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June 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 on graduation; confirmation all students met all program and supervised clinical practice experience learning outcomes and completed summative testing) due October 15, 2020.

July 2016  
The commission **accepted the report** providing evidence of  
• Student experiences in surgical care and behavioral health. No further information requested.

Program change: Change in credit hours from 118 to 102, effective August 2016. The commission **acknowledged the proposed change**. No further information requested.

May 2016  
The program was notified of a change in the accreditation process (time extended between regularly scheduled validation reviews from seven to ten years). Program’s next validation review changed from March 2020 to March 2023 due to this change.

January 2015  
Program request for change in due date for follow up report due: The commission agreed to change the report due date from May 27, 2015 to May 27, 2016.

September 2014  
The commission **accepted the second report** providing evidence of  
• Student experiences in surgical care and behavioral health. Additional information requested by May 27, 2015 (student experiences in surgical care and behavioral health).

March 2014  
The commission **accepted the first report** providing evidence of  
• Student experiences in surgical care and behavioral health. No further information requested.

September 2013  
The commission **accepted the report** addressing 4th edition  
• **Standard A1.08** (provided evidence that the sponsoring institution provided the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),  
• **Standard A3.21** (provided evidence that student health records are confidential) and  
• **Standard B3.03c-d** (provided evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking c) surgical management and d) behavioral and mental health conditions).
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Additional information requested by December 31, 2013 and June 1, 2014 (summary of student experiences in surgical care and behavioral health).

March 2013  
Report due July 1, 2013 (Standards, 4th edition) -

- **Standard A1.08** (lacked evidence that the sponsoring institution provided the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students),
- **Standard A3.21** (lacked evidence that student health records are confidential) and
- **Standard B3.03c-d** (lacked evidence of supervised clinical practice experiences providing sufficient patient exposure with patients seeking c) surgical management and d) behavioral and mental health conditions).

September 2010  
The commission **accepted the report** addressing 3rd edition

- **Standard A2.11d** (provided evidence of the program director being knowledgeable about the program’s continuous review and analysis),
- **Standard B6.03b** (provided evidence of instruction on current trends of the PA profession),
- **Standard C1.01a, d, f** (provided evidence of the program collecting and analyzing information related to a) student attrition, deceleration, and remediation, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C1.02** (provided evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard C2.01b1, 3-6** (provided evidence of the self-study report documenting outcome data and critical analysis of
  - b1) student attrition, deceleration and remediation,
  - b3) student failure rates in individual courses and rotations,
  - b4) student evaluations of individual didactic courses, clinical experiences and faculty,
  - b5) graduate evaluations of curriculum and program effectiveness and
  - b6) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C2.01c-e** (provided evidence of the self-study report documenting c) self-identified program strengths and areas in need of improvement, d) modifications that occurred as a result of self-assessment and e) plans for addressing areas needing improvement) and
- **Standard C4.03** (provided evidence that all clinical sites provide the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program’s expectations of the clinical experience). No further information requested.
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March 2010
Report due July 1, 2010 (Standards, 3rd edition) -

- **Standard A2.11d** (lacked evidence of the program director being knowledgeable about the program’s continuous review and analysis),
- **Standard B6.03b** (lacked evidence of instruction on current trends of the PA profession),
- **Standard C1.01a, d, f** (lacked evidence of the program collecting and analyzing information related to a) student attrition, deceleration, and remediation, d) student evaluations of individual didactic courses, clinical experiences, and faculty and f) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C1.02** (lacked evidence of the program applying the results of ongoing program assessment to the curriculum and other dimensions of the program),
- **Standard C2.01b1, 3-6** (lacked evidence of the self-study report documenting outcome data and critical analysis of
  - b1) student attrition, deceleration and remediation,
  - b3) student failure rates in individual courses and rotations,
  - b4) student evaluations of individual didactic courses, clinical experiences and faculty,
  - b5) graduate evaluations of curriculum and program effectiveness and
  - b6) preceptor evaluations of student performance and suggestions for curriculum improvement),
- **Standard C2.01c-e** (lacked evidence of the self-study report documenting c) self-identified program strengths and areas in need of improvement, d) modifications that occurred as a result of self-assessment and e) plans for addressing areas needing improvement) and
- **Standard C4.03** (lacked evidence that all clinical sites provide the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program’s expectations of the clinical experience).

