Accreditation Manual ©

Accreditation Standards for Physician Assistant Education ©
Fourth edition

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(Includes changes to Standards and Policies as of 3.2018)

Disclaimer: This manual is provided strictly as an informational resource for physician assistant program faculty and staff. Adherence to any suggestions is completely voluntary and does not assure compliance with any accreditation standard(s). The suggestions provided should not be considered inclusive of all proper methods and procedures needed to obtain a successful accreditation outcome. The program director and faculty should apply their own professional skills and experience to determine the applicability to their program of any specific suggestion.
Introduction

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public, including current and prospective PA students, and the PA profession by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA accredits only 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.

The ARC-PA derives its identity from its history, its involvement with other accreditation organizations, its collaborating sponsors, and the PA profession.

This manual has been designed for use by currently accredited PA programs and those interested in starting PA programs. The ARC-PA hopes that the information provided will be useful and welcomes comments concerning the manual. Additional information on the ARC-PA and the accreditation process can be found at the ARC-PA web site (www.arc-pa.org).

Accreditation Defined

Accreditation is a process of external peer review. In the United States, the accreditation system is administered primarily by nongovernmental, voluntary organizations that grant recognition to institutions or specialized programs of study that meet established qualifications and educational standards. Compliance with such standards is determined through initial and subsequent periodic evaluations.

The accreditation process:

- encourages educational institutions and programs to continuously evaluate and improve their processes and outcomes
- helps prospective students identify programs that meet nationally accepted standards
- protects programs from internal and external pressures to make changes that are not educationally sound
- involves faculty and staff in comprehensive program evaluation and planning
- stimulates self-improvement by setting national standards against which programs can be measured

Accreditation also benefits society by providing reasonable assurance of quality educational preparation for professional licensure and practice.
The ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA) for its accreditation of PA programs. It is also a member of the Association of Specialized and Professional Accreditors (ASPA) and, as such, subscribes to the ASPA Code of Good Practice, as posted on the ASPA web site, http://www.aspa-usa.org/.

**ARC-PA Role and Goals**

The role of the ARC-PA is to:
- establish educational standards utilizing broad-based input
- define and administer the process for comprehensive review of applicant programs
- define and administer the process for accreditation decision-making
- determine if PA educational programs are in compliance with the established standards
- work together with its collaborating organizations
- define and administer a process for appeal of accreditation decisions

PA program accreditation is voluntary, private, and nongovernmental. It encourages efforts toward maximal educational effectiveness by building on mutual trust among all parties involved. It is devoid of conflict of interest and assures due process.

The ARC-PA believes that high quality education for all physician assistants best serves the interests of both the public and the PA profession, and that ongoing program self-assessment is the foundation for improving quality in the content and processes of education.

The goals of the ARC-PA are to:
- foster excellence in PA education through the development of uniform national standards for educational effectiveness and workforce preparedness to benefit the health of the public
- foster excellence in PA programs by requiring continuous self-study and review
- assure the general public, current and prospective PA students, as well as professional, educational and licensing agencies and organizations that accredited programs have met defined educational standards that prepare PAs for practice
- provide information and guidance to individuals, groups, and organizations regarding PA program accreditation status and the accreditation process

**Process and Requirements for Accreditation**

The accreditation process is voluntary and initiated only at the invitation of the PA program and sponsoring institution. The process is a multifaceted one, involving extensive review of the program by the program itself, as well as by the ARC-PA.

A critical component of the accreditation process is that of continuous program self-assessment. Continuous self-assessment is a comprehensive, regular, and analytical process conducted within the context of the mission and goals of both the sponsoring institution and the program, whereby a program
regularly and systematically reviews the quality and effectiveness of its educational practices and policies.

Using the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference, the program critically assesses all aspects of itself. It identifies strengths as well as problems, develops plans for corrective intervention and evaluates the effects of the interventions. Ongoing self-assessment provides the means by which programs can envision, attain, and maintain quality PA education.

The accreditation process requires a program to complete a Self-Study Report (SSR) based on its self-assessment process as well as a detailed accreditation application in advance of an onsite evaluation (site visit) by ARC-PA prepared site visitors.

The purpose of the site visit is to allow the site visit team to verify, validate, and clarify the information supplied by the program in its application materials. The team reviews the program based on the Standards and conveys its findings to the ARC-PA in light of the evidence presented at the time of the site visit. The team’s observations about the program, in reference to the program’s compliance with the Standards, are sent to the program shortly after the completion of the site visit.

Within a specified time period after the site visit, programs are invited, but not required, to respond to any of the observations contained in the site visit summary in order to eliminate errors of fact or challenge perceived ambiguities and misperceptions. The response should NOT be used to provide new information regarding changes made since the visit or plans for changes in response to the observations contained in the report.

Programs are reviewed by the full commission in March, June and September each year. Accreditation decisions are based on the ARC-PA’s review of information contained in the accreditation application, the report of the site visit by the evaluation team, any additional requested reports or documents submitted to the ARC-PA by the 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. New or unsolicited information submitted after a site visit is not accepted or considered by the ARC-PA as part of that accreditation review.

**ARC-PA Program Management Portal**

The ARC-PA uses a Program Management Portal as a way of maintaining information on each program. Programs are required to keep their portal data up to date. Annually, each program is required to submit the Program Required Annual Report to the ARC-PA by submitting its updated, accurate, program data electronically. The Portal is used as a means of notifying programs of reports due to the ARC-PA and allows programs to submit such reports via the Portal. The Program Management Portal is checked frequently by ARC-PA staff and commissioners, especially prior to commission review of a program. Therefore, programs must maintain their information within the program management portal.
Provisional Accreditation Process

1. Read the accreditation Standards and all provisional sections of the ARC-PA website.

2. Does the institution meet the eligibility requirements?
   - Geographically located in the United States
   - Single institution must be clearly defined as sponsor of the program
   - Authorized under applicable law to provide a program of post-secondary education
   - Accredited by and in good standing with a regional accrediting agency
   - Authorized by this agency to confer a graduate degree

3. Contact the ARC-PA regarding interest in starting a program.

   a. verify eligibility

      Senior institutional official submits a formal written request for entry into the process including:
      - Confirmation of institutional eligibility

      - Program receives correspondence from the ARC-PA regarding dates of the site visit and confirming placement on ARC-PA meeting agenda
      - Program proposes dates and pays 50% of the application fee as a deposit
      - ARC-PA chooses and confirms site visit dates
      - Program obtains application packet from ARC-PA

   b. submit completed application materials as received from ARC-PA
      - Due Date: 3 months before site visit

   c. The program director must meet the qualifications for the position as in the Standards. If the program director in not in place the program is removed from the agenda to which it was assigned.

4. The provisional process includes 3 visits.
   - NOTE: A permanent qualified program director must be in place 12 months prior to the date of the ARC-PA meeting at which the program application will be reviewed.

   a. Visit 1: Initial Provisional Visit
      - This visit verifies an institution’s ability to begin a program in compliance with the Standards, and the program’s readiness to matriculate students.
      - Occurs 6 to 12 months prior to matriculation of students.
      - After commission review, the program is eligible to receive accreditation — provisional.
      - If accreditation withheld, program may reapply from beginning of process.

   b. Visit 2: Provisional Monitoring Site Visit
      - This visit verifies the sponsoring institution’s and provisionally accredited program’s progress in delivering the program in compliance with the Standards and their ability to continue to do so.
      - Scheduled within 6 months of graduation of the first cohort of students.
      - After commission review, the program is eligible to continue as accreditation — provisional.

   c. Visit 3: Final Provisional Site Visit
      - This visit verifies the institution’s and program’s demonstration of compliance with the Standards including their ability to incorporate and report the findings of a robust self-assessment process as required by the ARC-PA.
      - Occurs 16-24 months following the second provisional review by the commission.
      - After commission review, the program is eligible for an accreditation status of accreditation — continued.

5. Accreditation - Continued
Accreditation Continuing Review Process

Status: Accreditation – Continued

Program submits a Self-Study Report to the ARC-PA (2 years before the Validation Review)

Program receives ARC-PA response to Self-Study Report

Program works on completing the application

Application materials are submitted to ARC-PA 12 weeks prior to visit

Written Observation Report of visit provided to Program Director

Optional response to Observation Report submitted by program

The sponsoring institution receives an accreditation status and conditions for maintenance of status

Validation Visit occurs

The agenda is confirmed with Site Visit Team Chair

Program and the ARC-PA develop a tentative agenda for Validation Visit

The following are ongoing responsibilities for accredited programs:

- Complying with ARC-PA reporting procedures
- Routine updating of the Portal
- Submission of Program Annual Report and other reports as required
- Submission of Annual Fee

The following Program Changes require informing the ARC-PA using the instructions and forms on the website at www.arc-pa.org

- Change in faculty
- Change in program length
- Change in class size
- Change in credential offered
- Change in graduation requirements
- Change in program sponsorship
- Decrease in program support

Expansion to Distant Campus

Process includes:
- Application and Feasibility Study
- Scheduling of site visit
- ARC-PA approval

See separate details regarding Expansion to Distant Campus
Expansion to a Distant Campus

Accreditation-Continued
Must have maintained five consecutive years of accreditation-continued without an adverse action at the time of submission.

