015.¹ Using the first-year enrollment of 16,488 students in 2002–2003 as a baseline, a 30 percent increase would mean 21,434 first-year medical students enrolling by 2015–2016, an increase of 4,946 students. The annual Survey of Medical School Enrollment Plans monitors progress toward this goal and provides guidance to the medical education community and other interested parties.

To meet the 30 percent goal, the AAMC recommended enrollment expansion at existing medical schools and the creation of new medical schools. In 2002, there were 125 LCME-accredited medical schools in the United States. As of February 2016, the LCME had granted full, provisional, or preliminary accreditation status to 20 more medical schools, for a total of 145 U.S. MD-granting medical schools.² Additionally, the American Osteopathic Association’s Commission on Osteopathic College Accreditation (COCA) lists 30 DO-granting schools operating at 42 sites during the 2015–2016 academic year, an increase of 10 DO-granting schools since 2002–2003.³

The LCME lists an additional 7 schools as having applicant or candidate status (see **Figure 1**), and the COCA lists an additional 14 schools as having applicant



1. Association of American Medical Colleges. Statement on the Physician Workforce. June 2006. www.aamc.org/download/55458/data/workforceposition.pdf. Accessed February 2, 2015.
2. Liaison Committee on Medical Education. Medical School Directory. 2016. www.lcme.org/directory/. Accessed February 3, 2016.
3. Commission on Osteopathic College Accreditation. Colleges of Osteopathic Medicine. January 1, 2016. www.osteopathic.org/inside-aoa/accreditation/COM-accreditation/Documents/current-list-of-colleges-of-osteopathic-medicine.pdf. Accessed February 3, 2016.

or preaccreditation status.⁴ Media reports suggest that other schools are under consideration and may or may not enter the LCME or COCA accreditation systems.^{5,6} Although preaccredited schools cannot yet enroll students, we expect that some will attain accreditation in time to enroll students before 2025–2026.

For the purposes of this report, we included enrollment projections for only the 145 MD-granting schools and 30 DO-granting schools that have received full, provisional, or preliminary accreditation as of February 2016.

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4. Commission on Osteopathic College Accreditation. New and Developing COMs and Campuses. September 4, 2015. www.osteopathic.org/inside-aoa/accreditation/COM-accreditation/Documents/new-and-developing-colleges-of-osteopathic-medicine.pdf. Accessed February 3, 2016.
 5. Watkins M, Walters E. Is Texas building too many medical schools? The Texas Tribune. January 16, 2016. www.texastribune.org/2016/01/16/medical-schools-boom-officials-warn-rising-costs/. Accessed February 3, 2016.
 6. Rubenfire A. Kaiser plans to take care model to the source: Physician training. Modern Healthcare. December 17, 2015. www.modernhealthcare.com/article/20151217/NEWS/151219881?utm_source=modernhealthcare&utm_medium=email&utm_content=20151217-NEWS-151219881&utm_campaign=mh-alert. Accessed February 3, 2016.

Survey Methodology

The AAMC administered the 12th annual Survey of Medical School Enrollment Plans in September 2015 to the deans of 145 U.S. medical schools that were fully, provisionally, or preliminarily LCME-accredited at that time.⁷ An email introduction included a link to the Web-based survey. Deans who did not initially respond received follow-up emails. Of the schools surveyed, 137 responded (94 percent). Survey information was provided by the dean of the medical school or a designed appointee, most often an associate dean.

Respondents were asked to provide their medical school's first-year enrollment for the current year, as well as their anticipated enrollment for the next five years, ending with the 2020–2021 academic year. For seven of the eight schools that did not provide enrollment plans on the 2015 survey, reported plans from the 2014 survey were used. For the one school that did not provide enrollment plans in 2014 or 2015, matriculant data for the 2015 academic year were substituted for each projected year. Historic matriculant data in this report are from the AAMC Student Records System.

The survey asked schools to report their concerns about clerkship opportunities and graduate medical education placements. Additionally, the survey included prompts about efforts to increase student diversity and interest in caring for underserved populations. We present trends over time using available data from previous surveys.

Data were also obtained from the American Association of Colleges of Osteopathic Medicine (AACOM) about enrollment plans at DO-granting schools and are included in Table 3 and Figure 9. Data were based on a survey of college of osteopathic medicine deans administered in spring 2016.

7. The University of Texas Rio Grande Valley School of Medicine (UTRGV) was accredited after the survey was fielded so was not included in the initial round of surveys; however, the school was invited to participate after it was accredited.

Results

Current Enrollment and Projected Trends in the Next Five Years

First-year enrollment at LCME-accredited medical schools has increased by more than 25 percent from the 2002–2003 baseline level as of the 2015–2016 academic year and is projected to increase by 32 percent from the 2002–2003 baseline by 2020–2021. Of the 125 schools that were accredited as of 2002–2003, 33 (26 percent) plan to grow from 2016–2017 to 2020–2021. By comparison, 7 of the 20 schools accredited since 2002–2003 (35 percent) plan to grow during that period. Cumulatively, the currently accredited 145 medical schools are projected to reach the targeted 30 percent increase in enrollment by 2017–2018 (**Table 1**).

