



*Accreditation Review Commission on Education
for the Physician Assistant, Inc.*

Accreditation Standards for Physician Assistant Education[®]

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**ARC-PA Standards
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The ARC-PA only accredits qualified PA programs offered by, or located within institutions chartered by, and physically located within, the United States, and where students are geographically located within the United States for their education. (The United States are defined as “the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef, and Johnston Island.”)

The ARC-PA does not accredit educational programs leading to the PA credential in institutions that are chartered outside the United States or programs provided in foreign countries by ARC-PA accredited U.S. PA programs.

These *Standards* were initially adopted 1971; revised in 1978, 1985, 1990, 1997, 2000, and 2005 and endorsed by the

- American Academy of Family Physicians
- American Academy of Pediatrics
- American Academy of Physician Assistants
- American College of Physicians
- American College of Surgeons
- American Medical Association
- Physician Assistant Education Association (formerly Association of Physician Assistant Programs)

These *Standards* constitute the minimum requirements to which an accredited program is held accountable and provide the basis on which the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) will confer or deny program accreditation.

INTRODUCTION

The American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Physician Assistants, the American College of Physicians, the American College of Surgeons, the American Medical Association, and the Association of Physician Assistant Programs cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants (PAs) and to provide recognition for educational programs that meet the minimum requirements outlined in these *Standards*. These *Standards* are to be used for the development, evaluation, and self-analysis of physician assistant programs.

Physician assistants are academically and clinically prepared to practice medicine with the direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research, and administrative activities.

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to respond to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes

of the graduate PA. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues.

The *Standards* acknowledge the ongoing evolution of the PA profession and continue to endorse competency based education as a fundamental tenet of PA education. They reflect the realization that a commonality in the core professional curriculum of programs remains desirable and necessary in order to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice in a dynamic and competitive health care arena. The *Standards* allow programs to remain creative and innovative in program design and the methods used to enable students to achieve program goals and acquire the competencies needed for entry into clinical practice. They support the underlying rights of the sponsoring institution as it works with the program to meet the *Standards*. Program mission statements should be consistent with the *Standards* and the mission of the sponsoring institution.

The ARC-PA supports the sponsoring institution's prerogative in awarding credentials and degrees, and encourages sponsoring institutions to recognize the evolution of the profession as one that requires a graduate level of curricular intensity. Institutions that sponsor PA programs are also encouraged to incorporate this higher level of academic rigor into their programs and acknowledge it with an appropriate degree.

The ARC-PA acknowledges ongoing change in the delivery of health care and in the education of health professionals. The needs of patients and society at large should be considered by the ARC-PA, the sponsoring institutions, and the programs. Establishing an environment that will foster and promote diversity is considered essential to educating PAs to provide service to others that is not exclusionary of any group, race, or culture. The various insights and resources offered by a diverse faculty, staff, and student body will increase the overall impact the PA profession can have on the future of the global community. PA programs are encouraged to have policies and practices addressing diversity of their student bodies and faculty.

PROGRAM REVIEW

Accreditation of PA programs is a voluntary process that includes a comprehensive review of the program relative to the *Standards*. Accreditation decisions are based on the ARC-PA's review of information contained in the accreditation application and self-study report, the report of site visit evaluation teams, any additional requested reports or documents submitted to the ARC-PA by the PA program, and the program's past accreditation history. Additional data to clarify information submitted with the application may be requested at the time of the site visit associated with the comprehensive review. New information submitted after a site visit will not be accepted or considered by the ARC-PA.

DEFINITIONS

NOTE: Where terms are not defined, their definitions are at the discretion of the ARC-PA.

