

Touro University (Manhattan) Accreditation History

First accredited: March 1999
Next review: October 2034
Maximum class size: 45
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January 2026

The commission **reviewed and requested more information** of the report to provide evidence of

- Information for all currently active physician preceptors.

Additional information (Preceptor License Certification Template and a description of the program's vetting process used to determine whether "other clinicians" are qualified to serve as preceptors) due May 18, 2026.

Report due May 1, 2026:

- Update success in achieving program's goals and Graduation Rate Table on website

June 2025

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

- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)

Additional information (Information for all currently active physician preceptors) due August 26, 2025.

No additional information required for 5th edition:

- **Standard A2.13a** (provided evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard C2.01a** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (provided evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)

The commission **acknowledged the report** providing evidence of

- Updated Budget tab of Program Management Portal.

September 2024

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with most ARC-PA *Standards*. The commission noted 7 areas of noncompliance with the *Standards*. Next Comprehensive Evaluation: September 2034. Maximum class size: 45.

Report due November 1, 2024:

- Update Budget Tab of Program Management Portal

Report due January 3, 2025 (*Standards*, 5th edition):

- **Standard A2.13a** (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians

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who are specialty board certified in their area of instruction)

- **Standard B3.06b** (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)
- **Standard C2.01a** (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacks evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)

Report due September 28, 2026 (*Standards*, 5th edition) modified Self-Study Report:

- **Standard C1.02c.ii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)
- **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)

June 2024

The program's student attrition rate was 10.9% or greater for its 2023 cohort. The program submitted the Student Attrition Required Report. The commission **accepted the report**. No further information requested.

March 2024

Program Change: Change in Location. The commission **acknowledged the program's proposed change**. 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.

June 2019

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.

March 2018

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 2017

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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 September 2021 to September 2024 due to this change.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: September 2021. Maximum class size: 45.

The commission **accepted the report** addressing 4th edition

- **Standard A1.03c** (provided evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard B3.07a** (provided evidence of supervised clinical practice experiences with preceptors practicing in family medicine) and
- **Standard E1.09d** (provided evidence the program understands the importance of informing and receiving approval from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in ≥ 10 students or $\geq 15\%$ increase in maximum entering class size).

No report due (*Standards*, 4th edition) -

- **Standard A3.17** (provided evidence the program defines, publishes and makes readily available to students upon admission academic performance and progression information to include any required academic standards; corrected subsequent to due date as the commission was able to review the revised handbook).

The commission **accepted the report** providing evidence of

- Documentation of resources to support the unapproved change in class size (budget, program personnel, classrooms/laboratories, technology, instructional faculty, administrative support and supervised clinical practice experiences).

September-November 2014

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2021. Maximum class size: 45. The program requested reconsideration of the commission's decision. The Reconsideration Review Panel upheld the accreditation status of Accreditation-Probation.

Report due January 15, 2015 (*Standards*, 4th edition) -

- **Standard A1.03c** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation *Standards* and policies),
- **Standard B3.07a** (lacked evidence of supervised clinical practice experiences with preceptors practicing in family medicine) and
- **Standard E1.09d** (lacked evidence the program informed and/or received approval required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in ≥ 10 students or $\geq 15\%$ increase in maximum entering class size).
- Documentation of resources to support unapproved change in class size (budget, program personnel, classrooms/laboratories, technology, instructional faculty, administrative support and supervised clinical practice experiences).

No report due (*Standards*, 4th edition) -

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- **Standard A3.17** (lacked evidence the program defines, publishes and makes readily available to students upon admission academic performance and progression information to include any required academic standards; corrected subsequent to due date as the commission was able to review the revised handbook).

Program Change: Change in facility/address (change in program address), effective May 5, 2014. The commission **acknowledged the proposed change**. No further information requested.

March 2013

Program Change: Expansion to a distant campus (Valhalla, NY), effective August 2013. The commission **did not approve the expansion** of the program to a distant campus.

September 2012

Program Change: Expansion to a distant campus (Valhalla, NY), effective August 2013. The commission **did not approve the expansion** of the program to a distant campus.

Program Change: Change in maximum student enrollment (105 to 135), effective August 2012. The commission **acknowledged the proposed change**. No further information requested.

March 2008

The commission **accepted the report** providing evidence of

- The security of student health records. No further information requested.

September 2007

Accreditation-Continued; Next Comprehensive Evaluation: September 2014. Maximum Student Capacity: 105. The commission noted zero areas of noncompliance with the *Standards*.

