

Touro University Nevada Accreditation History

First accredited: September 2004

Next review: March 2027

Maximum class size: 80

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March 2025

Adverse Action-Accreditation-Probation due to noncompliance concerns regarding:

- Evidence that the sponsoring institution demonstrated responsibility and provided appropriate support to the program for program assessment and compliance with ARC-PA Standards.
- at the sponsoring institution supported the program in hiring faculty to provide the program with sufficient human resources, specifically sufficient principal faculty.
- Evidence the program director was knowledgeable of and responsible for continuous programmatic review and analysis as well as adherence to the Standards.
- Clearly defined, published, and readily available information regarding admissions practices.
- Evidence of instruction in rehabilitative medicine patient encounters.
- Evidence that the SCPEs enable students to meet the program's learning outcomes for:
 - preventive, emergent, acute, and chronic patient encounters;
 - across the life span (to include infants, children, adolescents, adults, and the elderly);
 - women's health (to include prenatal and gynecological care); and,
 - for conditions requiring surgical management (to include pre-operative, intra-operative, and post-operative).
- Evidence of appropriate student evaluation demonstrating alignment between what is expected and taught and the ability to identify and address student deficiencies promptly in the clinical curriculum.
- Detailed summative evaluation process to evaluate student acquisition of required outcomes and competencies.
- Evidence of a fully defined, ongoing self-assessment process that included data collection, critical data analysis, and documented program effectiveness and fostered program improvement.
- Verification of a self-study report that effectively documented critical analysis of data and documented a clear link from data analysis to conclusions and action plans.

The commission noted 25 areas of noncompliance with the *Standards*. A focused probation visit will occur in advance of the March 2027 commission meeting. The program's maximum class size remains 80. The program did not appeal the commission's decision.

Report due May 1, 2025:

- Update goals on website

Report due October 1, 2025 (*Standards*, 5th edition):

- **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 A1.02b** (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)
- **Standard A1.02d** (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)
- **Standard A3.14** (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.
- **Standard B1.03e** (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to

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the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)

- **Standard B2.08b** (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)
- **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 B3.03d** (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes 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 B4.01a** (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 align with what is expected and taught)
- **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)
- **Standard B4.03a** (lacked evidence the 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)

Report due August 3, 2026 (*Standards*, 5th edition) modified self-study report:

- **Standard C1.01a** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)
- **Standard C1.01d** (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)
- **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)

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- **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 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)

No report due (program is expected to demonstrate compliance at the upcoming probation site visit):

- **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 the program director is knowledgeable about and responsible for continuous programmatic review and analysis)
- **Standard A2.09h** (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies).

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

March 2021

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

- Update on furloughed administrative assistants as a result of changes due to COVID-19. No further information requested.

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

- 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.

Additional information (update on furloughed administrative assistants or evidence of sufficient administrative support staff) due December 1, 2020.

March 2017

Program Change: Increase in class size (incremental, 60 to 66, effective July 1, 2017; 70, effective July 1, 2018; 76, effective July 1, 2019; and 80, effective July 1, 2020). The commission **approved the proposed change**. No further information requested.

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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 2022 to March 2025 due to this change.

September 2015

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

- **Standard A3.07** (provided evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals),
- **Standard B3.04b** (provided evidence supervised clinical practice experiences occur in the emergency department) and
- **Standard C3.01** (provided evidence the program conducts frequent, objective and documented evaluations of students related to learning outcomes for the supervised clinical education components). No further information requested.

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

- Explanation of discrepancy in class size. No further information requested.

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

- Updated PANCE in Portal and updated website. No further information requested.

Program Change: The program moved from the College of Medicine to the College of Health and Human Sciences. The commission **acknowledged the program change**. The portal to be updated regarding the person to whom the program director reports.

March 2015

Accreditation-Continued; Next Comprehensive Evaluation: March 2022. Maximum class size: 60.