Program Expansion to Distant Campus
Eligibility & Process
The program must obtain ARC-PA approval at least six months prior to matriculating students into a distant campus.

Note
A program must have outcomes from the first cohort of students at any distant campus before applying to expand to another distant campus.

Contact the ARC-PA by email with proposed plan and to secure placement on a future ARC-PA agenda.

Concurrent visit planned to the main program if visit deemed necessary by ARC-PA.

ARC-PA schedules and confirms site visit
Program develops tentative agenda using ARC-PA template

12 weeks before the site visit submit to the ARC-PA:
- Completed application and feasibility study
- Required Fee

The agenda is confirmed with the Site Visit Team Chair

Concurrent visit to the main program if deemed necessary by ARC-PA.

Visit to the proposed distant campus occurs

Written Observation Report of visit provided to Program Director

Optional response to Observation Report submitted by program

Commission Reviews:
- All application materials
- Site Visit Report
- Optional response from program
- Program accreditation history

ARC-PA renders an Expansion to Distant Campus decision

Yes, Approved for Expansion
No, Not Approved Apply Again

Programs can only apply to expand to one campus, i.e. a program cannot expand to more than one location at a time.
A program must have outcomes from the first cohort of students at any distant campus before applying to expand to another distant campus.
Accreditation Policies

The ARC-PA Policies and Bylaws can be found linked to the ARC-PA web site at:
http://www.arc-pa.org/about/policies-bylaws/

The following policies related to accreditation can be found in the on-line document.

Accreditation Actions Subject to Appeal and Appeal Procedures (policy 9.15)
Accreditation Decision Process (policy 9.3)
Accreditation Standards Criteria (policy 8.1)
Accreditation Standards Review Cycle (policy 8.2)
Accreditation Status (policy 9.2)
Applications, Types of Site Visits and Related Processes (policy 11.1)
Concerns about the ARC-PA (policy 6.2)
Concerns about Program Compliance with Policies and/or Standards (policy 6.1)
Concerns about a Site Visit (policy 6.3)
Confidential Documents and Information (policy 5.1)
Curriculum Teach Out (policy 10.6)
Deferral of Accreditation Action (policy 9.7)
Delinquency of Payment of Fees Assessed to Programs (policy 10.9)
Disclosure of Probationary Status by ARC-PA (policy 9.13)
Documents of Record upon which an Accreditation Action is Determined (policy 9.4)
Effective Date of Any Commission Accreditation Action (policy 9.5)
Effective Date of Voluntary Withdrawal or Closure (policy 9.6)
Eligibility for expansion to distant campus (policy 10.1)
Eligibility for Submission of Application for Increase in Class Size (policy 10.2)
 Expedited Review (policy 9.17)
Modification of Commission Action (policy 9.16)
Noncompliance with Accreditation Actions and Procedures (policy 10.5)
Notification of an Accreditation Action (policy 9.10)
Program Accreditation and History (policy 9.1)
Program Response to Observations (policy 11.5)
Program Self-Assessment (policy 10.3)
Public Notification of Accreditation Status by Accredited and Proposed Programs (policy 9.12)
   Accreditation – Continued (policy 9.12a)
   Accreditation – Clinical Postgraduate Program (policy 9.12b)
   Accreditation – Probation (policy 9.12c)
   Accreditation – Provisional (policy 9.12d)
   Provisional Applicant Program (policy 9.12e)
   Accreditation – Withdrawn (Voluntary) (policy 9.12f)
Public Notification of Program Accreditation Status by ARC-PA (policy 9.11)
Required Reports (policy 10.4)
Site Visit Process (policy 11.3)
Site Visit Report Structure (policy 11.4)
Spokesperson for ARC-PA (policy 5.8)
Student Notification of an Adverse Action (policy 9.14)
Terminology used by the ARC-PA to convey accreditation related activity of the Commission (policy 9.8)
Transfer of Sponsorship (policy 10.7)
Voluntary Inactive Status (policy 10.8)
Warning Letter (policy 9.9)
Program Review Cycle

The maximum length of time between validation visits with commission review for PA programs is 10 years.

A PA program, once accredited, remains accredited until the program formally terminates its accreditation status or the ARC-PA terminates the program's accreditation through a formal action. When the ARC-PA withdraws accreditation, the letter transmitting that decision specifies the date at which the accreditation ceases.

A site visit or any required reporting by the program does not affect the accreditation status of a program unless it is accompanied by a formal ARC-PA accreditation action.

Document Retention

The ARC-PA does not provide a repository service for program materials submitted during the course of a program accreditation cycle. The sponsoring institution and program are responsible for maintaining copies of applications, required reports and other critical correspondence they submit to the commission. The ARC-PA will not provide programs copies of previously submitted materials.
Introduction to the Standards

The collaborating organizations cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for education of PAs and to provide recognition for educational programs that meet the requirements outlined in these Standards. These Standards are used for the development, evaluation, and self-analysis of PA 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 focused 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. Essential attributes of the graduate PA include 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.

The Standards recognize the continuing evolution of the PA profession and practice and endorse experiential competency-based education as a fundamental tenet of PA education. While acknowledging the interests of the sponsoring institution as it works with the program to meet the Standards, the Standards reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice. The Standards allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation used to enable students to achieve program goals and student learning outcomes. Mastery of learning outcomes is key to preparing students for entry into clinical practice.

The PA profession has evolved over time to one requiring a high level of academic rigor. Institutions that sponsor PA programs are expected to incorporate this higher level of academic rigor into their programs and award an appropriate master’s degree.

The ARC-PA acknowledges ongoing changes in the delivery of health care and in the education of health professionals. The needs of patients and society must be considered by the ARC-PA, the sponsoring institutions and the programs. Education should be provided in a manner that promotes interprofessional education and practice.

An environment that fosters and promotes diversity is considered essential to preparing 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 increase the overall impact the PA profession can have on the future of the global community.
Eligibility

The ARC-PA accredits only 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.

A single institution must be clearly identified as the sponsor of the program and must be authorized under applicable law to provide a program of post-secondary education. It must be accredited by a recognized regional accrediting agency and must be authorized by this agency to confer upon graduates of the PA program a graduate degree.

Sponsoring institutions applying for provisional accreditation of a new PA program must be accredited by, and in good standing with, a recognized regional accrediting agency and must be authorized by that agency to confer upon graduates of the PA program a graduate degree.

Programs accredited prior to 2013 that do not currently offer a graduate degree must transition to conferring a graduate degree, which should be awarded by the sponsoring institution, upon all PA students who matriculate into the program after 2020.

Institutions planning to develop a program and apply for provisional accreditation which do not meet these eligibility requirements will not be considered by the ARC-PA.

Program Review

Accreditation of PA programs is a process initiated by the sponsoring institution. It includes a comprehensive review of the program relative to the Standards and it is the responsibility of the PA program to demonstrate its compliance with the Standards. Accreditation decisions are based on the ARC-PA’s evaluation of information contained in the accreditation application, the report of site visit evaluation teams, any additional requested reports or documents submitted to the ARC-PA by the program and the program’s accreditation history.

Standards Format

This fourth edition of the Standards includes annotations for some individual standards. Annotations are considered an integral component of the standards to which they refer and are used in observations and citations. They clarify the operational meaning of the standards to which they refer and may be changed over time to reflect current educational or clinical practices. Annotations are not suggestions for methods of compliance. Such suggestions are found in this manual.

The term “student(s)” as used in the Standards refers to those individuals enrolled in the PA program. Within the Standards, italics are used to reflect words and terms defined in the Standards glossary found at the end of this manual.
Standards Degree Issue Clarification

The ARC-PA *Standards* require that:

1. All students who matriculate into any currently accredited PA programs after December 31, 2020 will be awarded a graduate (master’s) degree upon successful completion of their PA curriculum and graduate degree requirements. (The definition of “matriculate” is to enroll or register. Thus, students who matriculate after December 31, 2020 are those who first enroll or register in PA coursework on or after January 1, 2021.)