ABMS	American Board of Medical Specialties
Accurately	Free from error
All sites	Sites used for supervised clinical practice in the curriculum, to include those for program required rotations or preceptorships as well as elective rotations or preceptorships throughout the program
Analysis	Study of compiled or tabulated data interpreting cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement
AOA	American Osteopathic Association
Comparable	Similar but not necessarily identical
Competencies	The knowledge; interpersonal, clinical, and technical skills; professional behaviors; and clinical reasoning and problem solving abilities required for PA practice
Core Faculty	The program director, medical director, and at least 2 additional FTE positions occupied by no more than 4 individuals who must be currently NCCPA certified PAs
Course director	Faculty member primarily responsible for the organization, delivery, and evaluation of a course
Distant Campus	A campus geographically separate from the main PA program at which didactic or preclinical instruction occurs for all or some of the students enrolled
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs, and values
Equivalent	Resulting in the same outcomes or end results
Formative Evaluation	Intermediate or continuous evaluation that may include feedback to help in achieving goals
Geographic Scope	The ARC-PA only accredits qualified PA programs offered by, or located within institutions chartered by, and physically located within, the United States, and where students are geographically located within the United States for their education. (The United States are defined as "the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern

	<p>Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef, and Johnston Island.”)</p> <p>The ARC-PA does not accredit educational programs leading to the PA credential in institutions that are chartered outside the United States or programs provided in foreign countries by ARC-PA accredited U.S. PA programs.</p>
Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the health care system (This term includes routine clinical or office records, records of care in any health related setting, preventive care, lifestyle evaluation, research protocols, and various clinical databases.)
Instructional Objectives	A statement that describes what the learner will be able to do after completing a unit of instruction. Instructional objectives are related to intended outcomes, not to the process for achieving those outcomes
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of length of time of instruction or faculty rank
Long term care settings	Facilities for patients who require assistance with activities of daily living or are unable to live independently
Maximum Aggregate Student Enrollment	The maximum potential number of students enrolled simultaneously at any point in time
Maximum class size	Maximum potential number of students enrolled for each admission cycle
Must	A term used to designate requirements that are compelled or mandatory. “Must” indicates an absolute requirement
NCCPA	National Commission on Certification of Physician Assistants
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants
Prospective Students	Any individuals who have requested information about the program or submitted information to the program
Published	Presented in written or electronic format
Readily Available	Made accessible to others in a timely fashion via defined program or institution procedures
Recognized Regional or Specialized and	<ul style="list-style-type: none"> • Liaison Committee on Medical Education • American Osteopathic Association

Professional Accrediting Agencies	<ul style="list-style-type: none"> • Middle States Association of Colleges and Schools- Commission on Higher Education (MSA-CHE) • New England Association of Schools and Colleges- Commission on Institutions of Higher Education (NEASC-CIHE) • North Central Association of Colleges and Schools- The Higher Learning Commission (NCA-HLC) • Northwest Commission on Colleges and Universities (NWCCU), • Southern Association of Colleges and Schools- Commission on Colleges (SACS) • Western Association of Schools and Colleges- Accrediting Commission for Senior Colleges and Universities (WASC-ACSCU)
Remediation	The program's defined process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented
Should	The term used to designate requirements that are so important that their absence must be justified
Succinctly	Marked by compact, precise expression without wasted words
Sufficient	Enough to meet the needs of a situation or proposed end
Student(s)	Individuals enrolled in the professional phase of a PA program
Summative Evaluation	An assessment of the learner conducted by the program to assure that the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession
Supervised clinical practice experiences	Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making, and which result in a detailed plan for patient management.
Timely	Without undue delay; as soon as feasible after giving considered deliberation

REQUIREMENTS FOR ACCREDITATION

SECTION A: ADMINISTRATION

A1 Sponsorship

Institution Accreditation

A1.01 The sponsoring institution must

- a) be accredited by a recognized regional or specialized and professional accrediting agency to award graduates of the PA program a baccalaureate or higher degree.¹
- b) be authorized under applicable law to provide a program of post secondary education.

Institution Sponsorship

A1.02 One sponsor must be clearly identified as being ultimately responsible for the program.

A1.03 When more than one institution is involved in the provision of academic and clinical education, responsibilities of the respective institutions for instruction and supervision must be clearly described and documented in a manner signifying agreement by the involved institutions.

A1.04 The sponsoring institution, together with its affiliates, must be capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education.

Program Location²

A1.05 Accredited PA programs must be established in:

- a) schools of allopathic or osteopathic medicine, or
- b) colleges and universities affiliated with appropriate clinical teaching facilities, or
- c) medical education facilities of the federal government.

