

Touro College—Manhattan Accreditation History

First accredited: March 1999
Next review: September 2024
Maximum class size: 45
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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

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).

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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) -

- **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*.

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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
- **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)

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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).

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),

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- **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).