2. Currently accredited PA programs sponsored by institutions that can, but at present are not awarding a graduate degree, will be diligently working toward compliance with the degree requirement, within the institution, state and regional accreditation bodies, as appropriate. The institution should work within its framework to evaluate the PA program curriculum and adjust it as necessary for suitability, such that the institution will be able to confer a graduate degree to PA students who matriculate after December 31, 2020 and successfully complete the PA program.

3. Programs sponsored by institutions that are not able to award a graduate degree (those located in community/two year colleges, the military) will take one of the two approaches below toward compliance with the degree requirement.

   a) Programs and/or their sponsoring institution will develop a formal affiliation with an institution(s) that is/are able to confer a master’s degree to PA graduates after assessing the PA program curriculum.

      • It is expected that the degree-granting institution will evaluate the content and quality of the PA courses to validate that they meet the quantitative and qualitative requirements typically incorporated in a higher level of academic rigor comparable to other PA graduate level programs sponsored by institutions offering graduate degrees to PA program graduates.

      • Successful completion of the PA program is defined as the student having fulfilled all the requirements for graduation for both receipt of the professional credential and the graduate degree.

   b) Programs take the steps necessary to transfer their PA program sponsorship to an institution which is able to offer a graduate degree to PA students who successfully complete the program. Such institutions must be able to confer the graduate degree to PA students who matriculate after December 31, 2020 and successfully complete the PA program.

      Transfer of program sponsorship requires completion of an ARC-PA change in sponsorship form. ARC-PA action on this transfer request must occur no later than September 2020, to assure that students who begin the program in January 2021 or later will be conferred a graduate degree upon successful program completion.
Programs that are not in compliance with the degree requirement by January 1, 2021 will have their accreditation withdrawn. Students who matriculate into such programs will be entering an unaccredited program.

### Demonstrating Compliance with the *Standards*

The purpose of this section of the Accreditation Manual is to assist programs in understanding various ways of demonstrating compliance with the *Standards*. The suggestions provided as evidence of compliance and performance indicators are not mandatory or inclusive lists, but rather examples of various means and materials that programs can use to demonstrate their compliance with individual standards. Programs may have documentation in addition to or instead of the suggested evidence that also demonstrates compliance.

### Format of Evidence Suggestions

Before each general section of the *Standards* is a paragraph that explains the intent of the section and provides some examples of materials that would be useful in demonstrating compliance for several of the individual standards within the section. Listing such materials and documents in the introductory section paragraph simplifies the table and eliminates the need to repeat the same content areas for multiple individual standards.

For example, section A indicates that compliance with many of the individual standards may be found in *institution and program documents*, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files, and records. This list is referred to later in the table simply as institution and program documents.

The ARC-PA recognizes that sponsoring institutions and programs vary greatly in administrative and curricular design and format. The ARC-PA also recognizes that programs vary by history and that program faculty and staff include those new to PA education and accreditation as well as those with many years of experience. Therefore, suggestions have been provided for almost every standard. Some of the suggestions that may seem obvious to the experienced program director may not be as obvious to the new program director.

This section of the manual is a dynamic one and the ARC-PA will monitor the questions and comments it receives regarding its clarity and usefulness. Revisions will be made periodically as needed during the year to provide clarification about particular standards.

### Responsibility for Demonstrating Compliance

It is the responsibility of the PA program to demonstrate its compliance with the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases, the ARC-PA is very prescriptive about what it needs to review; that is, specific materials as listed in the application, appendices, and required materials for review at the site visit. However, the ARC-PA does not generally address process issues, allowing programs and institutions to develop those best suited to their programs. Examples of process topics include the number of credits or hours
assigned, format for curriculum and courses (for example, traditional vs. problem-based), and delivery mechanisms. While the ARC-PA may require specific information to clarify process issues that may affect accreditation, it is the program’s responsibility to address these in detail as specified in the Standards. For example, programs using a problem-based approach are still required to demonstrate their compliance with standards related to breadth and depth of curriculum and those that relate to instructional objectives and guiding student acquisition of learning outcomes.

**Syllabi, Instructional Objectives and Learning Outcomes**

The ARC-PA publishes a separate document, “Syllabi, Instructional Objectives and Learning Outcomes,” to provide guidance to programs in developing syllabi, instructional objectives and learning outcomes.

This document is available on the ARC-PA web site on the Accreditation Resources page, http://www.arc-pa.org/accreditation/resources/accreditation-manual/
Examples of Evidence of Compliance and Performance Indicators

SECTION A: ADMINISTRATION

Section A addresses issues related to sponsorship, personnel, and operations. Much of the evidence related to this section is found in institution and program documents, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files, and records addressing the content areas identified in the Standards. Site visitors and ARC-PA commissioners review materials assessing the accuracy of current policies and procedures as well as for consistency across materials addressing the same content areas.

In addition, during their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors verify that the processes described and information submitted by the program or reviewed on site reflect the reality of the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.

STANDARDS SECTION A INTRODUCTION

The administrative operation of a PA program involves collaboration between the faculty and administrative staff of the program and the sponsoring institution. As such, the sponsoring institution is explicitly committed to the success of the program. The program provides an environment that fosters intellectual challenge and a spirit of inquiry. Well-defined policies reflect the missions and goals of the program and sponsoring institution. Program documents accurately reflect lines of institutional and programmatic responsibility as well as individual responsibilities. Resources support the program in accomplishing its mission.

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<tr>
<th>Standard</th>
<th>Compliance / performance examples</th>
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<tbody>
<tr>
<td>A1.01</td>
<td>When more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students must be clearly described and documented in a manner signifying agreement by the involved institutions.</td>
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<tr>
<td></td>
<td>Copy of current and signed written agreement(s) documenting relationship and responsibilities between sponsoring institution and other institution(s) clearly describing respective responsibilities; may be an affiliation agreement, memorandum of understanding or business agreement. Applies to all institutions used for didactic education or supervised clinical practice experiences.</td>
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<tr>
<td>A1.02</td>
<td>There must be written and signed agreements between the PA program and/or sponsoring institution and the</td>
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<tr>
<td></td>
<td>Current, signed agreements provided as per application directions.</td>
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<tr>
<td>Standard</td>
<td>Compliance / performance examples</td>
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<tr>
<td>clinical affiliates used for supervised clinical practice experiences that define the responsibilities of each party related to the educational program for students.</td>
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</table>
ANNOTATION: Agreements typically specify whose policies govern and document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and clinical entity to cover multiple professional disciplines is acceptable, these agreements include specific notations acknowledging the terms of participation between the PA program and clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity. |

A1.03 The sponsoring institution is responsible for:  
a) supporting the planning by program faculty of curriculum design, course selection and program assessment,  
b) hiring faculty and staff,  
c) complying with ARC-PA accreditation Standards and policies,  
d) permanently maintaining student transcripts,  
e) conferring the credential and/or academic degree which documents satisfactory completion of the educational program,  
f) ensuring that all PA personnel and student policies are consistent with federal and state statutes, rules and regulations,  
g) addressing appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs and  
h) teaching out currently matriculated students in accordance with the institution's regional accreditor or |

This standard is about the institution's responsibilities for the following.  
Verification at time of visit of program's description in application  
a) Minutes of curriculum and planning meetings involving institution personnel. Published processes for institutional curriculum evaluation and approval. Availability of instructional faculty and resources. Institutional support and resources for course and program evaluation.  
b) Copies of academic appointment letters from the sponsoring institution as identified in faculty files, policies regarding hiring and firing, documentation regarding how hiring searches are conducted, including the time line for these processes.  
c) Evidenced of institutional support of the program and outcome of review  
d) Transcripts maintained by the registrar.  
e) Credential awarded by sponsoring institution.  
f) Policies reviewed by institutional administrators or legal counsel with
<table>
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<tr>
<th>Standard</th>
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<tr>
<td>federal law in the event of program closure and/or loss of accreditation.</td>
<td>this standard in mind; institutional procedures for review of program policies.</td>
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<tr>
<td>g) Measures to ensure student/faculty safety, such as program and institution policies or manuals, instruction on occupational health and safety, incident-reporting processes for locations used for didactic instruction and in sites used for supervised clinical practice, harassment prevention policies and procedures, conflict resolution processes. Agreements between the PA program and/or sponsoring institution and the clinical sites used for supervised clinical practice experiences address security and personal safety measures.</td>
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<tr>
<td>h) Institutional policies that meet regional accreditation requirements and or federal law.</td>
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<p>| A1.04 | The sponsoring institution <strong>must</strong> provide the opportunity for continuing professional development of the program director and principal faculty by supporting the development of their clinical, teaching, scholarly and administrative skills. |
|       | <strong>ANNOTATION:</strong> Professional development involves remaining current with clinical and academic skills and developing new skills needed for position responsibilities. The types of opportunities supported by institutions vary and may include supporting the PA principal faculty members in maintaining their NCCPA certification status, funding to attend continuing education conferences, non-vacation time to attend professional organizational meetings, funding to attend professional organizational meetings, time for clinical practice, time for research/scholarly activities, time to pursue advanced degree and/or tuition remission for an advanced degree, payment of dues and |
|       | Institutional faculty development resources and programs. Institutional support for professional development such as budget for faculty and staff development. Written program polices, institution documents, documents in program director and principal faculty files indicating professional development including clinical updating and skill enhancement in educational techniques, faculty CVs list the continuing professional development activities of the program director and principal faculty. |</p>
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<td>fees related to certification maintenance and/or time needed for review and study.</td>
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| **A1.05** The sponsoring institution *must* provide academic and *student* health services to PA students that are *equivalent* to those services provided other *comparable* students of the institution.  