Institution Responsibilities

A1.06 The sponsoring institution has primary responsibility for:

- a) supporting curriculum planning and course selection by program faculty and staff.
- b) appointment of faculty and staff.
- c) maintaining student transcripts permanently.
- d) granting the degree and/or credential documenting satisfactory completion of the educational program.
- e) assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs.

¹ Programs sponsored by the military branches of the federal government or accredited prior to 1/1/06 will not be held to this Standard.

² Programs accredited prior to 1/1/01 "should" be established in the settings indicated. Programs accredited on or after 1/1/01 "must" be established in the settings indicated.

Institution Resources

- A1.07 The sponsoring institution must assure that the program has the following fiscal, human, and academic resources:
- a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students.
 - b) the human resources needed to operate the program.
 - c) the human resources needed to process admission applications.
 - d) sufficient computer hardware, software, and audio/visual equipment for the faculty and staff to perform their duties.
 - e) sufficient office equipment and supplies for the faculty and staff to perform their duties.
 - f) sufficient instructional materials for the faculty and staff to perform their duties.
 - g) access to and training in the use of the internet, including medical and other health-related electronic databases, for core faculty and students.
 - h) readily available access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum for students and faculty.
- A1.08 The sponsoring institution must assure that the program has:
- a) classroom and laboratory environments conducive to student learning.
 - b) appropriate space for confidential academic counseling of students by core faculty.
 - c) offices sufficient for core faculty to perform their duties.
 - d) space for program conferences and meetings.
 - e) secure storage for student files and records.

A2 Program Personnel

Core Program Faculty

- A2.01 Core program faculty must possess the qualifications by education and experience to perform their assigned duties.
- A2.02 Core program faculty must include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs. The latter two FTE positions cannot be occupied by more than four individuals.
- A2.03 Core faculty must be sufficient in number to meet the academic needs of enrolled students.
- A2.04 Core program faculty should have appointments and privileges comparable to other faculty who have similar responsibilities within the institution.
- A2.05 Core program faculty must have responsibility for:
- a) developing the mission statement for the program.
 - b) selecting applicants for admission to the PA program.
 - c) providing student instruction.
 - d) evaluating PA student performance.
 - e) academic counseling of PA students.
 - f) assuring the availability of remedial instruction.

- g) designing, implementing, coordinating, and evaluating curriculum.
- h) administering and evaluating the program.

Program Director

- A2.06 The program director should be a PA or a physician
- a) If the program director is a PA, s/he must hold current NCCPA certification or current PA licensure by the state in which the program exists.³
 - b) If the program director is a physician, s/he must hold current licensure as an allopathic or osteopathic physician in the state in which the program exists, and must be certified by an ABMS- or AOA-approved specialty board.⁴
- A2.07 The program director must not be the medical director.³
- A2.08 The program director should be assigned to the program on a full time basis.
- A2.09 The program director must provide effective leadership and management.
- A2.10 The program director must be knowledgeable about and responsible for the accreditation process.
- A2.11 The program director must be knowledgeable about and have primary responsibility for the program's:
- a) organization.
 - b) administration.
 - c) fiscal management.
 - d) continuous review and analysis.
 - e) planning.
 - f) development.
- A2.12 The program director must supervise the medical director, faculty, and staff in all activities that directly relate to the PA program.

Medical Director

- A2.13 The medical director must be:
- a) a currently licensed allopathic or osteopathic physician.⁵
 - b) certified by an ABMS- or AOA-approved specialty board.⁶
 - c) knowledgeable in current-practice standards and the PA role.
 - d) an advocate for the program within the medical and academic community.

³ Programs accredited prior to 3/1/06 will be held to this Standard only when a new program director is appointed.

⁴ Physician program directors appointed before 3/1/06 "should" be board certified, those appointed on or after 3/1/06 "must" be board certified.

⁵ Medical directors appointed on or after 3/1/06 "should" have their current licensure in the state in which the program exists.

⁶ Medical directors appointed before 3/1/06 "should" be board certified, those appointed on or after 3/1/06 "must" be board certified.

- e) responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards.

A2.14 If the position of medical director is shared, each individual must have defined roles and responsibilities.

Professional Development

A2.15 The program must provide the opportunity for continuing professional development of the core faculty by supporting development of their clinical, teaching, scholarly, and administrative skills/abilities.

