



**Commission on Accreditation in Physical Therapy Education  
American Physical Therapy Association**

**SUMMARY OF ACTION**

Department of Physical Therapy Education  
Western University of Health Sciences-California  
309 East Second Street  
Pomona, CA 91766-1854

On October 29, 2019, the Commission on Accreditation in Physical Therapy Education made the following decision regarding the physical therapist education program at Western University of Health Sciences-California.

**Status:** ACCREDITATION  
**Action Taken:** Continue Accreditation  
**Effective Date:** October 29, 2019

**Information Used to Make Decisions:** Compliance Report received August 22, 2019  
Additional Material received September 25, 2019

**Reason for Decision:** The Commission's decision to continue accreditation status is based on the program's level of compliance with the Standards and Required Elements and on the expectation that the program will, within two years of first being cited, bring itself into compliance with the following element(s) noted in the Commission's Findings: 4K

That compliance must be appropriately documented in a Compliance Report which will be used by the Commission to determine compliance with the elements noted in the Findings and to monitor compliance with all the required elements.

The program is reminded that the status of accreditation has been continued based on the program described in the materials reviewed by the Commission. The institution and program are responsible for notifying CAPTE of all substantive changes in the program prior to implementation. Unexpected substantive changes are to be reported immediately after they occur. (See Part 9 of CAPTE's Rules of Practice and Procedure for more information about reporting changes.)

**Next Activity:** Compliance Report due March 1, 2020

## NOTICES

### REQUIRED STATEMENT OF ACCREDITATION STATUS

Once a program has been accredited, and for as long as it remains accredited, the program must use the statement provided in §8.20 on all educational and promotional materials, including the institution/program web site, where the program's accreditation status is disclosed.

[INSERT Name of Program] at [INSERT Name of Institution] is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, Virginia 22314; telephone: 703-706-3245; email: [accreditation@apta.org](mailto:accreditation@apta.org); website: <http://www.capteonline.org>. If needing to contact the program/institution directly, please call [INSERT Direct Program Phone Number] or email [INSERT Direct Program Email Address].

NOTE: If the institution offers other physical therapy programs not subject to accreditation by CAPTE (e.g., transitional DPT, post-professional degree program, residency or fellowship), the above statement must be edited to clearly indicate that the additional programs are not accredited by CAPTE. Additionally, the information available to the public regarding these programs must clearly state that they are not accredited by CAPTE.

### TWO YEAR LIMITATION ON BEING OUT OF COMPLIANCE

CAPTE's recognition by the United States Department of Education requires a limitation of two years for programs to be out of compliance with a required element [34 CFR 602.20(a)(2)(iii)]. When, after review of a Compliance Report, the program remains out of compliance with any required element and sufficient progress toward compliance has not been demonstrated, CAPTE may act to place the program on probationary accreditation or withdraw accreditation. CAPTE will place the program on probationary accreditation when a program remains out of compliance for 18 months. If the program continues to be out of compliance with any required element at the end of the two year period following the initial finding that the program is out of compliance, CAPTE will withdraw accreditation unless CAPTE judges the program, for good cause, to be making significant efforts to come into compliance with the standards and required elements. CAPTE defines a good cause effort as:

- (a) a completed comprehensive assessment of the problem/issue under review,
- (b) an appropriate plan for achieving compliance within a reasonable time frame not to exceed two years,
- (c) a detailed timeline for completion of the plan,
- (d) evidence that the plan has been implemented according to the established timeline, and
- (e) evidence that the implemented plan is showing results that provide reasonable assurance the program will achieve compliance within the allotted time frame.

It is the program's responsibility to make the case that a good cause effort has been made and continues to be in effect. During the extension for good cause, probationary accreditation status will be maintained and the program's progress will be monitored. In no case, however, will an extension for good cause be longer than two years.

#### **ACCURATE PUBLIC DISCLOSURE OF THIS DECISION BY THE INSTITUTION**

The institution and program must make accurate public disclosure of the accreditation or pre-accreditation status awarded to the program. Further, the United States Department of Education (USDE) requires all recognized accrediting agencies to provide for the public correction of incorrect or misleading information an institution or program releases about accreditation or pre-accreditation status, contents of reports of on-site reviews, and accreditation or pre-accreditation actions with respect to the institution or program [34 CFR 602.23(d) and 602.23(e)]. If the institution or program chooses to disclose any additional information, beyond the accreditation or pre-accreditation status that is within the scope of the USDE rule, such disclosure also must be accurate. Any public disclosure of information within the scope of the rule must include the agency's street address, email address and phone number: Commission on Accreditation in Physical Therapy Education, 1111 North Fairfax Street, Alexandria, Virginia 22314; accreditation@apta.org; (703) 684-2782 or (703) 706-3245. If the Accreditation staff finds that an institution or program has released incorrect or misleading information within the scope of the USDE rule, then, acting on behalf of CAPTE the Accreditation staff will make public correction, and reserves the right to disclose this Summary of Action in its entirety for that purpose.

#### **PUBLIC NOTICE OF DECISIONS BY CAPTE**

Following all decisions, including decisions to place a program on warning, probation or show cause, or to deny candidacy, withdraw candidacy, withhold accreditation, or withdraw accreditation, the Accreditation staff will, within 24 hours of the official notification of the programs and institutions of the decisions, provide notice to the public by placing notice of the decisions on its web site.

#### **RESPONSIBILITY TO REPORT CHANGE(S)**

The institution and program are responsible for notifying CAPTE of all reportable changes in the program prior to implementation. Unexpected changes are to be reported immediately after they occur. Reportable changes, some of which may require pre-approval, are described in Part 9 of CAPTE's *Rules of Practice and Procedure* (<http://www.capteonline.org/AccreditationHandbook/>). **It is the program's responsibility to be familiar with these expectations and to provide notification of program changes as required.**

**Commission's Findings and Reasons for Decision:**

The Commission on Accreditation in Physical Therapy Education judged the program to be in compliance with the following previously cited required element(s): 2B5, 4B, 4H, 5E, and 7D40.

The program was judged to be in **CONDITIONAL COMPLIANCE** with the following required elements. Conditional compliance means that the program has in place a substantial portion, but not all, of the components necessary to meet all aspects of the elements.

**1. Collective Academic Faculty**

**4K** The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations and assigned program responsibilities.

At the time of the fall 2019 CAPTE meeting, the Western University of Health Sciences program was noted as having 13 core faculty, six of whom have academic doctoral degrees ( [REDACTED] ). Seven of the core faculty members do not have academic doctoral degrees [REDACTED]. Thus, the program has 6 of 13 (46%) of the core faculty members holding an academic doctoral degree. Therefore, the program is out of compliance with this element, which requires at least 50% of the core faculty to have academic doctoral degrees.

In the Compliance Report, provide evidence that the collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission, institutional expectations and assigned program responsibilities. Provide a list of the names of all the core faculty and indicate their highest academic degree and date it was conferred. Provide evidence that all faculty listed as "core faculty" meet the CAPTE definition of "core faculty."

If appropriate, provide a detailed plan with a timeline for how the program plans to come into compliance with this required element. If new faculty are hired, provide an updated required element 4K narrative that describes the effectiveness of the core faculty blend to meet program goals and expected outcomes as related to program mission and institutional expectations and to meet assigned program responsibilities. Also, include a CV, completed Faculty Scholarship Form, and a required element 4A narrative for each new hire.

**INSTITUTION RESPONSE:**