**ANNOTATION:** Academic *student* services typically include academic advising, tutoring, career services, financial aid, computing and library.  

Program policies and procedures regarding access to academic and student health services equivalent to those of similar students enrolled at the sponsoring institution.  

Policies that address student health when students are assigned to clinical rotations.  

Web pages for academic student services listed in the annotation.  

Discussions with faculty, students and administration. | |
| **A1.06** The sponsoring institution *should* provide PA students and faculty at geographically *distant campus* locations *comparable* access to services and resources that help students reach their academic and career *goals* similar to those available to students and faculty on the main campus.  

**ANNOTATION:** The types of services and resources that help students reach their academic and career *goals* typically include academic advising, tutoring, career services, financial aid, computing and library resources and access. Faculty services and resources include those that are available to *instructional faculty* at the main campus, such as computing and technology resources, library resources and access, and employee assistance. The program is expected to inform students and faculty if certain services are only available to them on the main campus.  

Program’s description as provided in the application and verification at the time of the visit.  

Materials/documents/webpage from each geographic campus site demonstrating equivalency.  

Interviews with students to determine access to academic and student health services are comparable to those at the main campus.  

(The term *should* designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.) | |
| **A1.07** The sponsoring institution *must* provide the program with *sufficient* financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students. | Budget indicating that resources are assured for current classes, even in the event of program closure.  

Up to date and appropriate quantity of equipment and supplies purchased from program budget. |
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| A1.08    | The sponsoring institution must provide the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled students.  
ANNOTATION: Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program related activities such as maintaining records and processing admission applications. They include sufficient administrative and technical support staff to support faculty in accomplishing their assigned tasks. Student-workers may be used, but do not substitute for administrative and technical support staff. All faculty and staff positions are filled. Personnel to handle admissions process are in place. All non-student paid positions are filled; no reduction in staff positions from prior years (without appropriate justification) by substituting student-workers. Faculty duties do not include those typically filled by administrative or technical support staff. Program self-assessment of sufficiency of human resources to operate the program |
| A1.09    | The sponsoring institution must provide the program with the physical facilities to operate the educational program to fulfill obligations to matriculating and enrolled students.  
ANNOTATION: Physical facilities relate to office, classroom, and other educational space. This includes space to provide confidential academic counseling of students by the program director and principal faculty, space for program conferences and meetings, space for secure storage of student files and records, appropriate didactic and clinical facilities sufficient in number and size and appropriate in design to meet their intended use, and appropriate classroom and laboratory space conducive to student learning. Program’s description as provided in the application and verification at the time of the visit. Space is appropriate for number of students, faculty and staff. Program self-assessment of sufficiency of physical resources |
| A1.10    | The sponsoring institution must provide the program with the academic resources needed by the program, staff, and students. Program’s description as provided in the application and verification at the time of the visit. |
### Standard

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<tr>
<td>Discussions with faculty, students and administration. Program self-assessment of sufficiency of institutional support for technical and academic resources</td>
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**ANNOTATION:** Academic resources include computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information, and current literature; the full text of current books, journals, periodicals, and other reference materials related to the curriculum.

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**A1.11** The sponsoring institution must support the program in securing clinical sites and preceptors in sufficient numbers for program-required clinical practice experiences.

**Program’s description as provided in the application, portal and verification at the time of the visit.**

Discussions on-site, review of program planning/committee minutes as appropriate.

Institution provides administrative support to recruit and maintain preceptors and clinical sites, including assessing sites and preceptors for appropriateness in terms of meeting program expectations and Standards.

Clearly stated and implemented strategies that entail specific institutional involvement and support for obtaining (or recruiting) sites and preceptors, maintaining existing sites and preceptors and collaborating with the PA program administration to forecast potential clinical site shortages due to internal and external stressors.

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**A2.01** All faculty must possess the educational and experiential qualifications to perform their assigned duties.

Current CVs included in the application and available during the visit documenting educational and professional experience. CV consistent with job descriptions. On-site interviews.

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**A2.02** The program must have program faculty that include the program director, principal

Current CVs, interviews with faculty during the visit to verify and/or clarify the
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<td>faculty, medical director and <em>instructional faculty</em>.</td>
<td>description provided in the program’s application.</td>
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<tr>
<td>a) The program director <em>must</em> be assigned to the program on a 12 month full time basis. At least 80% of that time <em>should</em> be devoted to academic and administrative responsibilities in support of the program.</td>
<td>(The term <em>should</em> designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.)</td>
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<td><strong>ANNOTATION</strong>: Program directors often hold other leadership roles within the institution or spend non program time in clinical practice or research.</td>
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<tr>
<td>b) The program must have at least three FTE <em>principal faculty</em> positions. Two FTE <em>principal faculty</em> positions <em>must</em> be filled by PA faculty who currently are NCCPA-certified.</td>
<td>b) Faculty CVs indicate at least two FTE <em>principal faculty</em> are currently NCCPA-certified.</td>
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<td><strong>A2.03</strong> <em>Principal faculty</em> must be <em>sufficient</em> in number to meet the academic needs of enrolled students.</td>
<td>Review of faculty position descriptions, FTE status, review of program or institutional workload formulas. Discussions with faculty, students and administration. Program self-assessment of faculty sufficiency. The number of principal faculty may vary depending on the percentage of program coursework being taught by principal faculty, the newness of faculty, workload outside of the classroom including academic advising and remediation, site visits, admissions screening and decision-making and scholarly work or grant writing.</td>
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<td><strong>ANNOTATION</strong>: The number of <em>principal faculty</em> may need to exceed the 3.0 FTE minimum in order to accommodate student needs in larger programs and, depending upon the academic and administrative complexity of the program and responsibilities assigned to faculty within the program.</td>
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<td><strong>A2.04</strong> <em>Principal faculty</em> and the program director <em>should</em> have academic appointments and privileges <em>comparable</em> to other faculty with similar academic responsibilities in the institution.</td>
<td>Review of the institutional faculty manual and/or polices related to employment classification/rank, and any other appropriate institution documents. (The term <em>should</em> designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they</td>
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<td>are unable to do so with compelling reason, acceptable to the ARC-PA.</td>
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| A2.05    | **Principal faculty** and the program director **must** actively participate in the processes of:  
  a) developing, reviewing, and revising as necessary the mission statement for the program,  
  b) selecting applicants for admission to the PA program,  
  c) providing student instruction,  
  d) evaluating student performance,  
  e) academic counseling of students,  
  f) assuring the availability of remedial instruction,  
  g) designing, implementing, coordinating, evaluating curriculum and  
  h) evaluating the program.  
|          | Program meeting minutes (such as admissions, curriculum, student progress, program assessment).  
|          | Position/job descriptions.  
|          | Documentation of student selection process, including the role of faculty.  
|          | Documentation of each faculty member’s course and instruction responsibilities, course listings with primary instructors identified, daily academic schedule listing instructors.  
|          | Description of faculty role in evaluating student performance; clinical performance skills check lists (such as physical examination) signed by faculty.  
|          | Documentation of faculty-student counseling sessions regarding student performance.  
|          | Documentation in student records regarding remedial instruction. |
| A2.06    | The program director **must** be a PA or a physician.  
  a) If the program director is a PA, s/he **must** hold current NCCPA certification.  
  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.  
<p>|          | Current CV documenting educational background, certification and licensure information. |</p>
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<td>A2.07 The program director must not be the medical director.</td>
<td>Current CVs and position/job descriptions.</td>
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<td>A2.08 The program director must provide effective leadership and management.</td>
<td>Discussions with administrators, faculty and preceptors, program director, and students. Documents indicating institutional process and results of assessment of program director’s leadership and management of the program.</td>
</tr>
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<td><strong>ANNOTATION</strong>: Effective leadership and management involve careful attention to all aspects of the program to assure a solid operational foundation. Effective leaders and managers give careful attention to issues related to personnel, program and institutional processes, and application of resources. They employ strong communication skills in all situations. They analyze and proactively problem solve. They monitor, oversee, mentor, supervise and delegate as appropriate to the individuals, setting, or issue.</td>
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<td>A2.09 The program director must be knowledgeable about and responsible for program:</td>
<td>Position/job description Diagram of institutional reporting and organizational structure as verified by discussions with faculty and institutional administrators during the visit. Written evaluations of program director, discussions with faculty, dean or other institutional administrators, and students. Minutes of faculty/planning/curriculum/program review or other meetings. Completeness and accuracy of the application submitted, including appendices and SSR. Appropriate arrangements made for the site visit, including the schedule and all materials prepared for visitors.</td>
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<td>a) organization, b) administration, c) fiscal management, d) continuous review and analysis, e) planning, f) development and g) participation in the accreditation process.</td>
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<td><strong>ANNOTATION</strong>: Knowledge and responsibility related to participation in the accreditation process involve more than simply completing applications and reports required by the ARC-PA. They are demonstrated by adhering to the Standards and ARC-PA policies, and following directions and guidelines provided by the ARC-PA.</td>
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<td>A2.10 The program director must supervise the medical director, principal and <em>instructional faculty</em> and staff in all activities that directly relate to the PA program.</td>
<td>Review of job descriptions, organizational chart and discussions with administrators, faculty, staff, medical director and program director.</td>
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| A2.11 The medical director must be:  
  a) a currently licensed allopathic or osteopathic physician and  
  b) certified by an ABMS- or AOA-approved specialty board. | Current CV to include licensure and certification data. |
| A2.12 The medical director must be an active participant in the program.  