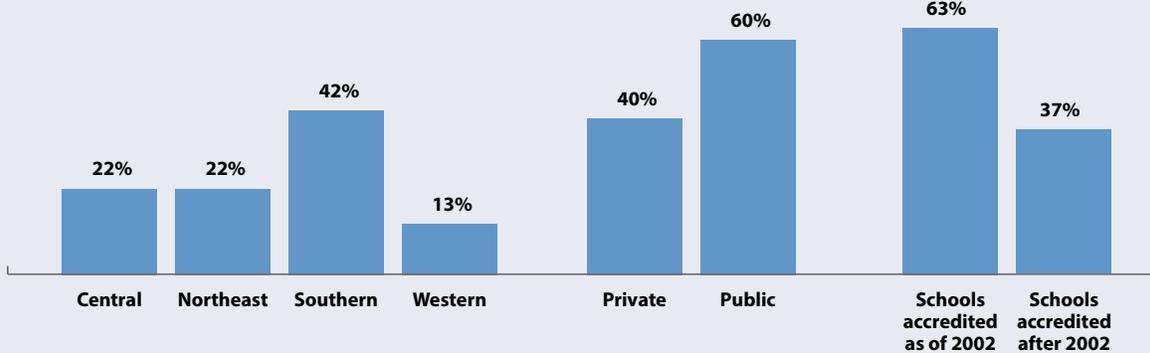
Table 1. Summary of Baseline and Current First-Year Enrollment and Projected First-Year Enrollment Through 2020

Group		Baseline	Current	Projected				
		2002	2015	2016	2017	2018	2019	2020
A.	Schools accredited by the LCME as of 2002–2003 (n=125)	16,488	19,086	19,261	19,543	19,648	19,739	19,770
	# increase, 2002–2003		2,598	2,773	3,055	3,160	3,251	3,282
	% increase, 2002–2003		15.8%	16.8%	18.5%	19.2%	19.7%	19.9%
B.	Schools accredited by the LCME after 2002–2003 (n=20)		1,545	1,803	1,860	1,888	1,938	1,948
C.	Total (n=145) (A + B)	16,488	20,631	21,064	21,403	21,536	21,677	21,718
	# increase, 2002–2003		4,143	4,576	4,915	5,048	5,189	5,230
	% increase, 2002–2003		25.1%	27.8%	29.8%	30.6%	31.5%	31.7%

Enrollment Growth by Public/Private Status, Region, and Accreditation Year

On the basis of these reported projections, increases at the 125 schools that were LCME-accredited as of 2002–2003 would account for 63 percent of the projected growth in first-year enrollment between 2002–2003 and 2020–2021. The growth at new schools since 2002–2003 would account for the remaining 37 percent of the overall 2002–2020 growth. The majority (60 percent) of the projected growth in enrollment between 2002–2003 and 2020–2021 is expected to occur at public schools. Nationally, schools in the Southern region would account for the largest portion (42 percent) of the projected increase in enrollment between 2002–2003 and 2020–2021 (**Figure 2**).

Figure 2. Percent of 2002–2020 growth by public/private status, region,* and accreditation year.

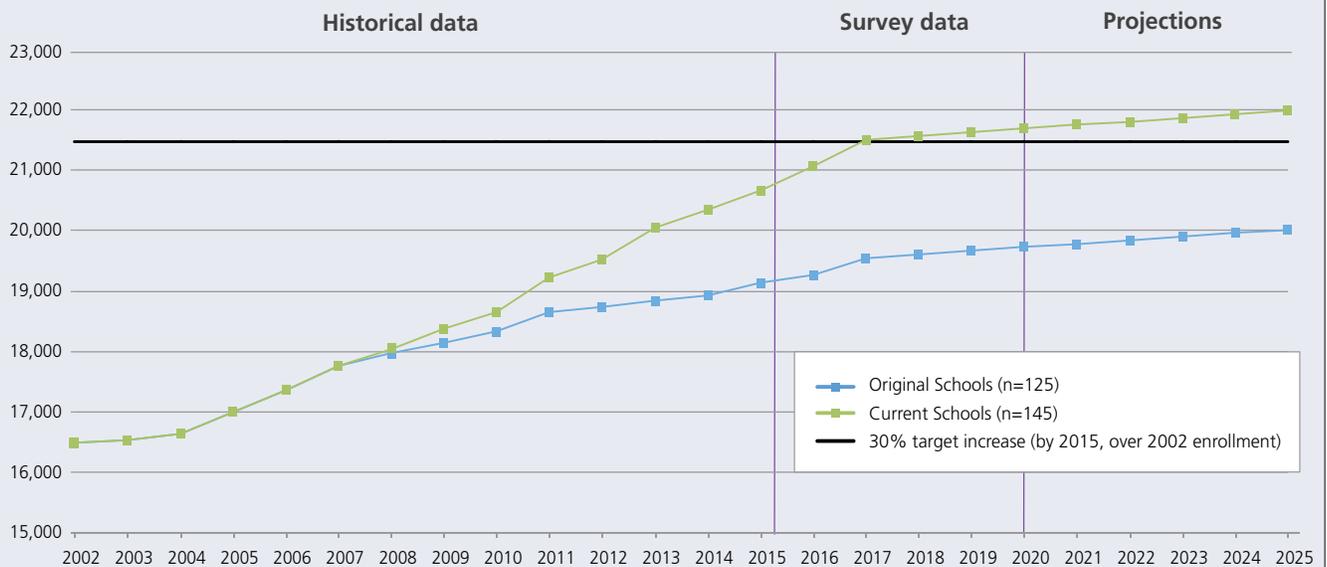


*Central: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI; Northeast: CT, DC, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT; Southern: AL, AR, FL, GA, KY, LA, MS, NC, OK, PR, SC, TN, TX, VA, WV; Western: AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY.

