September 2021
The program’s PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission did not accept the report. No further information requested as a modified self-study report is due March 2022.

March 2021 (following Provisional Monitoring review)
Adverse Action-Accreditation-Withdrawn. The program appealed the commission’s decision. The independent appeals panel modified the commission’s decision and placed the program on Accreditation-Probation. A focused probation visit will need to occur in advance of the June 2022 commission meeting. The program’s maximum class size remains 30.

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

- **Standard A3.12b-c** (lacked evidence the program publishes and makes readily available to enrolled and prospective students b) evidence of effectiveness in meeting its goals and c) the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years).

Report due December 7, 2021 (Standards, 5th edition) -

- **Standard A1.02d, i** (lacked evidence the sponsoring institution is responsible for d) complying with ARC-PA accreditation Standards and policies and i) defining, publishing, making readily available and consistently applying to faculty its policies and procedures for processing faculty grievances and allegations of harassment),
- **Standard A2.08a-c** (lacked evidence the program director provides effective leadership by exhibiting a) responsiveness to issues related to personnel, b) strong communication skills, and c) proactive problem solving),
- **Standard A2.09d, g-h** (lacked evidence the program director is knowledgeable about and responsible for d) program continuous review and analysis, g) completion of ARC-PA required documents and h) adherence to the Standards and ARC-PA policies),
- **Standard A3.12e** (lacked evidence the program makes readily available to enrolled and prospective students academic credit offered by the program),
- **Standard B2.11a, c-f** (lacked evidence the curriculum includes instruction in a) death, dying and loss, c) normal and abnormal development across the life span, d) patient response to illness or injury, e) patient response to stress, f) substance use disorders, and g) violence identification and prevention),
- **Standard B3.03c-d** (lacked evidence supervised clinical practices experiences enable all students to meet the program’s learning outcomes for c) women’s health [to include prenatal and gynecologic care] and d) conditions requiring surgical management),
- **Standard B3.04a** (lacked evidence supervised clinical practices experiences occur in the emergency department),
- **Standard B3.06a-b** (lacked evidence supervised clinical practices experiences occur with a) physicians who are specialty board certified in their area of instruction and b) NCCPA certified PAs),
University of La Verne  
Accreditation History

First accredited: March 2018  
Next review: June 2022  
Maximum class size: 30

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- **Standard B3.07a, c-g** (lacked evidence supervised clinical practices experiences occur with preceptors in a) family medicine, c) internal medicine, d) surgery, e) pediatrics, f) women’s health including prenatal and gynecologic care and g) behavioral and mental health care),
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely),
- **Standard B4.04b** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students) and
- **Standard C1.01** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement).

Report due March 22, 2022 (**Standards**, 5th edition) -
- **Standard C1.02a-c.i-iii** (lacked evidence the program implements its ongoing self-assessment process by a) conducting data collection, b) performing critical analysis of data, and c) applying the results leading to conclusions that identify i) program strengths, ii) program areas in need of improvement and iii) action plans) and
- **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).

**September 2020**

The commission acknowledged the report providing evidence of
- Updated changes in response to COVID-19. No further information requested.

**June 2020**

The commission acknowledged the report providing evidence of
- The proposed plan in response to COVID-19. No further information requested.

**December 2019**

Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 16, 2019. Administrative-Probation removed post receipt of annual report.

**June 2018**

The commission accepted the report addressing 4th edition
- **Standard A3.14f** (provided evidence of the program publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B2.12** (provided evidence the program curriculum included instruction in disease surveillance, reporting and intervention) and
- **Standard B2.17** (provided evidence the program curriculum included instruction in political issues that affect PA practice). No further information requested.
March 2018
Accreditation-Provisional; Next Comprehensive Evaluation: March 2021 (Provisional Monitoring). The program is approved for up to 22 students in the first class of students, 24 in the second class and 30 in the third class.
Report due May 1, 2018 (Standards, 4th edition) -

- **Standard A3.14f** (lacked evidence of the program publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B2.12** (lacked evidence the program curriculum included instruction in disease surveillance, reporting and intervention) and
- **Standard B2.17** (lacked evidence the program curriculum included instruction in political issues that affect PA practice).