**Touro University Illinois**
**Accreditation History**

First accredited: June 2022
Next review: July 2027
Maximum class size: 45


October 2026

The commission reviewed the report addressing the observation for 6th edition

- ***Standard B3.06e*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for pediatrics, including care for infants, children, and adolescents)
- ***Standard B3.06f*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for women's health, including prenatal and gynecologic care)

and noted 2 areas of noncompliance with the *Standards*. No report due as the program is expected to demonstrate compliance in its upcoming Final Provisional application.

The commission **accepted** the report addressing the observation for 6th edition

- ***Standard B3.01d*** (provided evidence the program ensures clinical students may achieve all *SCPE learning outcomes* by requiring in-person, direct patient care for all *SCPE*s, except for *telehealth/telemedicine* in behavioral health)
- ***Standard B3.06a*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for family medicine)
- ***Standard B3.06b*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for emergency medicine, including emergent care)
- ***Standard B3.06c*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for internal medicine, including elderly patients)
- ***Standard B3.06d*** (provided evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for surgery, including pre-operative, intra-operative, and post-operative care)

and noted 0 areas of noncompliance with the *Standards*.

April 2026

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

- ***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)

Additional information (learning outcomes for behavioral health that must be attained by each student at the completion of a SCPE and how the program ensures that SCPEs occur with preceptors who enable students to meet those learning outcomes) due July 24, 2026.

No additional information required for 5th edition:

- ***Standard A1.01*** (provided evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)

- ***Standard A3.12d*** (provided evidence the 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 B2.10c*** (provided evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)
- ***Standard B3.01*** (provided evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)
- ***Standard B3.07g*** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)
- ***Standard B4.01b*** (provided evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)

The commission reviewed the report addressing the observation for 5th edition

- ***Standard C2.01b*** (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 patient populations)

and noted 1 area of noncompliance with the *Standards*. Report due July 24, 2026.
The commission also noted 7 new observations.
Commission observation response due July 24, 2026 (*Standards*, 6th edition):

- ***Standard B3.01d*** (lacked evidence the program ensures clinical students may achieve all *SCPE learning outcomes* by requiring in-person, direct patient care for all *SCPE*s, except for *telehealth/telemedicine* in behavioral health)
- ***Standard B3.06a*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for family medicine)
- ***Standard B3.06b*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for emergency medicine, including emergent care)
- ***Standard B3.06c*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for internal medicine, including elderly patients)

- ***Standard B3.06d*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for surgery, including pre-operative, intra-operative, and post-operative care)
- ***Standard B3.06e*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for pediatrics, including care for infants, children, and adolescents)
- ***Standard B3.06f*** (lacked evidence p*receptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for women's health, including prenatal and gynecologic care)

Report due July 24, 2026:

- Update success in achieving goals on program website.

<u>January 2026</u>
The number of students in the Program Management Portal exceeded the maximum entering class size. The program submitted the required Exceeding Class Size report. The commission **accepted the report**. No further information requested.

<u>June 2025 (following Provisional Monitoring review)</u>
Accreditation-Provisional; Program demonstrates continued progress in complying with the *Standards* as it prepares for the graduation of the first class of students. The commission noted 8 areas of noncompliance with the *Standards* and 1 new observation by the commission.
Next Comprehensive Evaluation: July 2027 (Final Provisional). Maximum class size: 45.
Report due November 10, 2025 (*Standards*, 5th edition):

- ***Standard A1.01*** (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)
- ***Standard A3.12d*** (lacked evidence the 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 B2.10c*** (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)
- ***Standard B3.01*** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.
- ***Standard B3.06a*** (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)
- ***Standard B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)

- ***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)
- ***Standard B4.01b*** (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)

Observation response due November 10, 2025 (*Standards*, 5th edition):

- ***Standard C2.01b*** (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 patient populations)

March 2023

The commission **accepted** the report addressing 5th edition

- ***Standard B3.06a*** (provided evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction),
- ***Standard B3.06c*** (provided evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction), and
- ***Standard B4.01a*** (provided evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught).

No further information requested.

June 2022

Accreditation-Provisional; Program has not yet enrolled students but plans and resource allocation, if fully implemented as planned, demonstrate the probability to meet the ARC-PA *Standards.* Next Comprehensive Evaluation: June 2025 (Provisional Monitoring). The program is approved for up to 45 students.

Report due October 15, 2022 (*Standards*, 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 B3.06c*** (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction), and
- ***Standard B4.01a*** (lacked evidence student assessment in the supervised clinical practice experience components aligns with what is expected and taught).

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):

- ***Standard D1.01b*** (lacked evidence to meet ARC-PA qualifications by holding current b) a medical director appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit; clarified subsequent to the visit) and

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- ***Standard D1.01c*** (lacked evidence to meet ARC-PA qualifications to have c) 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit; clarified subsequent to the visit).