Projections Beyond 2020

To project enrollment beyond 2020–2021, the last academic year for which we requested enrollment data on the survey, we applied the rate of growth reported between the last two academic years of survey data for each school. Six of the 125 schools accredited as of 2002–2003 and 1 of the 20 newly accredited schools projected that they would grow from 2019–2020 to 2020–2021. Most of the remaining schools projected no growth during that period, and one school projected a small decline. Overall, enrollment is expected to grow by a small fraction of a percent per year from 2020–2021 to 2025–2026 (**Figure 3**).

Figure 3. Projected first-year enrollment through 2025.



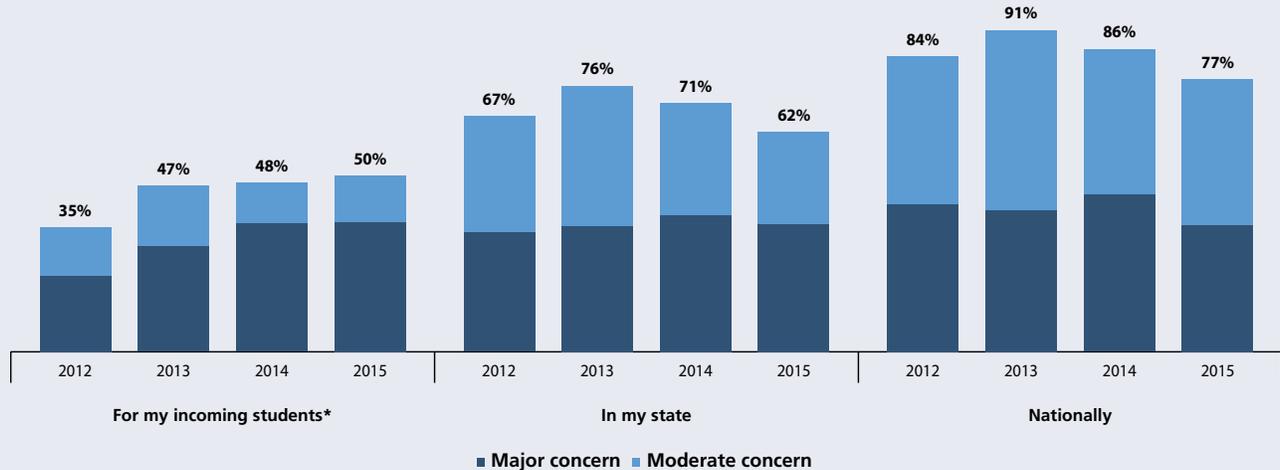
Residency/Graduate Medical Education (GME):
 Medical training that occurs after receiving the MD or DO degree, typically three to seven years at teaching hospitals and their associated ambulatory settings. Completing a GME program is required to be licensed and practice independently in the United States.

Graduate Medical Education Concerns

Starting in 2012, the survey included two questions addressing concerns about GME. The first question asked deans to consider their own students: “What is your level of concern about your incoming students’ ability to find a residency training position of their choice upon completion of medical school?” The second question broadened the scope to the state and national levels, asking, “Now thinking more broadly, what is your level of concern that the overall expansion in medical school enrollment could produce more graduates than graduate medical education can accommodate?” Response options were “no concern,” “minor concern,” “moderate concern,” and “major concern.”

The percent of respondents who expressed “major” or “moderate” concern about their incoming students’ ability to find residency positions of their choice after medical school increased significantly since 2012, from 35 percent in 2012 to 50 percent in 2015 (Figure 4). Concerns about the impact of medical school enrollment expansion on GME at the state and national levels have declined somewhat since 2013. In 2015, 62 percent of schools reported concerns about GME in their state compared with 77 percent at the national level.

Figure 4. Percent of schools concerned about graduate medical education, 2012–2015.



*Statistically significant (chi-square test): $\chi^2 = 19.3, p = 0.0225$.