**ANNOTATION:** The medical director supports the program director in insuring that both didactic instruction and *supervised clinical practice experiences* meet current practice standards as they relate to the PA role in providing patient care. The medical director may be actively involved in developing the mission statement for the program; providing instruction; evaluating student performance; designing, implementing, coordinating and evaluating curriculum, and evaluating the program. | Position/job description for medical director.  
Program documents, meeting minutes indicating medical director participation per job description.  
Discussions with the medical director, program director, administrators, faculty and students. |
| A2.13 *Instructional faculty must* be:  
  a) qualified through academic preparation and/or experience to teach assigned subjects and  
  b) knowledgeable in course content and effective in teaching assigned subjects. | Faculty CVs, written student evaluations of faculty, description of faculty vetting process, discussions with program director, faculty and students.  
Includes didactic and clinical instructional faculty. |

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1 Medical directors appointed on or after 3/1/06 should have their current licensure in the state in which the program exists.
2 Medical directors appointed before 3/1/06 should be board certified, those appointed on or after 3/1/06 must be board certified.
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<td>experience or previous academic background in a field or discipline</td>
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| A2.14 In addition to the principal faculty, there must be sufficient instructional faculty to provide students with the necessary attention, instruction, and supervised clinical practice experiences to acquire the knowledge and competence required for entry into the profession.  
ANNOTATION: Instructional faculty participate in the evaluation of student performance and in the identification of students who are not achieving course and program learning outcomes. | For the entire curriculum (didactic and clinical), list of all instructional faculty involved in the program, including content and hours taught; table showing each course identifying principal and instructional faculty assigned to courses. Documentation from instructional faculty re: students with performance difficulties, documented remediation plans from instructional faculty, course syllabi for courses taught by instructional faculty. Documentation of clinical preceptor numbers and types sufficient to provide required supervised clinical practice experiences. |
| A2.15 The program should not rely primarily on resident physicians for didactic or clinical instruction. | For those providing clinical supervision, a list indicating their professional medical titles and educational background.  
(The term should designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.) |
| A2.16 All instructional faculty serving as supervised clinical practice experience preceptors must hold a valid license that allows them to practice at the clinical site.  
ANNOTATION: It is the program’s responsibility to verify that the instructional faculty hold valid licenses. Simply indicating that there is an affiliation agreement or memorandum with the sites used for supervised clinical practice experiences is not verification that individuals hold valid licenses to practice. The program need not investigate the licensure if they can produce a current document, other than an | Written procedure describing how the program determines and maintains current licensure information for instructional faculty.  
Written documentation of current licensure of instructional faculty. |
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<td>affiliation agreement/memorandum, completed by others in the sponsoring institution or supervised clinical site attesting to current licensure.</td>
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| **A2.17** In each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, there **must** be an *instructional faculty* member designated by the program to assess and supervise the student's progress in achieving *learning outcomes*.  

ANNOTATION: The program is expected to inform students at each location which *instructional faculty* member is serving in this role for the location and how to contact this faculty member. | List of the instructional faculty designated for each clinical site. 
Course syllabi identify the instructor of record. 
On-site interviews with students. |
| **A2.18** There **must** be at least a 1.0 FTE position, which **should** be dedicated exclusively to the program, to provide *administrative support* for the program.  