A2.16 The program must support core PA faculty in maintaining their NCCPA certification status.

Instructional Faculty

A2.17 In addition to the core program faculty, there must be sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession.

A2.18 Instructional faculty must be:
a) qualified through academic preparation and experience to teach assigned subjects.
b) knowledgeable in course content and effective in teaching assigned subjects.

A2.19 Instructional faculty should participate in the evaluation of student performance and the identification of students who are not achieving course and program objectives.

A2.20 Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.

A2.21 The program should not rely principally on resident physicians for didactic or clinical instruction.

A2.22 In each location to which a student is assigned for didactic or supervised practice instruction, there must be an individual designated by core faculty to supervise and assess the student's progress in achieving program requirements.

Administrative Support Staff

A2.23 There must be sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them.

A2.24 Student workers may be used by, but must not be substituted for administrative and technical support staff.

A3 Operations

Administration

- A3.01 Program policies must apply to all students and faculty regardless of location.
- A3.02 The program must provide students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus.

Fair Practices and Admissions

- A3.03 Announcements and advertising must accurately reflect the program offered.
- A3.04 All personnel and student policies must be consistent with federal and state statutes, rules, and regulations.
- A3.05 Admission of students must be made in accordance with clearly defined and published practices of the institution and program.
- A3.06 The program should not require that students supply their own clinical sites or preceptors for program-required clinical rotations.
- A3.07 The following must be defined, published, and readily available to prospective and enrolled students:
- a) any institutional policies and practices that favor specific groups of applicants.
 - b) requirements for prior education or work experience.
 - c) policies regarding advanced placement.
 - d) required academic and technical standards.
 - e) all required curricular components.
 - f) academic credit offered by the program.
 - g) estimates of all costs related to the program.
 - h) ARC-PA accreditation status.
 - i) first time PANCE pass rates for the five most recent graduating classes.
 - j) policies and procedures for student withdrawal.
 - k) policies and procedures for refunds of tuition and fees.
 - l) policies that limit or prevent students from working during the program.
 - m) policies and procedures for processing student grievances.
- A3.08 Programs granting advanced placement must document that students receiving advanced placement have:
- a) met program defined criteria for such placement.
 - b) met institution defined criteria for such placement.
 - c) demonstrated appropriate competencies for the curricular components in which advanced placement is given.
- A3.09 The following must be defined, published, and readily available to faculty:
- a) policies and procedures for processing student grievances.
 - b) policies and procedures for processing faculty grievances.

- A3.10 PA students must not have access to the records or other confidential information of other PA students.
- A3.11 PA students must not be required to work for the program.
- A3.12 During clinical experiences, PA students must not be used to substitute for clinical or administrative staff.

Student Records

- A3.13 Student files kept by the program must include documentation:
- a) that the student has met published admission criteria.
 - b) of the evaluation of student performance while enrolled.
 - c) of remediation.
 - d) of disciplinary action.
 - e) that the student has met institution and program health screening and immunization requirements.

Faculty Records

- A3.14 Core faculty records must include:
- a) current job descriptions that include duties and responsibilities specific to each core faculty member.
 - b) current curriculum vitae.
- A3.15 The program must have current curriculum vitae for each course director.

SECTION B:	CURRICULUM
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B1 Instruction

- B1.01 The curriculum must include core knowledge about the established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.
- B1.02 The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.
- B1.03 The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.
- B1.04 The program must assist students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving.
- B1.05 The program must provide students with published expectations of student outcomes and behaviors required for successful completion of the program.
- B1.06 For each didactic and clinical course, the program must provide a published syllabus that defines expectations and guides student acquisition of expected competencies.

- B1.07 The program must orient instructional faculty and preceptors to the specific educational competencies expected of PA students.
- B1.08 Programs must educate students regarding issues related to intellectual honesty and academic and professional misconduct.
- B1.09 The program must prepare students to provide medical care to patients from diverse populations.
- B1.10 The program must assure educational equivalency of course content, student experience, and access to didactic and laboratory materials when instruction is:
 - a) conducted at geographically separate locations.
 - b) provided by different means for some students.

