

West Coast University - CA Accreditation History

First accredited: June 2022

Next review: January 2027

Maximum class size: 50

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January 2026

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

- **Standard B4.01a** (lacked evidence 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 and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence 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 and that allow the program to identify and address any student deficiencies in a timely manner)

Additional information (SCPE expectations and learning outcomes that are assessed by the preceptor for each required rotation, document(s) necessary to verify the program has a means to determine whether each student has met the learning outcomes and instructional objectives on SCPEs by aligning evaluation with what is expected, and necessary assessment document(s) used by the preceptor to verify the program has a means to determine each student has met the expected rotation-specific learning outcomes in a timely manner) due April 6, 2026.

No additional information required for 5th edition:

- **Standard A3.02** (provided evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)
- **Standard A3.15d** (provided evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)
- **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)

The program's PANCE pass rate percentage was 85% or less for its 2024 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and more information requested** of the report. Additional information (measurable action plans implemented to address the conclusions related to key content areas and principal faculty members) due April 20, 2026.

Report due April 3, 2026:

- Update goals and success in achieving them on website.

September 2025

The commission reviewed the report addressing the observations for 5th edition

- **Standard B1.01b** (lacked evidence the curriculum is consistent with program competencies)
- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **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

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the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies) and noted 3 areas of noncompliance with the *Standards*. Report due December 1, 2025.

No report required for 5th edition:

- **Standard B3.03c** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])

March 2025 (following Provisional Monitoring review)

Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. The commission noted 2 areas of noncompliance with the *Standards*.

Next Comprehensive Evaluation: March 2027 (Final Provisional). Maximum class size: 50.

Report due May 23, 2025 (*Standards*, 5th edition):

- **Standard B4.01a** (lacked evidence 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 and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence 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 and that allow the program to identify and address any student deficiencies in a timely manner)

Focused Visit; The commission noted 5 areas of noncompliance with the *Standards* and 4 new commission observations.

Report due July 7, 2025 (*Standards*, 5th edition):

- **Standard A3.02** (lacked evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)
- **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 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)
- **Standard B4.01a** (lacked evidence 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 and that align with what is expected and taught)
- **Standard B4.01b** (lacked evidence 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 and that allow the program to identify and address any student deficiencies in a timely manner)

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Observation response due May 23, 2025 (*Standards*, 5th edition):

- **Standard B1.01b** (lacked evidence the curriculum is consistent with program competencies)
- **Standard B1.01d** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)
- **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 B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])

June 2022

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards*. Next Comprehensive Evaluation: March 2025 (Provisional Monitoring). The program is approved for up to 50 students.

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

- **Standard A3.12f** (lacked evidence of defining direct and indirect costs to be made readily available to prospective students f) estimates of all costs (tuition, fees, etc.) related to the program; corrected during the visit),
- **Standard B4.01b** (lacked evidence of a student assessment for each supervised clinical practice experience component that will b) allow the program to identify and address any student deficiencies in a timely manner; corrected subsequent to the visit), and
- **Standard D1.01c** (lacked evidence to meet ARC-PA qualifications to have c) 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit; clarified subsequent to the visit).