March 2007
The commission accepted the report providing evidence of

- The tracking of clinical experiences. No further information requested.

September 2006
The commission acknowledged the report addressing 2nd edition

- **Standards B6.2d, g and h** (provided evidence of clinical experiences in d) prenatal care and gynecology, g) psychiatry/behavioral medicine and h) geriatrics) and
- **Standard B6.3** (provided evidence of clinical experiences in inpatient and long-term care settings).

Additional clarifying information regarding the tracking of clinical experiences requested by January 12, 2007.
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March 2006  
Report due July 14, 2006 (Standards, 2nd edition) -  
- Standards B6.2d, g and h (lacked evidence of clinical experiences in d) prenatal care and gynecology, g) psychiatry/behavioral medicine and h) geriatrics) and  
- Standard B6.3 (lacked evidence of clinical experiences in inpatient and long-term care settings).

September 2004  
The commission acknowledged the report providing evidence of  
- The hiring of faculty. No further information requested.

March 2004  
The commission acknowledged the report providing evidence of  
- The names of additional faculty, evidence of financial resources, updated program announcements, evidence of general surgery clinical experiences and evidence of instruction in pathophysiology. Additional information requested by July 15, 2004 (hiring of faculty).

September 2003  
The commission accepted the report addressing 2nd edition  
- Standard A2.7b (provided evidence of sufficient core faculty),  
- Standard A3.1 (provided evidence of sufficient financial resources allocated to the program),  
- Standard A5.1 (provided evidence that program announcements reflect the program offered),  
- Standard B2.1c (provided evidence of pathophysiology instruction),  
- Standard B6.2e (provided evidence that every student has a clinical experience in general surgery),  
- Standard C5.5 (provided evidence that the summative evaluation assures that students meet defined program objectives for skills and attitudes) and  
- Standard C6.1 (provided evidence that the program routinely evaluates clinical sites).  
Additional information requested by January 15, 2004 (names of additional faculty, evidence of financial resources, updated program announcements, evidence of general surgery clinical experiences and evidence of instruction in pathophysiology).

March 2003  
Report due July 15, 2003 (Standards, 2nd edition) -  
- Standard A2.7b (lacked evidence of sufficient core faculty),  
- Standard A3.1 (lacked evidence of sufficient financial resources allocated to the program),  
- Standard A5.1 (lacked evidence that program announcements reflect the program offered),  
- Standard B2.1c (lacked evidence of pathophysiology instruction),  
- Standard B6.2e (lacked evidence that every student has a clinical experience in general surgery),
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- **Standard C5.5** (lacked evidence that the summative evaluation assures that students meet defined program objectives for skills and attitudes) and
- **Standard C6.1** (lacked evidence that the program routinely evaluates clinical sites).

**March 2000**
The commission **acknowledged the report** providing evidence of
- Resources available and a listing of clinical sites and
The experience and evaluation of students in meeting the surgical and psychiatry objectives. No further information requested.

**September 1999**
The commission **accepted the report** providing evidence of
- The clinical coordinator and student participation in surgical clinical rotations. Additional information on resources available and a listing of clinical sites requested by February 1, 2000.

**March 1999**
The commission **accepted the report** addressing 1st edition
- **Standard I B 1 c(3)** (provided evidence of a sufficient number of faculty) and
- Provided evidence of an analytical self-study report and clinical exposure to surgery and psychiatry.
Additional information requested by September 1999 regarding the new faculty and student participation in surgical clinical rotations. Additional information requested by February 1, 2000 on the experience and evaluation of students in meeting the surgical and psychiatry objectives.

**March 1998**
Report due February 1, 1999 (**Standards**, 1st edition) -
- **Standard I B 1 c(3)** (lacked evidence of a sufficient number of faculty) and
- Lacked evidence of an analytical self-study report and clinical exposure to surgery and psychiatry.

NOTE: The ARC-PA commission action information available begins in March 1998. Information from initial accreditation in 1990 by CAHEA and subsequent accrediting organizations is not available.