B2 Basic Medical Sciences

- B2.01 While programs may require basic sciences as prerequisites to enrollment, those prerequisites must not substitute for the basic medical sciences in the professional component of the program.
- B2.02 Instruction in the professional phase of the program must include instruction in the following basic medical sciences:
 - a) anatomy.
 - b) physiology.
 - c) pathophysiology.
 - d) pharmacology and pharmacotherapeutics.
 - e) the genetic and molecular mechanisms of health and disease.

B3 Clinical Preparatory Sciences

- B3.01 The program must provide instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
- B3.02 The program must provide students with instruction in patient assessment and management, including:
 - a) techniques of interviewing and eliciting a medical history.
 - b) performance of physical examinations across the life span.
 - c) generation of differential diagnoses.
 - d) ordering and interpretation of diagnostic studies.
 - e) development and implementation of treatment plans.
 - f) presentation of patient data in oral form.
 - g) documentation of patient data.
 - h) appropriate referral of patients.
- B3.03 The program must provide instruction in clinical medicine covering all organ systems.
- B3.04 The program must provide instruction in the important aspects of patient care including:
 - a) preventive.
 - b) acute.

- c) chronic.
- d) rehabilitative.
- e) end-of-life.

B3.05 The program must provide instruction in technical skills and procedures based on current professional practice.

B4 Behavioral and Social Sciences

B4.01 The program must provide instruction in basic counseling and patient education skills necessary to help patients and families:

- a) cope with illness and injury.
- b) adhere to prescribed treatment plans.
- c) modify their behaviors to more healthful patterns.

B4.02 The program must provide instruction in:

- a) normal psychological development of pediatric, adult, and geriatric patients.
- b) detection and treatment of substance abuse.
- c) human sexuality.
- d) end of life issues.
- e) response to illness, injury and stress.
- f) principles of violence identification and prevention.

B5 Information Literacy

B5.01 The program must provide instruction to equip students with the necessary skills to search, interpret, and evaluate the medical literature in order to maintain a critical, current, and operational knowledge of new medical findings including its application to individualized patient care.

B6 Health Policy and Professional Practice

B6.01 The program must provide instruction in:

- a) the impact of socioeconomic issues affecting health care.
- b) health care delivery systems and health policy.
- c) reimbursement, including documentation, coding, and billing.
- d) quality assurance and risk management in medical practice.
- e) legal issues of health care.
- f) cultural issues and their impact on health care policy.

B6.02 The program must provide instruction in medical ethics to include:

- a) the attributes of respect for self and others.
- b) professional responsibility.
- c) the concepts of privilege, confidentiality, and informed patient consent.
- d) a commitment to the patient's welfare.

B6.03 The program must provide instruction on:

- a) the history of the PA profession.
- b) current trends of the PA profession.
- c) the physician-PA team relationship.

- d) political and legal issues that affect PA practice.
- e) PA professional organizations.
- f) PA program accreditation.
- g) PA certification and recertification.
- h) licensure.
- i) credentialing.
- j) professional liability.
- k) laws and regulations regarding prescriptive practice.

B7 Supervised Clinical Practice

- B7.01 The program must provide medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice.
- B7.02 The program must assure that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location.
- B7.03 The program must document that every student has supervised clinical practice experiences with patients seeking:
- a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly.
 - b) prenatal care and women's health care.
 - c) care for conditions requiring inpatient surgical management, including pre- operative, intra-operative, and post-operative care.
 - d) care for conditions requiring emergency management.
 - e) care for psychiatric / behavioral conditions.
- B7.04 Supervised clinical practice experiences should be provided in the following settings:
- a) outpatient.
 - b) emergency room/department.
 - c) inpatient.
 - d) operating room.
 - e) long-term care.
- B7.05 Supervised clinical practice experiences should occur with residency trained physicians or other licensed health care professionals experienced in the following disciplines:
- a) emergency medicine
 - b) family medicine
 - c) general internal medicine
 - d) general surgery
 - e) general pediatrics
 - f) psychiatry
 - g) obstetrics & gynecology

SECTION C:	EVALUATION
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C1 Ongoing Program Self-Assessment

- C1.01 The program must regularly collect and analyze the following qualitative and quantitative information to support an ongoing process of monitoring and documenting program effectiveness:
- student attrition, deceleration, and remediation.
 - faculty attrition.
 - student failure rates in individual courses and rotations.
 - student evaluations of individual didactic courses, clinical experiences, and faculty.
 - graduate evaluations of curriculum and program effectiveness.
 - preceptor evaluations of student performance and suggestions for curriculum improvement.
 - graduate performance on the PANCE.
- C1.02 The program must apply the results of ongoing program assessment to the curriculum and other dimensions of the program.

