

University of La Verne Accreditation History

First accredited: March 2018

Next review: N/A

Maximum class size: 30

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April 2024

The program voluntarily surrendered accreditation effective January 1, 2025. The program will remain on probation as it teaches out students in the class of 2024.

Quarterly teach-out reports (*Standards*, 5th edition) due August 1, 2024; November 1, 2024; December 31, 2024.

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.

September 2023

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

- **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 B3.01** (provided evidence the program secures clinical sites and preceptors in sufficient numbers to allow all 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)

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 2023

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

- **Standard A2.09h** (provided evidence the program director is knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- **Standard A3.12b** (provided evidence the 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 B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all 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)

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

- **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)

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- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all 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)

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 **accepted the report**. No further information requested.

June 2022

Adverse Action-Probation status extended due to the incomplete progress made by the program in demonstrating compliance with the *Standards*; A focused probation visit will occur in advance of the June 2024 commission meeting. The program's maximum class size remains 30. The commission's decision is not appealable.

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

- **Standard A2.08a-c** (provided evidence the program director provides effective leadership by exhibiting a) responsiveness to issues related to personnel, b) strong communication skills, and c) proactive problem solving)
- **Standard B3.03c-d** (provided evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes c) for women's health [to include prenatal and gynecologic care] and d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **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, e-g** (provided evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for a) family medicine, e) pediatrics, f) women's health including prenatal and gynecologic care, and g) behavioral and mental health care)
- **Standard B4.01a-b** (provided evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely),
- **Standard B1.04b** (provided evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)

Report due September 2, 2022 (*Standards*, 5th edition):

- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible for adherence to the *Standards* and ARC-PA policies)
- **Standard A3.12b** (lacked evidence the 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)

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- **Standard B3.01** (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all 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)

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

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

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

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

March 2022

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

- **Standard A1.02d, i** (provided evidence the sponsoring institution is responsible for d) complying with ARC-PA accreditation *Standards* and policies and i) defining, publishing, making readily available and consistently applying to faculty its policies and procedures for processing faculty grievances and allegations of harassment),
- **Standard A2.08a-c** (lacked evidence the program director provides effective leadership by exhibiting a) responsiveness to issues related to personnel, b) strong communication skills, and c) proactive problem solving),
- **Standard A2.09d, g-h** (provided evidence the program director is knowledgeable about and responsible for d) program continuous review and analysis, g) completion of ARC-PA required documents and h) adherence to the *Standards* and ARC-PA policies),
- **Standard A3.12e** (provided evidence the program makes readily available to enrolled and prospective students academic credit offered by the program),
- **Standard B2.11a, c-f** (provided evidence the curriculum includes instruction in a) death, dying and loss, c) normal and abnormal development across the life span, d) patient response to illness or injury, e) patient response to stress, f) substance use disorders, and g) violence identification and prevention),

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- **Standard B3.03c-d** (lacked evidence supervised clinical practices experiences enable all students to meet the program's learning outcomes for c) women's health [to include prenatal and gynecologic care] and d) conditions requiring surgical management),
- **Standard B3.04a** (provided evidence supervised clinical practices experiences occur in the emergency department),
- **Standard B3.06a-b** (lacked evidence supervised clinical practices experiences occur with a) physicians who are specialty board certified in their area of instruction and b) NCCPA certified PAs),
- **Standard B3.07a, c-g** (lacked evidence supervised clinical practices experiences occur with preceptors in a) family medicine, c) internal medicine, d) surgery, e) pediatrics, f) women's health including prenatal and gynecologic care and g) behavioral and mental health care),
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely),
- **Standard B4.04b** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students) and
- **Standard C1.01** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement).

Additional information and report due by April 4, 2022:

- **Standard A2.08a-c** (lacked evidence the program director provides effective leadership by exhibiting a) responsiveness to issues related to personnel, b) strong communication skills, and c) proactive problem solving)
- **Standard B3.03c-d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes c) for women's health [to include prenatal and gynecologic care] and d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)
- **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, e-g** (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for a) family medicine, e) pediatrics, f) women's health including prenatal and gynecologic care, and g) behavioral and mental health care)
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely),
- **Standard B1.04b** (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)

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

- Updates to the program's website. No further information requested.