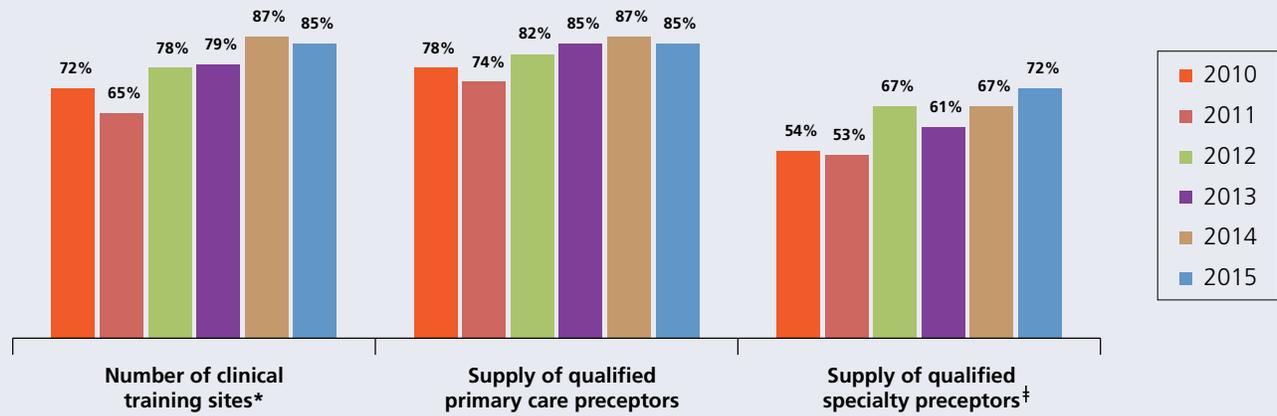
The prevalence of concern about GME at the state and local levels varied by geographic region and public/private status. Seventy-three percent of Southern schools expressed concern about GME availability in their state, followed by 66 percent of Central schools, 63 percent of Western schools, and 42 percent of Northeastern schools ($\chi^2 = 8.3, p = 0.04$). Central schools had the highest share of respondents who were concerned about GME availability for their incoming students (71 percent). That share was 55 percent among Southern schools, 35 percent among Western schools, and 31 percent among Northeastern schools ($\chi^2 = 13.2, p = 0.004$). Seventy percent of public schools reported concerns about GME availability in their state, compared with 51 percent of private schools ($\chi^2 = 4.6, p = 0.03$). There was no appreciable public/private difference in the prevalence of concern about incoming students.

Clerkship/Clinical Training:
A core or required clinical course or rotation in a specialty that takes place during the third or fourth year of undergraduate medical education.

Clinical Training Opportunities for Students

The survey asked schools to rate their concerns about the number of clinical training sites, the supply of qualified primary care preceptors, and the supply of qualified specialty preceptors (Figure 5). Responses were collapsed into two categories: “concerned” and “not concerned.” Eighty-five percent of schools surveyed in 2015 were concerned about the number of sites and the supply of qualified primary care preceptors. The share of schools that were concerned about the supply of qualified specialty preceptors grew from just over half of schools surveyed in 2010 to 72 percent of schools in 2015.

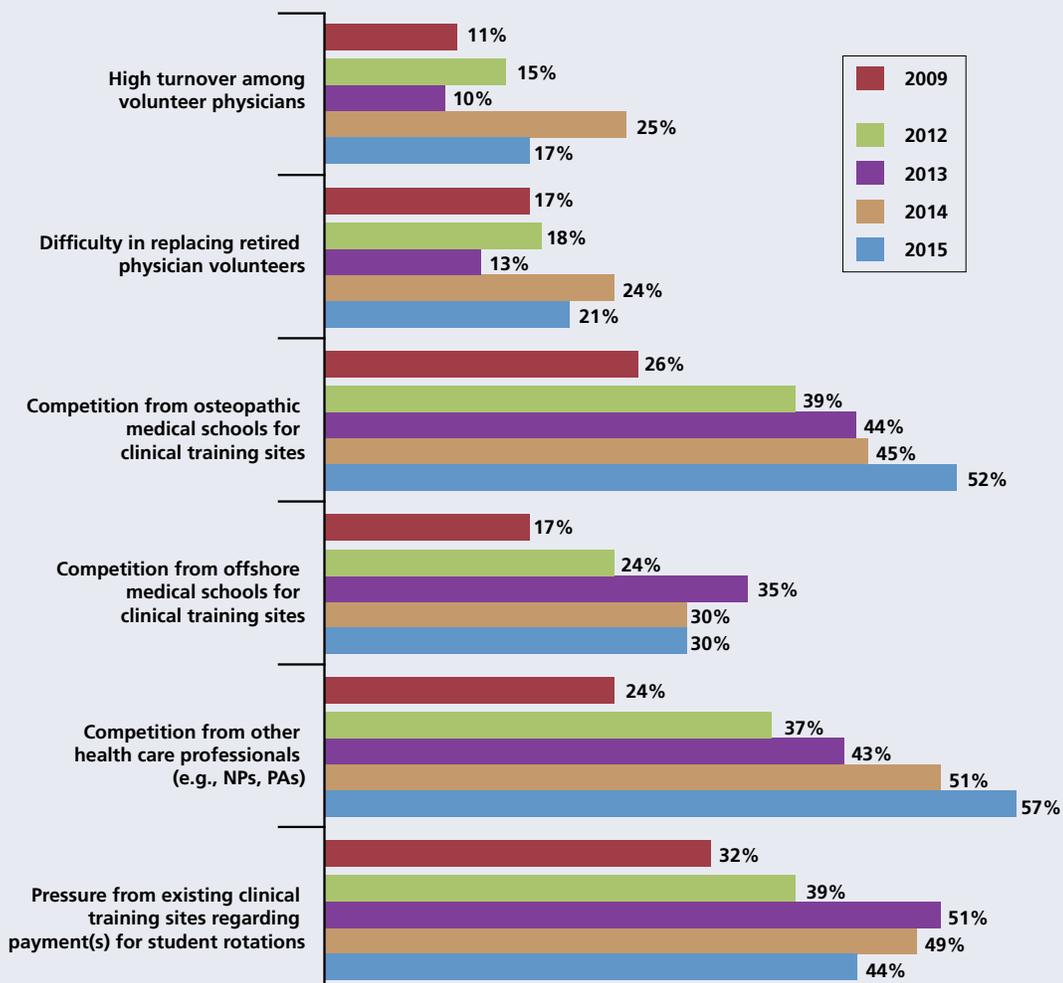
Figure 5. Percent of schools concerned about clinical training opportunities, 2010–2015.