C2 Periodic Self-Study Report⁷

- C2.01 The program must prepare a self-study report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing self-assessment. The report must follow the guidelines provided by the ARC-PA and, at a minimum, must document:
- the program's process of ongoing self assessment.
 - outcome data and critical analysis of:
 - student attrition, deceleration, and remediation.
 - faculty attrition.
 - student failure rates in individual courses and rotations.
 - student evaluations of individual didactic courses, clinical experiences, and faculty.
 - graduate evaluations of curriculum and program effectiveness.
 - preceptor evaluations of student performance and suggestions for curriculum improvement.
 - the most recent five-year first time and aggregate graduate performance on the PANCE
 - self-identified program strengths and areas in need of improvement.
 - modifications that occurred as a result of self-assessment.
 - plans for addressing areas needing improvement.

⁷ *Programs applying for provisional accreditation must complete a descriptive report, as opposed to a self study report, as described in section E and the application for provisional accreditation.*

C3 Student Evaluation

- C3.01 The program must use objective evaluation methods that are administered equitably to all students in the program.
- C3.02 Objective evaluation methods must be related to expected student competencies for both didactic and supervised clinical education components.
- C3.03 The program must conduct frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies.
- C3.04 The program must assess and document student demonstration of professional behaviors.
- C3.05 The program must monitor the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established.
- C3.06 The program must document a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice.

C4 Clinical Site Evaluation

- C4.01 The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences.
- C4.02 The program must apply comparable evaluation processes to clinical sites regardless of geographic location.
- C4.03 The program must ensure and document that each clinical site provides the student access to the physical facilities, patient populations, and supervision necessary to fulfill the program's expectations of the clinical experience.

SECTION D:	STUDENT SERVICES
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D1 Student Health

- D1.01 Student health records are confidential and must not be accessible to or reviewed by program faculty and staff except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the student.
- D1.02 Health screening and immunization of students must:
 - a) be based on current Centers for Disease Control recommendations for health professionals.
 - b) not be conducted by program personnel.
- D1.03 The program must inform students of and provide access to equivalent student health care services that the sponsoring institution makes available to students enrolled in other courses of instruction.

D1.04 Core program faculty must not participate as health care providers for students in the program.

D2 Student Guidance

D2.01 The program must assure that guidance is available to assist students in understanding and abiding by program policies and practices.

D2.02 The program must assure that students have timely access to faculty for assistance and counseling regarding their academic concerns and problems.

D2.03 The program must provide referral for students with personal problems that may interfere with their progress in the program.

D3 Student Identification

D3.01 The program must assure that PA students are clearly identified as such in the clinical setting to distinguish them from physicians, medical students, and other health profession students and graduates.

SECTION E: PROVISIONAL ACCREDITATION

Provisional accreditation is recognition granted for a limited period of time to a new program that, at the time of the initial provisional site visit, has demonstrated to the ARC-PA's satisfaction its preparedness to initiate a program in accordance with the *Standards*. The provisional accreditation process involves a thorough review of the planning, organization, and proposed content of a program that is in the advanced planning stages, but not yet operational. Provisional accreditation status indicates the ARC-PA's determination that the plans and resources allocated for the program, if fully implemented as proposed, demonstrate an ability to meet the *Standards*. In all cases, provisional accreditation of the program must precede the matriculation of students.

Initial provisional accreditation visits are conducted during the year prior to enrollment of the charter class of students. Follow-up provisional visits are conducted at programs that have successfully achieved provisional accreditation. Follow-up visits must occur no sooner than four months after students have entered the clinical phase of the program and no later than six months after graduation of the first class.

Failure of a program to achieve accreditation after its follow-up provisional visit requires that the program enter the accreditation process again via the provisional pathway.

