Southern California University of Health Sciences
Accreditation History

First accredited: March 2016
Next review: September 2020
Maximum class size: 50
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June 2020
Program Change: Change in requirements for graduation (credits reduced from 161 to 145), effective Fall 2020. The commission approved the proposed change. Additional information (clarification of how decrease in credits affects tuition charged) due August 10, 2020.

The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19.
Additional information (follow-up for the class of 2020 upon graduation; confirmation all students completed all program and supervised clinical practice experience learning outcomes and summative testing) due March 1, 2021.

March 2020
The commission accepted the report providing evidence of
- Description of how students and preceptors are informed of learning outcomes and how students are monitored to determine learning outcomes have been met. No further information requested.

The program’s PANCE pass rate percentage was 85% or less for its 2018 cohort. The program submitted the required analysis of PANCE performance. The commission accepted the report. No further information requested.

September 2019
The commission accepted the report addressing 4th edition
- **Standard A3.14b** (provided evidence of publication of the program’s success in achieving its goals),
- **Standard B1.05** (provided evidence the curriculum included instruction in intellectual honesty),
- **Standard B2.13** (provided evidence the curriculum included instruction in quality improvement and risk management),
- **Standard B3.02** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program’s learning outcomes) and
- **Standards B3.03a-d** (provided evidence that SCPEs enabled all students to meet the program’s learning outcomes for patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions).
Additional information (narrative describing how students and preceptors are informed of learning outcomes and how students are monitored to determine learning outcomes have been met) due October 18, 2019.

March 2019 (following Provisional Monitoring review)
Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Final Provisional). The program is approved for up to 50 students in the third class.
Report due June 3, 2019 (Standards, 4th edition) -
- **Standard A3.14b** (lacked evidence of publication of the program’s success in achieving its goals),
- **Standard B1.05** (lacked evidence the curriculum included instruction in intellectual honesty),
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- **Standard B2.13** (lacked evidence the curriculum included instruction in quality improvement and risk management),  
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program’s learning outcomes) and  
- **Standards B3.03a-d** (lacked evidence that SCPEs enabled all students to meet the program’s learning outcomes for patients seeking a) medical care across the life span, b) women’s health, c) surgical management and d) behavioral and mental health conditions).

**September 2016**  
The commission **accepted the report** addressing 4th edition  
- **Standard A1.02** (provided evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences) and  
- **Standard D1.07** (provided evidence of signed agreements from facilities participating in the supervised clinical practice experiences). No further information requested.

**March 2016**  
Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Provisional Monitoring). The program is approved for up to 26 students in the first class of students, 36 in the second class and 50 in the third class.  
Report due May 15, 2016 (Standards, 4th edition) -  
- **Standard A1.02** (lacked evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences) and  
- **Standard D1.07** (lacked evidence of signed agreements from facilities participating in the supervised clinical practice experiences).