*†Statistically significant (chi-square test): * $\chi^2 = 24.2, p = 0.0002$; † $\chi^2 = 16.7, p = 0.01$.

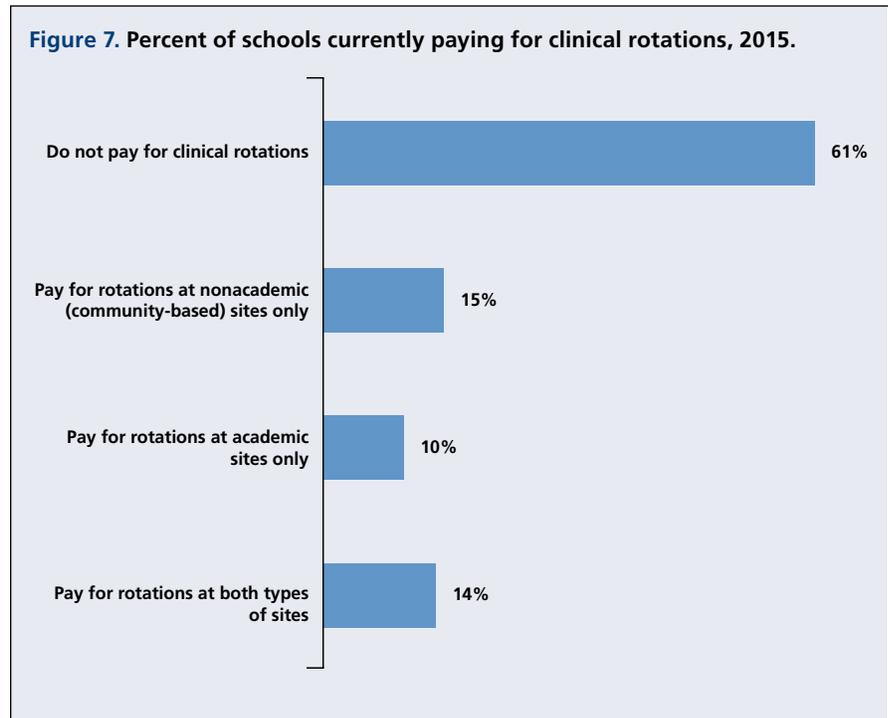
The survey also asked respondents to report whether they have recently experienced difficulties with their existing clinical training sites, such as challenges with volunteer physicians, competition from other schools and programs, or pressure to pay for student rotations (Figure 6). We compared 2015 responses with results from previous years in which this question was asked. Results show a large increase in the percentage of schools experiencing competition from DO-granting schools and other health care professional programs. Since 2009, the percentage of medical schools experiencing competition for undergraduate clinical training sites from DO-granting schools and other health care professional programs grew from about a quarter of schools in 2009 to over half of schools in 2015. The percentage of schools experiencing competition from offshore medical schools grew substantially since the question was asked in 2009, but it has remained stable in recent years, at 30 percent. The percentage of schools experiencing pressure to pay for student rotations also grew since the question was asked in 2009, but it has declined each year since 2013.

Figure 6. Percent of schools experiencing difficulties with existing clinical training sites, 2009–2015.



Payments for Clinical Rotations

This year, we introduced the following question: “Do you currently pay for any of your students to have clinical rotations in either academic or nonacademic (i.e. community-based) training sites?” Respondents were allowed to select more than one option. While the majority of schools (61 percent) reported that they do not pay for students to have clinical rotations, 24 percent of schools reported paying for one or more students to rotate at academic clinical sites and 29 percent reported paying for one or more rotations at nonacademic clinical sites (Figure 7). We asked schools that pay for rotations at clinical training sites to briefly describe their payment practices, and responses varied widely. Schools were more likely to pay sites for infrastructure and personnel time than a fixed fee per student, and many schools commented that their payment practices were not uniform across all clinical training sites.



Diversity Recruitment Plans and Strategies

The survey included the following question: “Do you have (or are you planning to have within two years) specific admissions programs or policies designed to recruit a diverse student body interested in caring for underserved populations?” Subsequent questions asked about whether the policies were developed as part of any recent or planned class size expansion, the recruitment efforts, and the method by which those groups were recruited. Note that the percentages in **Table 2** and **Figures 8** and **9** may not sum to 100 percent because they represent the percentage of all schools that responded to the survey, not just those that indicated they had targeted programs or policies. Respondents could select more than one group.

