

Touro University California Accreditation History

First accredited: September 2002

Next review: October 2029

Maximum class size: 48

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June 2025

The commission **accepted the report** addressing 5th edition

- **Standard A1.02** (provided evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A1.07** (provided 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** (provided evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **Standard A2.18b** (provided 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 C1.03** (provided 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)

No further information requested.

March 2025

The program's PANCE pass rate percentage was 85% or less for its 2023 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. 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.

June 2024

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 **accepted the report**. No further information requested.

March 2024

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 2023

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

- Updates to the program's Program Management Portal.

No further information requested.

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The commission **accepted the** Exceeding Class Size report. No further information requested.

September 2022

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

- Resubmission of modified self-study report

The program received a Warning Letter regarding the program's ongoing failure to document its data analysis resulting in data-driven conclusions related to sufficiency of faculty and staff and institutional support for sufficient principal faculty and administrative support staff in the program.

Report due November 4, 2022:

- Submit Exceeding Approved Class Size explanation form
- Update PANCE data in Program Management Portal

Report due October 21, 2024 (*Standards*, 5th edition):

- **Standard A1.02** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **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 is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)
- **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 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)

March 2022

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

- **Standards C2.01b-e**, modified Self-Study Report (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, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

Additional information (resubmission of modified self-study report) due April 22, 2022

March 2021

Program Change: Change in class size (48 to 56), effective May 23, 2021. The commission **reviewed and more information requested**. Narrative detailing sufficient supervised clinical practice experience sites and overall course/credit summary for the MPH portion of the program as well as the timeline for completion, due February 19, 2021.

September 2020

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

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

June 2020

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

- A compelling reason for using non-board-certified physician preceptors. No further information requested.

March 2020

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

- **Standard A3.15a** (provided evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (provided evidence that student admission decisions are made in accordance with published practices of the institution and program) and
- **Standard B3.06a** (provided some evidence supervised clinical practice experiences occur with physicians specialty board certified in their area of instruction).

Additional information (provide a compelling reason for using non-board certified physician preceptors and outcome of program's decision on continuing to use non-board certified physicians) requested by March 11, 2020.

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 2019

Accreditation-Continued; Next Comprehensive Evaluation: September 2029. Maximum Class Size: 48.

Report due December 13, 2019 (*Standards*, 4th edition) -

- **Standard A3.15a** (lacked evidence the program publishes and makes readily available to prospective students admission and enrollment practices that favor specified individuals or groups),
- **Standard A3.16** (lacked evidence that student admission decisions are made in accordance with published practices of the institution and program) and
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians specialty board certified in their area of instruction).

Report due November 30, 2021 (*Standards*, 5th edition) -

- **Standards C2.01b-e**, modified Self-Study Report (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, d) modifications that occurred as a result of self-assessment and e) self-identified program strengths and areas in need of improvement).

March 2017

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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.

April 2016

The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). However, as the program's self-study report three-years prior to the site visit was due in 2016, the comprehensive evaluation was rescheduled to September 2019.

March 2015

Program Change: Increase in class size from 40 to 44 students, effective August 2015 and 48, effective August 2017. The commission **approved the proposed change**.

March 2012

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

- **Standard A3.07** (provided evidence the policy on immunization of students has been implemented),
- **Standard A3.19b** (provided evidence that the student files included documentation that the student has met all immunization requirements) and
- **Standard B3.03d** (provided evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions). No further information requested.

September 2011

Accreditation-Continued; Next Comprehensive Evaluation: September 2018. The program is approved for up to 120 students.

Report due December 31, 2011 (*Standards*, 4th edition) -

- **Standard A3.07** (lacked evidence the policy on immunization of students has been implemented),
- **Standard A3.19b** (lacked evidence that the student files included documentation that the student has met all immunization requirements) and
- **Standard B3.03d** (lacked evidence of supervised clinical practice experiences [SCPEs] providing sufficient patient exposure with patients seeking care for behavioral and mental health conditions).

March 2010

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

- Clinical experiences in long-term care settings. No further information requested.

March 2009

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

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- Clinical experiences in long-term care settings and in geriatrics and psychiatry/behavioral medicine. Additional information (update on long-term care settings) requested by January 8, 2010.

March 2008

The commission **accepted the reports** regarding student notification and addressing 3rd edition

- **Standard B7.02** (provided evidence that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures),
- **Standard B7.03d** (provided evidence that supervised clinical practice experience is provided in a long-term care setting) and
- **Standards B7.04e and h** (provided evidence that every student has supervised clinical practice experiences in geriatrics and psychiatry and/or behavioral medicine)

Additional information (documentation of clinical experiences in long-term care settings and in geriatrics and psychiatry/behavioral medicine) requested by January 9, 2009.

September 2007

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

- Graduation information related to the joint PA/MPH degree. Additional information (student notification regarding accreditation) requested by November 1, 2007.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2011.

