Touro University California
Accreditation History

First accredited: September 2002
Next review: September 2029
Maximum class size: 48
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September 2019
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
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
- 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),

• **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),
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- **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
- **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

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.
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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.


- **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),
- **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).