Of schools responding to the survey, 84 percent indicated that they had (or were planning to have within two years) specific admission programs or policies designed to recruit a diverse student body interested in caring for underserved populations. Of those schools, 12 percent developed policies as part of a recent or planned class size expansion. Eighty-three percent of schools that responded to the survey indicated that they have or plan to have specific admission programs or policies to recruit minority groups currently underrepresented in medicine, and the majority of schools have or plan to have programs or policies to recruit students from other groups (**Table 2**). The most common approaches included college recruitment and outreach and admission strategies such as holistic review (**Figure 8**). Over half of schools reported that recruitment and outreach efforts focused on high school students and four-year-university students in the local area (**Figure 9**).

Table 2. Percentage of Schools with Admission Programs or Policies That Address Specific Groups

Group	Established (greater than or equal to two years)	Recently implemented (less than two years)	Planned (within the next two years)	No plans at this time
Minority groups currently underrepresented in medicine	77%	4%	2%	0%
Students with disadvantaged backgrounds	67%	7%	1%	5%
Students from rural communities	49%	5%	4%	23%
Students from underserved communities	43%	5%	1%	29%
Students from local underserved communities	54%	5%	4%	15%
Other	2%	3%	1%	15%

Figure 8. Percent of schools with specific admission programs or policies, by approach.

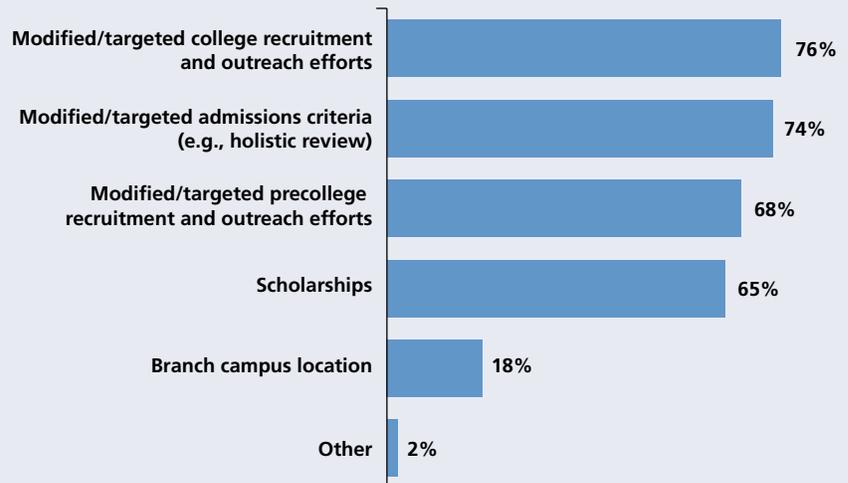
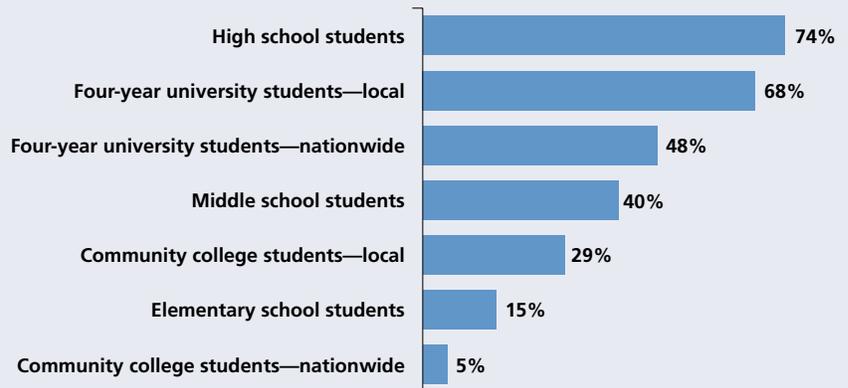


Figure 9. Percent of schools with specific admission programs or policies, by recruited student group.