Report due April 25, 2007 (graduation information related to the joint PA/MPH degree) and

January 11, 2008 (*Standards*, 3rd edition) -

- **Standard B7.02** (lacked evidence that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures),
- **Standard B7.03d** (lacked evidence that supervised clinical practice experience is provided in a long-term care setting) and
- **Standards B7.04e and h** (lacked evidence that every student has supervised clinical practice experiences in geriatrics and psychiatry and/or behavioral medicine).

September 2006

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

- An update on faculty and clinical sites. No further information requested.

March 2006

The commission **acknowledged the report** addressing 2nd edition

- **Standard A1.4** (provided evidence the sponsoring institution and its clinical affiliates are capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education),

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- **Standard A1.5c** (provided evidence of the sponsoring institution assuming primary responsibility for coordination of classroom teaching and supervised clinical practice),
- **Standard A2.4** (provided evidence of core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum),
- **Standard A2.16** (provided evidence of sufficient faculty and instructors),
- **Standard A4.2** (provided evidence of designated space for confidential counseling of students by core faculty),
- **Standard A4.3** (provided evidence of sufficient office space for core faculty),
- **Standard B1.4** (provided evidence of clearly written course syllabi for didactic and clinical courses),
- **Standard B6.1** (provided evidence that all students will have medical and surgical clinical practice experiences),
- **Standard C6.3** (provided evidence that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives),
- **Standard D1.2** (provided evidence that student health records are confidential), and
- **Standard D1.6** (provided evidence that core program faculty do not participate as the primary health care providers for students in the program).

Additional information (update on faculty and clinical sites) requested by July 14, 2006.

September 2005

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: 2007. The program appealed the decision; the decision was upheld.

Report due January 13, 2006 (*Standards*, 2nd edition) -

- **Standard A1.4** (lacked evidence the sponsoring institution and its clinical affiliates are capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education),
- **Standard A1.5c** (lacked evidence of the sponsoring institution assuming primary responsibility for coordination of classroom teaching and supervised clinical practice),
- **Standard A2.4** (lacked evidence of core program faculty responsible for the administration and coordination of didactic and clinical portions of the curriculum),
- **Standard A2.16** (lacked evidence of sufficient faculty and instructors),
- **Standard A4.2** (lacked evidence of designated space for confidential counseling of students by core faculty),
- **Standard A4.3** (lacked evidence of sufficient office space for core faculty),
- **Standard B1.4** (lacked evidence of clearly written course syllabi for didactic and clinical courses),
- **Standard B6.1** (lacked evidence that all students will have medical and surgical clinical practice experiences),
- **Standard C6.3** (lacked evidence that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives),
- **Standard D1.2** (lacked evidence that student health records are confidential), and

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- **Standard D1.6** (lacked evidence that core program faculty do not participate as the primary health care providers for students in the program).

March 2005

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

- The degree transition. No further information requested.

September 2004

Program Change: Plan to transition to a master's degree program with two degrees offered (MPAS and MPH, 11 credits MPH credits). The commission **acknowledged the proposed change** and requested additional information regarding the degree transition.

September 2003

Personnel Change: Program director appointed, effective July 1, 2003.

March 2003

The commission **accepted the report** addressing 2nd edition

- **Standard A5.1** (provided evidence of current and correct information in program announcements),
- **Standard A5.17b** (provided evidence of published information related to advance placement, transfer of credit, and credit for experiential learning),
- **Standard B3.4** (provided evidence in the geriatric course syllabus of components addressing advance directives and end of life decision making),
- **Standards B6.2g and h and F1.9** (provided evidence that the program will provide every student clinical experiences in psychiatry and geriatrics),
- **Standard B6.3** (provided evidence of clinical experiences in a long-term care setting),
- **Standard C5.2** (provided evidence that formative tests are equitable and based on objectives) and
- **Standard F1.12** (provided evidence that formative evaluations for all didactic components are complete). No further information requested.

Personnel Change: Interim program director appointed, effective January 22, 2003.

September 2002

Accreditation-Provisional; Next Comprehensive Evaluation: September 2005. The program is approved for up to 30 students in year one, 40 in year two and 50 in year three.

Report due January 15, 2003 (*Standards*, 2nd edition) –

- **Standard A5.1** (lacked evidence of current and correct information in program announcements),
- **Standard A5.17b** (lacked evidence of published information related to advance placement, transfer of credit, and credit for experiential learning),
- **Standard B3.4** (lacked evidence in the geriatric course syllabus of components addressing advance directives and end of life decision making),

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- **Standards B6.2g and h and F1.9** (lacked evidence that the program will provide every student clinical experiences in psychiatry and geriatrics),
- **Standard B6.3** (lacked evidence of clinical experiences in a long-term care setting),
- **Standard C5.2** (lacked evidence that formative tests are equitable and based on objectives) and
- **Standard F1.12** (lacked evidence that formative evaluations for all didactic components are complete).