E1 Provisional Accreditation Requirements

E1.01 The sponsoring institution must authorize the development of the PA program.

E1.02: The program must submit a needs assessment with its provisional application materials.

E1.03 The program must have a defined mission statement, which is consistent with its needs assessment and the mission of the sponsoring institution.

- E1.04 There must be a qualified program director and a qualified medical director responsible for the development of the program.
- E1.05 If provisional accreditation status is granted, the program must not admit more students than the number for which it has been approved by the ARC-PA, based on its application.
- E1.06 The program must agree to inform, in writing, everyone who requests information, applies, or plans to enroll that the program is not yet accredited and must convey the implications of non-accreditation to applicants.
- E1.07 The program must submit, with its application for provisional accreditation, a descriptive narrative report as described in the application materials.
- E1.08 The chief academic officer of the sponsoring institution, or his or her designee, must sign the provisional accreditation application and descriptive narrative report, thus approving its content and verifying the institution's intent to implement and support the program as planned.
- E1.09 The program must provide a detailed line item budget for the first three years of the program as part of its application.
- E1.10 The program must provide a copy of current or proposed promotional literature including the course of study and course descriptions, proposed tuition, and fees. Documentation must include the date that the information will be included in the institution's literature and must describe the current method for disseminating the information.
- E1.11 The program must have a completed curriculum design, course sequence, and evaluation methods for all didactic and clinical components of the program.
- E 1.12 For each course offered in the first 12 months of the program, the program must:
- a) provide course descriptions.
 - b) provide a written syllabus that defines expectations and guides student acquisition of expected competencies.
 - c) describe methods of student evaluation.
 - d) provide examples of student evaluation instruments.
 - e) describe methods of instructor and course evaluation.
 - f) have identified qualified faculty in sufficient number to provide instruction.
- E1.13 While all aspects of the program beyond the first 12 months are not required to be in place at the time of the site visit for provisional accreditation, the program must have clearly articulated plans and mechanisms for bringing the program into compliance with the *Standards* as required within the application.
- E1.14 The program must have identified prospective clinical sites sufficient in number to meet the needs of students.
- E1.15 The program must have a written plan describing its ongoing self assessment process.

- E1.16 Although no outcome data will be available at the time of the initial review of materials, the program must submit a full plan for comprehensive program evaluation, including an assessment of outcomes.
- E1.17 Programs preparing for their follow-up provisional site visit must submit their applications and self study reports to the ARC-PA at least eight weeks before the follow-up site visit for accreditation occurs.

SECTION F:	ACCREDITATION MAINTENANCE
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F1 Program and Sponsoring Institution Responsibilities

- F1.01 In accordance with ARC-PA policy, failure of a program to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative Probation and, if not corrected as directed by the ARC-PA, ultimately to an accreditation action of Accreditation Withdrawn.
- F1.02 The program must inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's regional or specialized and professional accrediting agency.
- F1.03 The program must agree to periodic comprehensive review that may include a site visit as determined by the ARC-PA.
- F1.04 The program must submit self-study reports or progress reports as required by the ARC-PA.
- F1.05 The program must inform the ARC-PA in writing of changes in the program director, medical director, or other core program faculty within 30 days of the date of the effective change.
- F1.06 The program must demonstrate active recruitment to fill vacated core faculty positions.
- F1.07 If an interim program director (IPD) is appointed, this person should meet the qualifications of the PD.
- F1.08 The appointment of an IPD should not exceed 12 months.
- F1.09 The program must obtain ARC-PA approval six months prior to implementing any intended program expansion to a distant campus.
- F1.10 The program must inform the ARC-PA in writing, no less than six months prior to implementation, of proposed changes in the following:
- degrees or certificate granted at program completion.
 - requirements for graduation.
 - program length.
 - maximum class size.
 - maximum aggregate student enrollment that will result in an increase of 15 percent or greater in maximum aggregate student enrollment, as compared to the program's most recent application for accreditation or as approved by the ARC-PA.

F1.11 The sponsoring institution must inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.

F1.12 The program and the sponsoring institution must pay ARC-PA accreditation fees as determined by the ARC-PA.

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(Note: Sections A2.06, A2.07, and A2.13
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