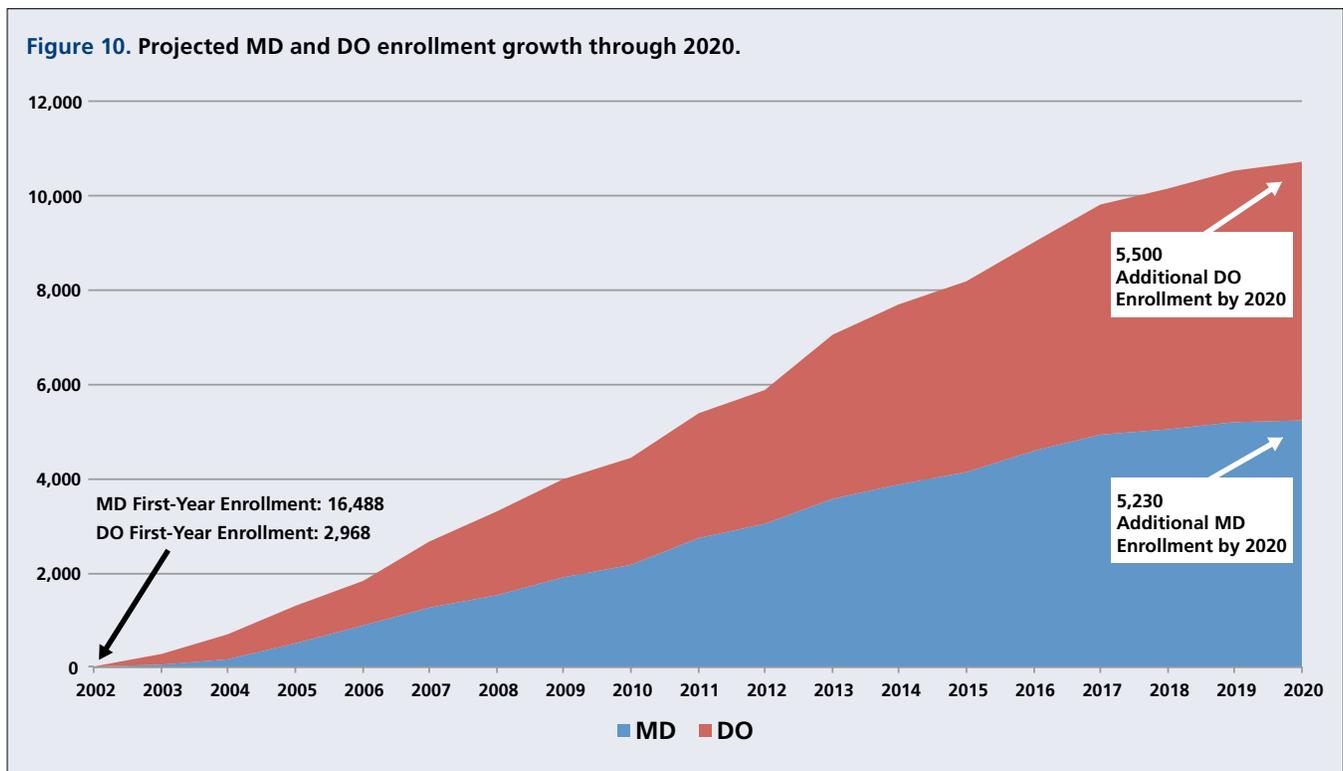
Combined MD and DO Projections

The AACOM uses survey and accreditation data to project its future enrollment. The 2015 new first-year enrollment of 7,025 at DO-granting schools represents a 137 percent increase over enrollment in 2002. AACOM estimates total new first-year enrollment will reach 8,468 by 2020, which represents a 185 percent increase over 2002 first-year enrollment. By 2020, MD- and DO-granting schools would have a combined increase of 55 percent, enrolling an additional 10,730 students in their first-year classes compared with 2002 (Table 3, Figure 10). About half of that growth would come from DO-granting schools.

Table 3. MD and DO Enrollment Growth Since 2002

	2002 Baseline Enrollment	2015 Current			2020 Projected		
		Enrollment	# Increase	% Increase	Enrollment	# Increase	% Increase
MD	16,488	20,631	4,143	25%	21,718	5,230	32%
DO	2,968	7,025	4,057	137%	8,468	5,500	185%
Total	19,456	27,656	8,200	42%	30,186	10,730	55%

Figure 10. Projected MD and DO enrollment growth through 2020.



Discussion

Over the past decade, the medical education community has responded to the AAMC's call for an increase in medical school enrollment to address a projected national shortage of physicians. Since 2002, the LCME accredited 20 new medical schools, for a total of 145 LCME-accredited schools as of February 2016. Collectively, these schools expanded enrollment by 25 percent over 2002 levels as of the 2015–2016 academic year, just short of the AAMC's 30 percent goal, which is predicted to occur by 2017–2018. The timeline could be accelerated if any of the seven applicant and candidate schools in the LCME pipeline attain preliminary accreditation. Additionally, DO-granting schools are expected to enroll a total of 8,468 first-year students by 2020–2021, which could be even higher if schools in the applicant stage become eligible to enroll students.

As student enrollment grows, school administrators are concerned about the number of available clerkship sites and the supply of preceptors. As other health professions are also growing, clerkship opportunities are proving to be more competitive. More than half of survey respondents reported experiencing competition with DO-granting schools and other health disciplines, such as physician assistant and nurse practitioner programs, up from only a quarter of schools in 2009. A large share of respondents continues to experience pressure to pay for clinical training slots, though the percentage has declined over time and the majority of schools currently do not pay for clinical training.

The nation's medical schools are committed to developing a diverse and culturally competent student body and cultivating student interest in caring for underserved populations. The majority of schools have specific admission programs or policies designed to increase the number of students from minority groups currently underrepresented in medicine, students with disadvantaged backgrounds, and students from rural and/or underserved communities. Over the past year, the AAMC has created new programs, initiatives, and publications that focus on embracing a broad definition of diversity and inclusion to support members' efforts.⁸ In 2015, the AAMC released "Altering the Course: Black Males in Medicine," a detailed report on the decline in black males applying to and matriculating into medical school.⁹ The AAMC also released several resources on curricular and institutional climate changes to improve health care for individuals who are lesbian, gay, bisexual, transgender (LGBT), gender nonconforming (GNC), and/or born with differences of sex development (DSD) and resources to help design, evaluate, and assess cultural competence curricula.^{10,11}

8. Nivet MA. A diversity 3.0 update: Are we moving the needle enough? *Academic Medicine*. 2015; 90(12):1591–1593.

9. Association of American Medical Colleges. *Altering the Course: Black Males in Medicine*. August 2015. members.aamc.org/eweb/DynamicPage.aspx?Action=Add&ObjectKeyFrom=1A83491A-9853-4C87-86A4-F7D95601C2E2&WebCode=PubDetailAdd&DoNotSave=yes&ParentObject=CentralizedOrderEntry&ParentDataObject=Invoice%20Detail&ivd_formkey=69202792-63d7-4ba2-bf4e-a0da41270555&ivd_prd_key=78B38423-34D5-433C-B4FB-76F0F5CAE008.