ANNOTATION: This position may be occupied by more than one person. The person(s) assigned to this position report to the program director during the time assigned to the program. The number of individuals providing *administrative support* to the program may need to be more than the 1.0 FTE minimum due to the number of students, academic and administrative complexity of the program and responsibilities assigned to faculty and staff within the program. Students who may be assigned to the program as student-workers are not counted in the minimum 1.0 FTE. | Program self-assessment of administrative support staff sufficiency. 
Identification of administrative support personnel, position/job descriptions, discussions on site.  
(The term *should* designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.) |
<p>| <strong>A3.01</strong> Program policies <strong>must</strong> apply to all students, <em>principal faculty</em> and the program director regardless of location. | Program policies and on-site interviews. |</p>
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<td>ANNOTATION: A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site.</td>
<td>Verification at the time of the visit of the program’s description as provided in the application. Program policies and procedures. Acknowledgments signed by students. On-site interviews.</td>
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<td>A3.02 The program must inform students of program policies and practices.</td>
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<td>A3.03 Students must not be required to provide or solicit clinical sites or preceptors. The program must coordinate clinical sites and preceptors for program required rotations. ANNOTATION: Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and preceptors for suitability as a required or elective rotation experience. Students may make suggestions to principal faculty for sites and preceptors but are not required to do so. Student suggested sites and preceptors are to be reviewed, evaluated, and approved for educational suitability by the program.</td>
<td>Verification at the time of the visit of the program’s description as provided in the application. Program policies and procedures. On-site interviews.</td>
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<td>A3.04 PA students must not be required to work for the program.</td>
<td>Program policies, on-site interviews.</td>
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<td>A3.05 Students must not substitute for or function as instructional faculty. ANNOTATION: Students with specific prior knowledge, experiences, and skills may assist faculty in didactic and laboratory sessions to share their knowledge and skills. Students are not to be the primary instructor or instructor of record for any component of the curriculum.</td>
<td>Program policies, instructional faculty orientation materials or correspondence, on-site interviews.</td>
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<tr>
<td>A3.06</td>
<td>Students must not substitute for clinical or administrative staff during <em>supervised clinical practical experiences</em>. Program policies, preceptor orientation materials or correspondence, on-site interviews.</td>
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<td>A3.07</td>
<td>The program must have and implement a policy on immunization of students and such policy must be based on current Centers for Disease Control recommendations for health professionals. Policies and procedures for student health screening and immunization as described in program policies, promotional materials and/or web site all consistent with current CDC recommendations for health care professionals. ANNOTATION: Programs offering <em>rotations</em> at international sites are expected to have policies that include information on CDC recommendations for international travel.</td>
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<tr>
<td>A3.08</td>
<td>The program must inform students of written policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk. Evidence that the program informs students of such institutional policies and those at clinical affiliates which are used for rotations (for example: OSHA education documentation, latex allergy statement). ANNOTATION: Policies related to infectious and environmental hazards are expected to address methods of prevention; procedures for care and treatment after exposure, including definition of financial responsibility. Copies of such policies in program and institution documents meet criteria in annotation. On-site interviews.</td>
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<td>A3.09</td>
<td>Principal faculty, the program director and the medical director must not participate as health care providers for students in the program, except in an emergency situation. Position descriptions, faculty assignments, program and/or student health center policies, discussions on-site.</td>
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<tr>
<td>A3.10</td>
<td>The program must have written policies that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program. Program/institution policies/manuals/resources, on-site interviews.</td>
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<td>A3.11</td>
<td>The program must define, publish, and make <em>readily available</em> to faculty and students policies and procedures for processing student grievances and allegations of harassment. Program/institution policy in manual/handbook/web page. On-site interviews.</td>
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| **A3.12** | The program *must* define, publish, and make *readily available* to faculty institutional policies and procedures for processing faculty grievances and allegations of harassment.  
    **ANNOTATION:** If the program has policies related to grievances and harassment in addition to those of the institution, the program is expected to document these and make them *readily available* to faculty.  
    Program/institution policy in manual/handbook/web page.  
    On-site interviews. |
| **A3.13** | The program announcements and advertising *must accurately* reflect the program offered.  
    **ANNOTATION:** Institutions and programs are responsible for providing clear and credible information to stakeholders about all dimensions of the program.  
    Institutional and program advertisements are consistent with each other and accurately reflect the program (includes both printed and electronic documents). |
| **A3.14** | The program *must* define, publish, and make *readily available* to enrolled and prospective students general program information to include:  
    a) the program’s ARC-PA accreditation status,  
    **ANNOTATION:** The program is expected to post on its web site the accreditation status statement provided by the ARC-PA.  
    b) the success of the program in achieving its *goals*,  
    **ANNOTATION:** The program is expected to provide factually accurate evidence of its effectiveness in meeting its goals.  
    c) first time *PANCE* rates for the five most recent graduating classes,  
    **ANNOTATION:** The program is expected to publish on its web site the written policies and web site clearly describe all components of the standard and its annotation. All institutional and program documents and web sites are accurate and consistent with each other.  
    Written policies and web site clearly describe all components of the standard and its annotation. All institutional and program documents and web sites are accurate and consistent with each other.  
    a) The program must publish the official wording provided by the ARC-PA exactly as written. The most current accreditation statement provided replaces any other accreditation language the program uses or was provided by the ARC-PA in the past. The expectation is that this will be published and available on the home page of the program’s web site or as a link directly from the home page with the category PA Program Accreditation.  
    b) This is above and beyond the PANCE data. The program must first define and publish its goals. Then the program must define, publish and report success in achieving its goals. The expectation is that this document will be easily recognizable |
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| **PANCE** performance data of its graduates by publishing the NCCPA PANCE Pass Rate Summary Report, as provided by the NCCPA through its program portal, of the most recent five-year first time graduate performance. The program is expected to update this performance data in a timely manner. The program may supplement this information with concise and factually accurate evidence of the soundness of its operation and its overall effectiveness in meeting its mission. Examples of information may include graduation rates, job placement rates and attrition rates.  
  d) all required curricular components,  
  e) academic credit offered by the program,  
  f) estimates of all costs (tuition, fees, etc.) related to the program,  
  g) policies and procedures for refunds of tuition and fees and  
  h) policies about student employment while enrolled in the program. | from the home page of the program web site in a category related to program goals.  
  c) The program must publish the official NCCPA PANCE Pass Rate Summary Report of the most recent five-year first time graduate performance as provided by the NCCPA through its program portal. The report will reflect the most recent graduating class that has taken the PANCE. The expectation is this document will be easily recognizable from the home page of the program web site, in a category related to graduate outcomes, not hidden within other categories. If the link connects to a separate web page on the site, the PANCE report must be readily evident.  
 (Programs may include additional narrative concerning their PANCE performance, but must post the results as required.) The ARC-PA expects programs to have the most current results posted.  
  d) listed curricular components include required rotations by specialty  
  f) program costs must be current, include all required expenses and be presented so prospective students can determine total cost of attendance  
  g) and h) policies must be easily accessible to enrolled and prospective students on or linked from the program website. |
| **A3.15** The program must define, publish, and make readily available to prospective students admission related information to include:  
  a) admission and enrollment practices that favor specified individuals or groups (if applicable),  
  b) admission requirements regarding prior education or work experience,  
  c) policies and procedures concerning awarding or granting advanced placement,  
  d) any required academic standards for enrollment and | Institutional and program documents and web site are consistent with each other and clearly describe all components of the standard.  
  c) The program explicitly states when advanced placement is not an option. |
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<td>e) any required <em>technical standards</em> for enrollment.</td>
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<td><strong>A3.16</strong> The program <em>must</em> make student admission decisions in accordance with clearly defined and <em>published</em> practices of the institution and program.</td>
<td>Written admission policies and procedures adhered to as evidenced by review of applicant and student files. Copies of forms used to screen applications for class positions reflect practices published on the program web site.</td>
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| **A3.17** The program *must* define, publish, and make *readily available* to students upon admission academic performance and progression information to include:  
  a) any required academic standards,  
  b) completion deadlines/requirements related to curricular components,  
  c) requirements for progression in and completion of the program,  
  d) policies and procedures for processing student grievances,  
  e) policies and procedures for withdrawal and dismissal,  
  f) policies and procedures for *remediation* and *deceleration* and  
  g) policies and procedures for processing allegations of harassment. | Institutional and program policies/documents and web site are consistent with each other. Policies are easily located and clearly describe all components of the standard.  
  b) Deadlines and requirements for completion of course work is published. Policies related to deceleration, leave of absence or other delay in completion of the curriculum include deadlines and requirements for completion of the curriculum.  
  f) The program explicitly states if deceleration (the loss of a student from the entering cohort, who remains matriculated in the physician assistant program) is *not* an option in any circumstance. |
| **A3.18** Programs granting *advanced placement* must document within each student’s file that those students receiving *advanced placement* have:  
  a) met program defined criteria for such placement,  
  b) met institution defined criteria for such placement and  
  c) demonstrated appropriate *competencies* for the curricular components in which *advanced placement* is given. | Detailed program criteria and process for granting advanced placement (which may differ from course to course). Records of students granted advanced placement. Documentation of competencies assessed and student performance when advanced placement is granted. |
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<th>Standard</th>
<th>Compliance / performance examples</th>
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<tr>
<td>A3.19</td>
<td>Student files kept by the program <em>must</em> include documentation: &lt;br&gt; ANNOTATION: Files kept by the program may be kept in paper or electronic format and need not be physically located in the program offices. If not located in the program offices, they are to be accessible by appropriate program personnel. File documents must be able to be distributed to others with need and authority to access the files. &lt;br&gt; a) that the student has met <em>published</em> admission criteria including <em>advanced placement</em> if awarded, &lt;br&gt; b) that the student has met institution and program health screening and immunization requirements, &lt;br&gt; c) of student performance while enrolled, &lt;br&gt; d) of <em>remediation</em> efforts and outcomes, &lt;br&gt; e) of summaries of any formal academic/behavioral disciplinary action taken against a student and &lt;br&gt; f) that the student has met requirements for program completion.</td>
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<tr>
<td>A3.20</td>
<td>PA students <em>must</em> not have access to the academic records or other confidential information of other students or faculty.</td>
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<tr>
<td>A3.21</td>
<td>Student <em>health records</em> are confidential and <em>must</em> not be accessible to or reviewed by <em>program, principal or instructional faculty</em> or staff except for immunization and tuberculosis screening results which may be maintained and released with written permission from the student. &lt;br&gt; ANNOTATION: The ARC-PA does not consider needle stick/sharp reports, results of drug screening, or criminal background checks, a part of the health record.</td>
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<td>Standard</td>
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| A3.22    | **Principal faculty records must include:**  
          | a) current job descriptions that include duties and responsibilities specific to each *principal faculty* member and  
          | b) current curriculum vitae.  
          | Faculty records contain current CV and position description specific to the duties of the principal faculty member. |
| A3.23    | The program *must* have current curriculum vitae for each *course director*.  
          | Faculty files include current CVs for course directors. |
SECTION B: CURRICULUM AND INSTRUCTION

Section B addresses the entire curriculum, including the didactic and supervised clinical practice components. Much of the evidence related to this section is found in program documents, such as catalogues, student handbooks or manuals, web sites, course syllabi, student files, and records describing the content areas addressed in the Standards.

Site visitors and ARC-PA commissioners review materials verifying the accuracy and currency of content, as well as for consistency across materials addressing the same content areas. In reviewing course-related materials, they review course syllabi, which should include the course name, course description, course goals, outline of topics to be covered, instructional objectives, specific expected learning outcomes, faculty instructor of record, methods of student assessment or evaluation and plan for grading. They review blank as well as completed course and student evaluation instruments. For supervised clinical practice-related Standards requiring the program document attainment of learning outcomes, the program must provide documentation of the assessment of students in whatever manner it collects such data.

In addition, during their discussions with individuals (administrators, faculty, instructors, preceptors, students) as part of the visit, site visitors verify that the processes described and information submitted by the program or reviewed on site accurately reflect the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.

STANDARDS SECTION B INTRODUCTION

The program curriculum prepares students to provide patient centered care and collegially work in physician-PA teams in an interprofessional team environment. The curriculum establishes a strong foundation in health information technology and evidence-based medicine and emphasizes the importance of remaining current with the changing nature of clinical practice.

