First accredited: May 1990
Next review: March 2025
Maximum class size: 98

March 2023
Adverse Action-Accreditation-Probation; A focused probation site visit will need to occur in advance of
the March 2025 commission meeting. The program’s maximum class size remains 98. The program
requested reconsideration of the commission’s action. The action was upheld.

Report due May 15, 2023 (Standards, 5th edition):

- Update PANCE pass rate data in the program portal
- Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the
  planning by program faculty of curriculum design, course selection, and program assessment)
- Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective
  program leadership)
- Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with
  ARC-PA accreditation Standards and policies)
- Standard A1.07 (lacked evidence the sponsoring institution provides the program with the
  human resources, including sufficient faculty, administrative and technical staff, necessary to
  operate the educational program, comply with the Standards, and fulfill obligations to
  matriculating and enrolled students)
- Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic
  needs of enrolled students and manage the administrative responsibilities consistent with the
  complexity of the program)
- Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for
  continuous programmatic review and analysis)
- Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for
  adherence to the Standards and ARC-PA policies)
- Standard A2.11a (lacked evidence the medical director is a currently licensed allopathic or
  osteopathic physician)
- Standard A2.11b (lacked evidence the medical director is certified by an ABMS- or AOA-
  approved specialty board)
- Standard A2.12 (lacked evidence medical director is an active participant in the program and
  supports the development of the program competencies to meet current practice standards as
  they relate to the PA role)
- Standard A3.05a (lacked evidence the program defines, publishes, makes readily available and
  consistently applies a policy that PA students must not substitute for or function as instructional
  faculty)
- Standard A3.11 (lacked evidence the sponsoring institution and program’s announcements and
  advertising accurately reflect the program offered)
- Standard A3.12a (lacked evidence program defines, publishes and makes readily available to
  enrolled and prospective students general program information to include the program’s ARC-
  PA accreditation status as provided to the program by the ARC-PA)
- Standard A3.12b (lacked evidence program defines, publishes and makes readily available to
  enrolled and prospective students general program information to include evidence of its
  effectiveness in meeting its goals)
• **Standard A3.12c** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Year provided by the NCCPA through its program portal, no later than April first each year)

• **Standard A3.12d** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)

• **Standard A3.12e** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the academic credit offered by the program)

• **Standard A3.12f** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc.] related to the program)

• **Standard A3.12g** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)

• **Standard A3.12i** (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)

• **Standard A3.13c** (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)

• **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing administrative aspects of the program and institutional resources)

• **Standard C1.01b** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the didactic curriculum)

• **Standard C1.01c** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing effectiveness of the clinical curriculum)

• **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing preparation of graduates to achieve program defined competencies)

• **Standard C1.01e** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing PANCE performance)

• **Standard C1.01f** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing sufficiency and effectiveness of principal and instructional faculty)
• **Standard C1.01g** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement addressing success in meeting the program’s goals)


- **Standard B1.03e** (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)
- **Standard B2.06a** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)
- **Standard B2.06d** (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)
- **Standard B3.03a** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for preventive, emergent, acute, and chronic patient encounters)
- **Standard B3.03b** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)
- **Standard B3.03c** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health (to include prenatal and gynecologic care)
- **Standard B3.03e** (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for behavioral and mental health conditions)
- **Standard B3.06a** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- **Standard B3.07a** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)
- **Standard B3.07b** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)
- **Standard B3.07c** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)
- **Standard B3.07d** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)
- **Standard B3.07e** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)
- **Standard B3.07f** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women’s health including prenatal and gynecologic care)
- **Standard B3.07g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
Western University of Health Sciences
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First accredited: May 1990
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Maximum class size: 98
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Report due February 1, 2024 (Standards, 5th edition):

- **Standard B4.01a** (lacked evidence evaluation of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)
- **Standard B4.01b** (lacked evidence evaluation of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)
- **Standard B4.03a** (lacked evidence program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)
- **Standard C2.01a** (lacked evidence 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 that students are able to fulfill program learning outcomes with access to physical facilities)
- **Standard C2.01b** (lacked evidence 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 that students are able to fulfill program learning outcomes with access to patient populations)
- **Standard C2.01c** (lacked evidence 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 that students are able to fulfill program learning outcomes with access to supervision)

Report due May 23, 2024 (Standards, 5th edition):

- **Standard C1.03** (lacked evidence 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)

No report due for the following citation(s) (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission; (Standards, 5th edition):

- **Standard A2.02a** (lacked evidence program has program faculty that include the program director, principal faculty, medical director, and instructional faculty)
- **Standard C1.02a** (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)
- **Standard C1.02b** (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)
- **Standard C1.02c.i** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)
- **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 C1.02c.iii** (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)
- **Standard E1.03** (the program did not submit documents as required by the ARC-PA)
March 2021
The commission accepted the report providing evidence of
- Confirmation all students in the class of 2020 met all program and supervised clinical practice experience learning outcomes and completed summative testing. No further information requested.

September 2020
The program’s PANCE pass rate percentage was 85% or less for its 2019 cohort. The program submitted the required analysis of PANCE performance. The commission accepted the report. No further information requested.

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).
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 4**th** 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).

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**, 4**th** 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 3**rd** 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.

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.

**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
First accredited: May 1990
Next review: March 2025
Maximum class size: 98
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- 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),
- 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.
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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.