10. Association of American Medical Colleges. *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD*. 2014. offers.aamc.org/lgbt-dsd-health.

11. Association of American Medical Colleges. *Assessing Change: Evaluating Cultural Competence Education and Training*. March 2015. www.aamc.org/initiatives/diversity/425472/assessingchange.html.

Enrollment expansion alone will not resolve the expected shortage of between 61,700 and 94,700 physicians by 2025.¹² Medical schools will soon reach the 30 percent goal in enrollment growth, but ACGME-accredited entry-level residency positions are continuing to grow at a rate of about 1 percent per year.¹³ Half of medical schools are concerned about their incoming students' ability to find a residency training position of their choice upon completion of medical school, and federal caps on Medicare-funded residency training positions remain effectively frozen at 1996 levels. In response to these challenges, the AAMC, working with the nation's medical schools, teaching hospitals, and health systems, is undertaking a five-year plan to optimize GME in the United States. The AAMC has outlined three strategic areas of this initiative: investing in future physicians; optimizing the environment for learning, care, and discovery; and preparing the physician and physician-scientist for the 21st century.¹⁴ Continued monitoring of medical school enrollment is crucial to support the optimizing GME initiative.

12. IHS, Inc. The 2016 Update: Complexities of Physician Supply and Demand: Projections from 2014 to 2025. www.aamc.org/download/458082/data/2016_complexities_of_supply_and_demand_projections.pdf. April 2016.

13. Jolly P, Erikson C, Garrison G. U.S. graduate medical education and physician specialty choice. *Academic Medicine*. 2012; 88:468–474.

14. Association of American Medical Colleges. Optimizing Graduate Medical Education. www.aamc.org/initiatives/optimizinggme.

Appendix. New Schools Accredited Since 2002 or in the LCME Accreditation Process^{15–17}

Fully Accredited Since 2002 (n=10)

- Charles E. Schmidt College of Medicine at Florida Atlantic University (Florida)
- Florida International University Herbert Wertheim College of Medicine (Florida)
- University of Central Florida College of Medicine (Florida)
- Oakland University William Beaumont School of Medicine (Michigan)
- Hofstra Northwell School of Medicine at Hofstra University (New York)
- The Commonwealth Medical College (Pennsylvania)
- San Juan Bautista School of Medicine (Puerto Rico)
- Paul L. Foster School of Medicine Texas Tech University Health Sciences Center (Texas)
- Virginia Tech Carilion School of Medicine (Virginia)
- University of South Carolina School of Medicine, Greenville (South Carolina)

Schools with Provisional Accreditation (n=4)

Once provisional accreditation has been granted, students enrolled in the program may continue into their third and fourth years of medical education, and the program may continue to enroll new students.

- University of California–Riverside School of Medicine (California)
- Frank H. Netter MD School of Medicine at Quinnipiac University (Connecticut)
- Cooper Medical School of Rowan University (New Jersey)
- University of Arizona College of Medicine–Phoenix (Arizona)

Schools with Preliminary Accreditation (n=6)

Once preliminary accreditation is granted, the program may begin to recruit applicants and accept applications for enrollment.

- California Northstate University College of Medicine (California)
- Central Michigan University College of Medicine (Michigan)
- Western Michigan University Homer Stryker MD School of Medicine (Michigan)
- CUNY School of Medicine (New York)
- University of Texas at Austin Dell Medical School (Texas)
- University of Texas Rio Grande Valley School of Medicine (Texas)

Schools with Candidate Status (n=3)

Candidate schools are not accredited and may not recruit or advertise for applicants or accept student applications.

- Roseman University of Health Sciences College of Medicine (Nevada)
- Washington State University Elson S. Floyd College of Medicine (Washington)
- University of Nevada, Las Vegas, School of Medicine (Nevada)

Schools with Applicant Status (n=4)

Applicant schools are not accredited and may not recruit or advertise for applicants or accept student applications.

- California University of Science and Medicine, College of Medicine (California)
- Seton Hall–Hackensack School of Medicine (New Jersey)
- TCU and UNTHSC School of Medicine (Texas)
- College of Henricopolis School of Medicine (Virginia)

15. As of March 2016.

16. View the Glossary of LCME Accreditation Terminology for full definitions of each accreditation status. www.lcme.org/survey-connect-glossary.htm.

17. Liaison Committee on Medical Education. Medical School Directory. 2016. www.lcme.org/directory.htm. Accessed February 3, 2016.



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