Report due April 17, 2015

- Report on discrepancy in class size, update PANCE in Program Management Portal and update accreditation statement and PANCE on website.

Due June 1, 2015 (*Standards*, 4th edition) -

- **Standard A3.07** (lacked evidence the program has and implements a policy on immunization of students based on current CDC recommendations for health professionals),
- **Standard B3.04b** (lacked evidence supervised clinical practice experiences occur in the emergency department) and
- **Standard C3.01** (lacked evidence the program conducts frequent, objective and documented evaluations of students related to learning outcomes for the supervised clinical education components).

September 2012

Program Change: Increase class size (50 to 60), effective July 2013. The **commission acknowledged the proposed change**. No further information requested.

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March 2012

The commission **accepted the report** addressing 3rd/4th edition

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards B1.02/B1.03** (provided evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standards B7.04b/B3.04b** (provided evidence supervised clinical practice experience is provided in emergency room/department settings) and
- **Standards C2.01b1-b3 and b5/C2.01b** (provided evidence the self-study report documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b5) graduate evaluations of curriculum and program effectiveness). No further information requested.

March 2011

Accreditation-Continued; Next Comprehensive Evaluation: March 2015. Maximum Student Capacity: 150.

Report due December 31, 2011 (*Standards*, 3rd/4th edition) -

NOTE: The review was conducted as the ARC-PA was transitioning from the 3rd to 4th edition of the *Standards*. The citations listing reflects the 3rd edition of the *Standards* and the corresponding standard in the 4th edition.

- **Standards B1.02/B1.03** (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine),
- **Standards B7.04b/B3.04b** (lacked evidence supervised clinical practice experience is provided in emergency room/department settings) and
- **Standards C2.01b1-b3 and b5/C2.01b** (lacked evidence the self-study report documents b1) student attrition, deceleration, and remediation, b2) faculty attrition, b3) student failure rates in individual courses and rotations and b5) graduate evaluations of curriculum and program effectiveness).

March 2009

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

- Documentation of clinical experiences in inpatient settings and in behavioral health. No further information requested.

March 2008

The commission **accepted the report** addressing 3rd edition

- **Standard A3.10** (provided evidence PA students do not have access to the records or other confidential information of other PA students),
- **Standard B7.03c** (provided evidence supervised clinical practice experience is provided in inpatient settings) and
- **Standard B7.04h** (provided evidence the program documents that every student has supervised clinical practice experiences in psychiatry and/or behavior medicine).

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Additional information (documentation of clinical experiences in inpatient settings and in behavioral health) due January 9, 2009.

March 2007

Accreditation-Continued; Next Comprehensive Evaluation: March 2011. Maximum Student Capacity: 150.

Report due January 11, 2008 (*Standards*, 3rd edition) -

- **Standard A3.10** (lacked evidence PA students do not have access to the records or other confidential information of other PA students),
- **Standard B7.03c** (lacked evidence supervised clinical practice experience is provided in inpatient settings) and
- **Standard B7.04h** (lacked evidence the program documents that every student has supervised clinical practice experiences in psychiatry and/or behavior medicine).

September 2006

The commission **acknowledged the report** addressing 2nd edition

- **Standard B3.1a** (provided evidence the program provided instruction in personality development) and
- **Standard B1.4** (provided evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies). No further information requested.

March 2005

The commission **did not accept the report** addressing 2nd edition

- **Standard B3.1a** (lacked evidence the program provided instruction in personality development) and
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).

Report due July 15, 2006.

September 2004

Accreditation Provisional; Next Comprehensive Evaluation: March 2007. Maximum class size: 30/40/50.

Report due January 14, 2005 (*Standards*, 2nd edition) -

- **Standard B3.1a** (lacked evidence the program provided instruction in personality development) and
- **Standard B1.4** (lacked evidence for each didactic and clinical course, the program provides a clearly written course syllabus that includes measurable instructional objectives and expected student competencies).