Section B addresses all aspects of the curriculum. The professional curriculum for PA education includes applied medical, behavioral and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues. Issues relating to individual professional responsibility and working in the health care delivery system are included in the clinical preparatory section of this Standards section and apply to supervised clinical practice settings in the clinical curriculum.

Programs need not have discrete courses for each of the instructional areas discussed within this section. However, learning outcomes and/or instructional objectives related to all instructional areas are important elements of the curriculum and course syllabi.

The standards in section B1 apply to the entire curriculum of the program and have application to all curricular components.
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<th><strong>Standard</strong></th>
<th><strong>Evidence Suggestions / Performance Indicators</strong></th>
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<tr>
<td>B1.01 The curriculum <em>must</em> be consistent with the mission and <em>goals</em> of the program.</td>
<td>Course related materials which support the mission and goals of the program. Program evaluation of the curriculum in meeting its mission and goals.</td>
</tr>
<tr>
<td>B1.02 The curriculum must include core knowledge about the established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.</td>
<td>Course-related materials.</td>
</tr>
<tr>
<td>B1.03 The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.</td>
<td>Course-related materials, which include higher level instructional objectives that define expected and appropriate clinical practice competencies. Program self-assessment that includes but is not limited to student success in certification and employment, graduate feedback on preparation for employment, preceptor feedback on the curriculum, faculty and student evaluation of the curriculum.</td>
</tr>
<tr>
<td>B1.04 The curriculum design <em>must</em> reflect sequencing that enables students to develop the <em>competencies</em> necessary for current and evolving clinical practice.</td>
<td>Graphic display of the curriculum design and sequencing. Course sequencing in conjunction with course syllabi content demonstrate a curriculum that sequentially builds upon previous knowledge and competencies. Program self-assessment of instructor/preceptor feedback on student preparation for course work. Analysis of course evaluation data. Program self-assessment outcomes that demonstrate student success in certification and employment. Evaluation of graduate feedback on preparation for employment.</td>
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</table>

**ANNOTATION:** The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum. It does not mandate that content be delivered in separate courses with traditional discipline names. Appropriate sequencing involves considering overall program design and integration of content. Content and course sequencing are expected to build upon previously achieved student learning.
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<tr>
<td>B1.05</td>
<td>The curriculum <em>must</em> include instruction about intellectual honesty and appropriate academic and professional conduct. Course-related materials supporting instruction. Must include more than policies and orientation to policies or standards of conduct.</td>
</tr>
<tr>
<td>B1.06</td>
<td>The curriculum <em>must</em> include instruction to prepare students to provide medical care to patients from diverse populations. Course syllabi, instructional objectives and/or expected learning outcomes or competencies, content outlines, evaluation mechanisms that relate to the development, application and evaluation of this knowledge.</td>
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<td></td>
<td><strong>ANNOTATION:</strong> Quality health care education involves an ongoing consideration of the constantly changing health care system and the impact of racial, ethnic, and socioeconomic health disparities on health care delivery. Instruction related to medical care and diversity prepares students to evaluate their own values and avoid stereotyping. It assists them in becoming aware of differing health beliefs, values and expectations of patients and other health care professionals that can affect communication, decision-making, compliance, and health outcomes.</td>
</tr>
<tr>
<td>B1.07</td>
<td>The curriculum <em>must</em> include instruction related to the development of problem solving and medical decision-making skills. Course syllabi, instructional objectives and defined expected learning outcomes or competencies include instructional methods and student evaluation mechanisms that relate to the development, application and evaluation of these skills.</td>
</tr>
<tr>
<td>B1.08</td>
<td>The curriculum <em>must</em> include instruction to prepare students to work collaboratively in interprofessional patient centered teams. Course-related materials with instructional objectives, learning outcomes and opportunity to apply interprofessional practice, required for all students. Student evaluation mechanisms that relate to the development, application and evaluation of these skills. On-site interviews with students and faculty.</td>
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<td></td>
<td><strong>ANNOTATION:</strong> Such instruction includes content on the roles and responsibilities of various health care professionals, emphasizing the team approach to patient centered care beyond the traditional physician-PA team approach. It assists students in learning the principles of interprofessional practice and includes opportunities for students to apply these principles in interprofessional teams within the curriculum.</td>
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<td><strong>B1.09</strong> For each didactic and clinical course, the program must define and publish instructional objectives that guide student acquisition of required competencies.</td>
<td>Course instructional objectives are clear in defining expectations, provide guidance, and include resources to help students achieve competencies.</td>
</tr>
<tr>
<td><strong>B1.10</strong> The program should orient instructional faculty to the specific learning outcomes it requires of students.</td>
<td>Orientation materials prepared for faculty and preceptors. Correspondence from program to faculty and preceptors. Meeting minutes. On-site interviews.</td>
</tr>
<tr>
<td><strong>B1.11</strong> The program must ensure educational equivalency of course content, student experience, and access to didactic and laboratory materials when instruction is:</td>
<td>Documents demonstrating equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided in different geographic locations or by different means (such as online vs. in-person) for some students. Student-completed evaluations demonstrate course equivalency. Program evaluation and analysis of curriculum design and delivery. On-site interviews.</td>
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<td>a) conducted at geographically separate locations and/or b) provided by different pedagogical and instructional methods or techniques for some students.</td>
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<tr>
<td><strong>B2.01</strong> While programs may require specific course(s) as prerequisites to enrollment, those prerequisites must not substitute for more advanced applied</td>
<td>Comparison of prerequisite courses versus those delivered during the professional phase. Instructional</td>
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<td>content within the professional component of the program.</td>
<td>objectives, expected competencies, and content. Review of materials published by the program and institution.</td>
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| B2.02 The program curriculum *must* include instruction in the following areas of applied medical sciences and their application in clinical practice:  
  a) anatomy,  
  b) physiology,  
  c) pathophysiology,  
  d) pharmacology and pharmacotherapeutics,  
  e) the genetic and molecular mechanisms of health and disease. | Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge. On-site interviews. |
| B2.03 The program curriculum *must* include instruction in clinical medicine covering all organ systems. | Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge On-site interviews. |
| B2.04 The program curriculum *must* include instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals. | Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of these knowledge and skills. On-site interviews. |
| B2.05 The program curriculum *must* include instruction in patient evaluation, diagnosis, and management.  
  **ANNOTATION:** Instruction in patient assessment and management includes caring for patients of all ages | Course-related materials with instructional objectives and learning outcomes related to this content area, including all areas of the annotation. |
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<td>from initial presentation through ongoing follow-up. It includes instruction in interviewing and eliciting a medical history; performing complete and focused physical examinations; generating differential diagnoses; and ordering, and interpreting diagnostic studies. Patient management instruction addresses acute and longitudinal management. Instruction related to treatment plans is patient centered and inclusive, addressing medical issues, patient education, and referral.</td>
<td>Student evaluation mechanisms that relate to the development, application and evaluation of knowledge and skills. On-site interviews.</td>
</tr>
<tr>
<td>B2.06 The program curriculum must include instruction in the provision of clinical medical care across the life span. ANNOTATION: Preclinical instruction prepares PAs to provide preventive, emergent, acute, chronic, rehabilitative, palliative, and end-of-life care. It includes content relevant to prenatal, infant, children, adolescent, adult, and elderly populations.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area, including all areas of the annotation. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge. On-site interviews.</td>
</tr>
<tr>
<td>B2.07 The program curriculum must include instruction in technical skills and procedures based on current professional practice.</td>
<td>List of technical skills and procedures taught. Curriculum outlines, course syllabi, handouts, lecture notes. Student evaluation mechanisms that relate to the development, application and evaluation of these skills. On-site interviews.</td>
</tr>
<tr>
<td>B2.08 The program curriculum must include instruction in the social and behavioral sciences as well as normal and abnormal development across the life span. ANNOTATION: Social and behavioral sciences prepare students for primary care practice. Instruction includes detection and treatment of substance abuse; human sexuality; issues of death, dying and loss; response to illness, injury and stress; principles of violence identification and prevention; and psychiatric/behavioral conditions.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area, including all areas of the annotation. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge. On-site interviews.</td>
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<td>B2.09 The program curriculum must include instruction in basic counseling and patient education skills.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area, including all areas of the annotation. Student evaluation mechanisms that relate to the development, application and evaluation of these knowledge and skills. On-site interviews.</td>
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<tr>
<td>ANNOTATION: Instruction in counseling and patient education skills is patient centered, culturally sensitive, and focused on helping patients cope with illness, injury and stress, adhere to prescribed treatment plans, and modify their behaviors to more healthful patterns.</td>
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<td>B2.10 The program curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature, including its application to individualized patient care.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area, including areas in the annotation. Student evaluation mechanisms that relate to the development, application and evaluation of these knowledge and skills. On-site interviews.</td>
</tr>
<tr>
<td>ANNOTATION: This instruction assists students in maintaining a critical, current and operational knowledge of new medical findings required for the prevention and treatment of disease. Instruction often includes topics such as framing of research questions, sampling methods, interpretation of basic biostatistical methods and the limits of medical research. The use of common medical databases to access medical literature is also included.</td>
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<tr>
<td>B2.11 The program curriculum must include instruction in health care delivery systems and health policy.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge. On-site interviews.</td>
</tr>
<tr>
<td>B2.12 The program curriculum must include instruction in concepts of public health as they relate to the role of the practicing PA.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area, including all areas of the annotation.</td>
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<td>ANNOTATION: Instruction in concepts of public health includes an appreciation of the public health</td>
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<tr>
<td>System and the role of health care providers in the prevention of disease and maintenance of population health. It includes participating in disease surveillance, reporting, and intervention.</td>
<td>Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge On-site interviews.</td>
</tr>
<tr>
<td>B2.13 The program curriculum must include instruction in patient safety, quality improvement, prevention of medical errors, and risk management.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge On-site interviews.</td>
</tr>
<tr>
<td>B2.14 The program curriculum must include instruction about PA licensure, credentialing, and laws and regulations regarding professional practice.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge On-site interviews.</td>
</tr>
<tr>
<td>B2.15 The program curriculum must include instruction regarding reimbursement, documentation of care, coding, and billing.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge On-site interviews.</td>
</tr>
<tr>
<td>B2.16 The program curriculum must include instruction in the principles and practice of medical ethics.</td>
<td>Course-related materials with instructional objectives and learning outcomes related to this content area. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge On-site interviews.</td>
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<td>B2.17 The program curriculum <em>must</em> include instruction in the PA profession, its historical development and current trends. ANNOTATION: Instruction related to PA professional issues addresses the physician-PA team relationship, political issues that affect PA practice, the PA professional organizations.</td>
<td>On-site interviews. Course-related materials with instructional objectives and learning outcomes related to this content area, including all areas of the annotation. Student evaluation mechanisms that relate to the development, application and evaluation of this knowledge.</td>
</tr>
<tr>
<td>B3.01 PA students <em>must</em> be clearly identified in the clinical setting to distinguish them from physicians, medical students and other health profession students and graduates.</td>
<td>Program policies and procedures. Name tags, jacket patches/emblems, etc. seen during on-site meetings with students.</td>
</tr>
<tr>
<td>B3.02 <em>Supervised clinical practice experiences must</em> enable all students to meet the program’s <em>learning outcomes</em> expected of students to include preventive, emergent, acute, and chronic patient encounters.</td>
<td>Program has clearly defined for students and preceptors, the <em>learning outcomes</em> (the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) that must be attained by each student at the completion of a supervised clinical practice experience (SCPE). The <em>learning outcomes</em>, at minimum, address the requirements of the standard. <em>Learning outcomes</em> for preventive, emergent, acute, and chronic patient encounters are listed in rotation syllabi, clinical handbook, preceptor handbook and/or other documents available to students and preceptors. Program has a method to determine, after having the supervised clinical practice experiences, each student has the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and</td>
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<td><strong>Standard</strong></td>
<td><strong>Evidence Suggestions / Performance Indicators</strong></td>
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| B3.03 | Supervised clinical practice experiences must enable all students to meet the program’s learning outcomes expected of students for patients seeking:  
  a) medical care across the life span to include, infants, children, adolescents, adults, and the elderly,  
  b) women’s health (to include prenatal and gynecologic care),  
  c) care for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care and  
  d) care for behavioral and mental health conditions. | Program clearly defined for students and preceptors, the learning outcomes (the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and problem-solving abilities) that must be attained by each student at the completion of a supervised clinical practice experience (SCPE). The learning outcomes, at minimum, address the requirements of the standard. Learning outcomes for:  
- medical care across the life span  
- women’s health care  
- care for conditions requiring surgical management  
- care for behavioral and mental health conditions  
are listed in rotation syllabi, clinical handbook, preceptor handbook and/or other documents available to students and preceptors.  
Program has a method to determine, after having the supervised clinical practice experiences, each student has the knowledge, interpersonal, clinical and technical skills, professional behaviors, clinical reasoning and
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| **B3.04** *Supervised clinical practice experiences must occur* in the following settings:  
  a) outpatient,  
  b) emergency department,  
  c) inpatient and  
  d) operating room.  