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September 2021

The program's PANCE pass rate percentage was 85% or less for its 2020 cohort. The program submitted the required analysis of PANCE performance. The commission **did not accept** the report. No further information requested as a modified self-study report is due March 2022.

March 2021 (following Provisional Monitoring review)

Adverse Action-Accreditation-Withdrawn. The program appealed the commission's decision. The independent appeals panel modified the commission's decision and placed the program on Accreditation-Probation. A focused probation visit will need to occur in advance of the June 2022 commission meeting. The program's maximum class size remains 30.

Report due November 5, 2021 (*Standards*, 5th edition) -

- **Standard A3.12b-c** (lacked evidence the program publishes and makes readily available to enrolled and prospective students b) evidence of effectiveness in meeting its goals and c) the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years).

Report due December 7, 2021 (*Standards*, 5th edition) -

- **Standard A1.02d, i** (lacked evidence the sponsoring institution is responsible for d) complying with ARC-PA accreditation *Standards* and policies and i) defining, publishing, making readily available and consistently applying to faculty its policies and procedures for processing faculty grievances and allegations of harassment),
- **Standard A2.08a-c** (lacked evidence the program director provides effective leadership by exhibiting a) responsiveness to issues related to personnel, b) strong communication skills, and c) proactive problem solving),
- **Standard A2.09d, g-h** (lacked evidence the program director is knowledgeable about and responsible for d) program continuous review and analysis, g) completion of ARC-PA required documents and h) adherence to the *Standards* and ARC-PA policies),
- **Standard A3.12e** (lacked evidence the program makes readily available to enrolled and prospective students academic credit offered by the program),
- **Standard B2.11a, c-f** (lacked evidence the curriculum includes instruction in a) death, dying and loss, c) normal and abnormal development across the life span, d) patient response to illness or injury, e) patient response to stress, f) substance use disorders, and g) violence identification and prevention),

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- **Standard B3.03c-d** (lacked evidence supervised clinical practices experiences enable all students to meet the program's learning outcomes for c) women's health [to include prenatal and gynecologic care] and d) conditions requiring surgical management),
- **Standard B3.04a** (lacked evidence supervised clinical practices experiences occur in the emergency department),
- **Standard B3.06a-b** (lacked evidence supervised clinical practices experiences occur with a) physicians who are specialty board certified in their area of instruction and b) NCCPA certified PAs),
- **Standard B3.07a, c-g** (lacked evidence supervised clinical practices experiences occur with preceptors in a) family medicine, c) internal medicine, d) surgery, e) pediatrics, f) women's health including prenatal and gynecologic care and g) behavioral and mental health care),
- **Standard B4.01a-b** (lacked evidence student assessment in the supervised clinical practice experience components a) aligns with what is expected and taught and b) allows the program to identify and address any student deficiencies timely),
- **Standard B4.04b** (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students) and
- **Standard C1.01** (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement).

Report due March 22, 2022 (*Standards*, 5th edition) -

- **Standard C1.02a-c.i-iii** (lacked evidence the program implements its ongoing self-assessment process by a) conducting data collection, 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) and
- **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).

September 2020

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

- Updated changes in response to COVID-19. 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.

December 2019

Accreditation-Administrative Probation. The Annual Report was due December 15, 2019. It was not submitted until December 16, 2019. Administrative-Probation removed post receipt of annual report.

June 2018

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

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- **Standard A3.14f** (provided evidence of the program publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B2.12** (provided evidence the program curriculum included instruction in disease surveillance, reporting and intervention) and
- **Standard B2.17** (provided evidence the program curriculum included instruction in political issues that affect PA practice). No further information requested.

March 2018

Accreditation-Provisional; Next Comprehensive Evaluation: March 2021 (Provisional Monitoring). The program is approved for up to 22 students in the first class of students, 24 in the second class and 30 in the third class.

Report due May 1, 2018 (*Standards*, 4th edition) -

- **Standard A3.14f** (lacked evidence of the program publishing and making readily available to enrolled and prospective students estimates of all costs [tuition, fees, etc.] related to the program),
- **Standard B2.12** (lacked evidence the program curriculum included instruction in disease surveillance, reporting and intervention) and
- **Standard B2.17** (lacked evidence the program curriculum included instruction in political issues that affect PA practice).