

**Southern California University of Health Sciences  
Accreditation History**

First accredited: March 2016  
Next review: September 2030  
Maximum class size: 50  
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June 2024

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

- Revised and resubmitted required PANCE report for the 2021 cohort

No further information requested.

March 2024

The program's PANCE pass rate percentage was 85% or less for its 2022 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

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

- Follow up of PANCE Report for 2021 cohort-Description of the program's analysis of admission criteria correlated to PANCE performance for CO2021 used to determine admission criteria as a predictor of success, description of the analysis of CO2021's performance on the program's summative evaluation as it related to PANCE performance, and description of the program's analysis of preceptor feedback as it related to student PANCE performance. Additional information (revised and resubmitted required PANCE report for 2021 cohort) due January 15, 2024.

June 2023

The program's PANCE pass rate percentage was 85% or less for its 2021 cohort. The program submitted the required analysis of PANCE performance. The commission **reviewed and requested more information**. Additional information (description of the program's analysis of admission criteria correlated to PANCE performance for CO2021 used to determine admission criteria as a predictor of success, description of the analysis of CO2021's performance on the program's summative evaluation as it related to PANCE performance, and description of the program's analysis of preceptor feedback as it related to student PANCE performance) due October 1, 2023.

September 2022

Accreditation-Continued; Program has demonstrated continued and sufficient compliance with the ARC-PA *Standards*. Next Comprehensive Evaluation: September 2030. Maximum class size: 50. The commission noted zero areas of noncompliance with the *Standards*.

June 2022

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.

June 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

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

- Website updated with the latest NCCPA PANCE Exam Performance Summary Report. No further information requested

March 2021

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

- Clarification of how the decrease in credits affects tuition charged. No further information requested

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

- Updates to the program's website and Program Management Portal. No further information requested

September 2020 (following Final Provisional review)

Adverse Action-Accreditation-Probation. A focused probation site visit will need to occur in advance of the September 2022 commission meeting. The maximum approved class size is 50 students per class. The program did not appeal the commission's decision.

Report due August 30, 2019

- Update personnel tab of Program Management Portal and NCCPA PANCE Pass Rate Summary Report on website.

Report due December 10, 2020 (*Standards*, 5<sup>th</sup> edition) -

- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)
- **Standards A3.08a-c** (lacked evidence the program informs students of written policies addressing student exposure to infectious and environmental hazards that a) address methods of prevention, b) address procedures for care and treatment after exposure and c) clearly define financial responsibility)
- **Standard A3.20a** (lacked evidence principal faculty records contain current job descriptions with duties and responsibilities)

Report due March 1, 2022 (*Standards*, 5<sup>th</sup> edition) -

- **Standards C1.02b-c i-iii** (modified Self-Study Report) (lacked evidence the program implements its ongoing self-assessment process by 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)
- **Standard C1.03** (lacked evidence the program prepares a self-study report that accurately 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):

- **Standard A3.12f** (lacked evidence of defining direct and indirect costs to be made readily available to prospective students f) estimates of all costs (tuition, fees, etc.) related to the program; corrected subsequent to the visit)

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- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA; corrected subsequent to the visit)

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.

June 2020

Program Change: Change in requirements for graduation (credits reduced from 161 to 145), effective Fall 2020. The commission **approved the proposed change**. Additional information (clarification of how decrease in credits affects tuition charged) due August 10, 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 upon graduation; confirmation all students completed all program and supervised clinical practice experience learning outcomes and summative testing) due March 1, 2021.

March 2020

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

- Description of how students and preceptors are informed of learning outcomes and how students are monitored to determine learning outcomes have been met. No further information requested

The program's PANCE pass rate percentage was 85% or less for its 2018 cohort. The program submitted the required analysis of PANCE performance. The commission **accepted the report**. No further information requested.

September 2019

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A3.14b** (provided evidence of publication of the program's success in achieving its goals)
- **Standard B1.05** (provided evidence the curriculum included instruction in intellectual honesty)
- **Standard B2.13** (provided evidence the curriculum included instruction in quality improvement and risk management)
- **Standard B3.02** (provided evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program's learning outcomes)
- **Standards B3.03a-d** (provided evidence that SCPEs enabled all students to meet the program's learning outcomes for patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions)

Additional information (narrative describing how students and preceptors are informed of learning outcomes and how students are monitored to determine learning outcomes have been met) due October 18, 2019.

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March 2019 (following Provisional Monitoring review)

Accreditation-Provisional; Next Comprehensive Evaluation: September 2020 (Final Provisional). The program is approved for up to 50 students in the third class.

Report due June 3, 2019 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A3.14b** (lacked evidence of publication of the program's success in achieving its goals)
- **Standard B1.05** (lacked evidence the curriculum included instruction in intellectual honesty)
- **Standard B2.13** (lacked evidence the curriculum included instruction in quality improvement and risk management)
- **Standard B3.02** (lacked evidence of supervised clinical practice experiences [SCPEs] enabling students to meet the program's learning outcomes)
- **Standards B3.03a-d** (lacked evidence that SCPEs enabled all students to meet the program's learning outcomes for patients seeking a) medical care across the life span, b) women's health, c) surgical management and d) behavioral and mental health conditions)

No report due for the following citations (commission expects program to submit all reports and documents as required by the ARC-PA with the initial submission) -

- **Standards C2.01a-f** (lacked evidence program prepares a self-study report that accurately and succinctly documents a) the program process of ongoing self-assessment, b) results of critical analysis from the ongoing self-assessment, c) faculty evaluation of the curricular and administrative aspects of the program, d) modifications that occurred as a result of self-assessment, e) self-identified program strengths and areas in need of improvement and f) plans for addressing areas needing improvement; will be addressed in the next self-study report)
- **Standard E1.03** (lacked evidence the program submits reports or documents as required by the ARC-PA)

September 2016

The commission **accepted the report** addressing 4<sup>th</sup> edition

- **Standard A1.02** (provided evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences)
- **Standard D1.07** (provided evidence of signed agreements from facilities participating in the supervised clinical practice experiences). No further information requested.

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

- Updates to the program's Program Management Portal. No further information requested.

March 2016

Accreditation-Provisional; Next Comprehensive Evaluation: March 2019 (Provisional Monitoring). The program is approved for up to 26 students in the first class of students, 36 in the second class and 50 in the third class.

Report due May 15, 2016 (*Standards*, 4<sup>th</sup> edition) -

- **Standard A1.02** (lacked evidence of written and signed agreements between the PA program and/or sponsoring institution and the clinical affiliates used for all required supervised clinical practice experiences)

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- **Standard D1.07** (lacked evidence of signed agreements from facilities participating in the supervised clinical practice experiences)

No report due for the following citation(s) -

- **Standard D1.01** (lacked evidence program director was in place for required time period before the site visit; clarified subsequent to the site visit)