Report due January 11, 2008

- Clarification related to student health records (who maintains, who has access and process of maintaining security of records).

March 2007

Program Change: Change in academic degree (dual degree-Bachelor of Sciences and Master of Science), effective August 2007. The commission **acknowledged the proposed change**. No further information requested.

March 2004

The commission **acknowledged the report** addressing 2nd edition

- **Standard A4.2** (provided evidence there is designated space for confidential counseling of students by core faculty),
- **Standard C6.1** (provided evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and

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- **Standard C6.3** (provided evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives). No further information requested.

September 2003

Accreditation-Continued; Next Comprehensive Evaluation: September 2007. Maximum Student Capacity: 90.

Report due January 15, 2004 (*Standards*, 2nd edition) -

- **Standard A4.2** (lacked evidence there is designated space for confidential counseling of students by core faculty),
- **Standard C6.1** (lacked evidence the program defines and maintains a process to routinely evaluate sites for the students' clinical practice experiences) and
- **Standard C6.3** (lacked evidence the program ensures and documents that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the rotation objectives).

September 2002

The commission **accepted the report** providing evidence of

- Student health records are confidential. No further information requested.

March 2002

The commission **accepted the report** addressing 2nd edition

- **Standard A4.3** (provided evidence of sufficient office space for the program director, medical director and program faculty),
- **Standard B1.4** (provided evidence instructional objectives for didactic instruction are adequate),
- **Standard C4.1f** (provided evidence the self-study report includes a response to the last accreditation citations)

The commission **did not accept the report** addressing 2nd edition

- **Standard D1.5** (lacked evidence student health records are confidential).

Additional information on the storage of student health records due July 19, 2002.

December 2001

Accreditation-Continued; Next Comprehensive Evaluation: September 2003. Maximum Student Capacity: 60.

Report due February 1, 2002 (*Standards*, 2nd edition) -

- **Standard A4.3** (lacked evidence of sufficient office space for the program director, medical director and program faculty),
- **Standard B1.4** (lacked evidence instructional objectives for didactic instruction are adequate),
- **Standard C4.1f** (lacked evidence the self-study report includes a response to the last accreditation citations) and
- **Standard D1.5** (lacked evidence student health records are confidential).

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March 2000

Adverse Action-Accreditation-Probation; Next Comprehensive Evaluation: September 2001. The program's report did not provide sufficient detail on the responsibilities of the PA faculty and in the plan to assure all students have psychiatric and/or behavioral medicine experiences. The program requested reconsideration of the commission's decision. Based on review of the documentation, the commission reversed its decision; program was not placed on Accreditation-Probation.

September 1999

The commission **accepted the report** addressing 1st edition

- **Standard I B 1** (provided evidence of PAs as faculty or in other key roles),
- **Standard I B 1 c (1)** (provided evidence of qualified individuals designated to provide instruction and assessments of student progress in required courses),
- **Standard I B 1 c (3)** (provided evidence of sufficient faculty designated to provide students with adequate instruction to acquire knowledge and competence in required courses),
- **Standard I B 3 a** (provided evidence of adequate administrative offices available for program staff and faculty),
- **Standard II B 1 e** (provided evidence clinical experience in applying patient care concepts specific to psychiatric and/or behavioral medicine populations is required or planned for all students) and
- **Standard II B 2 d** (provided evidence all instructional faculty are oriented to their role in the educational process or informed of the learning objectives expected of the students).

Additional information (floor plan, explanation of roles of PA faculty and plan assuring all students have psychiatry/behavioral medicine experiences) due February 1, 2000.

March 1999

Accreditation-Provisional; Next Comprehensive Evaluation: September 2001.

Report due August 1, 1999 (*Standards*, 1st edition) -

- **Standard I B 1** (lacked evidence of PAs as faculty or in other key roles),
- **Standard I B 1 c (1)** (lacked evidence of qualified individuals designated to provide instruction and assessments of student progress in required courses),
- **Standard I B 1 c (3)** (lacked evidence of sufficient faculty designated to provide students with adequate instruction to acquire knowledge and competence in required courses),
- **Standard I B 3 a** (lacked evidence of adequate administrative offices available for program staff and faculty),
- **Standard II B 1 e** (lacked evidence clinical experience in applying patient care concepts specific to psychiatric and/or behavioral medicine populations is required or planned for all students) and
- **Standard II B 2 d** (lacked evidence all instructional faculty are oriented to their role in the educational process or informed of the learning objectives expected of the students).