**ANNOTATION:** While patients often use emergency departments for primary care complaints, students are expected to interact with patients needing emergent care in this setting. Urgent care centers may be used for *supervised clinical practice experiences*, but do not replace the requirement to have students in emergency departments. | List(s) of clinical sites, clinical rotation schedule, documentation of patient encounters in each of the areas noted.  
Faculty and student evaluations of SCPEs. |
| **B3.05** *Instructional faculty* for the supervised clinical practice portion of the educational program *must* consist primarily of practicing physicians and PAs. | List of those providing clinical supervision, indicating their professional medical titles and credentials. |
| **B3.06** *Supervised clinical practice experiences should* occur with:  
  a) physicians who are specialty board certified in their area of instruction,  
  b) PAs teamed with physicians who are specialty board certified in their area of instruction or  
  c) other licensed health care providers experienced in their area of instruction.  

**ANNOTATION:** It is expected that the program will provide *supervised clinical practice experiences* with *preceptors* who are prepared by advanced medical education or by experience. The ARC-PA will only consider *supervised clinical practice* | List of current preceptors indicating their educational background, board certification, and licensure.  
If applicable, documentation of program evaluation of physician preceptors who are not board certified to determine whether each is appropriate for the specified area of instruction.  
(The term *should* designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address... |
Standard | Evidence Suggestions / Performance Indicators
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experiences occurring with physician preceptors who are not board certified or with other licensed health care providers serving as preceptors when they are evaluated and determined by the program faculty to be appropriate for the specified area of instruction, under circumstances unique to the program. | why they are unable to do so with compelling reason, acceptable to the ARC-PA.)

B3.07 Supervised clinical practice experiences should occur with preceptors practicing in the following disciplines:
  a) family medicine,  
  b) internal medicine,  
  c) general surgery,  
  d) pediatrics,  
  e) ob/gyn and  
  f) behavioral and mental health care.  

ANNOTATION: PA education requires a breadth of supervised clinical practice experiences to help students appreciate the differences in approach to patients taken by those with varying specialty education and experience. Supervised clinical practice experiences used for required rotations are expected to address the fundamental principles of the above disciplines as they relate to the clinical care of patients. Subspecialists serving as preceptors might, by advanced training or current practice, be too specialty focused to provide the fundamental principles for required rotations in the above disciplines. Reliance on subspecialists as preceptors in the above disciplines is contrary to the intent of this standard.

(NOte: Standard B3.07 is about the preceptors and not the types of patients that may be seen in certain practices.)

Lists of preceptors and their specialties or discipline who are currently providing the supervised clinical practice experiences.  
Clinical rotation schedule including preceptor, student logging records of supervising preceptor discipline.  
If the program anticipates it may not be able to provide each student experiences in each discipline listed, the program is expected to describe in detail why it is unable to do so.

(The term should designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.)

SECTION C: EVALUATION

This section addresses evaluation across the program, including the students, curriculum, and clinical sites. A major focus of this section is the program’s ongoing self-assessment process and analysis of the outcomes of that process, as well as the changes made based on the outcomes. Much of the evidence
related to Section C is described in program documents such as student handbooks/manuals, web sites and course syllabi, and found in program planning files and records, student files and records, evaluation tools, and surveys.

Site visitors and ARC-PA commissioners review materials verifying the processes and outcomes of evaluation, as well as how changes are made in the program based on these findings. They review the methods used by the program to collect and analyze data needed for ongoing self-assessment over time and how the program applies the results of data analysis to program improvement. The Self-Study Report, and data supporting it, are critical pieces of evidence for this section. Site visitors review the source data used for the SSR, verifying that the resulting data analysis reflects the data gathered. The ARC-PA expects the program to: document evidence of critical analysis of data collected as part of its ongoing process of self-assessment; draw conclusions based on and related to the data and analysis of relationships of the data to the program expectations, issues or concerns; and document actions (modifications or non-modifications) taken based on the analysis.

In reviewing student evaluation materials, visitors compare information described in course syllabi and instructional objectives with evaluation processes and outcomes. They need to review blank and completed evaluation instruments used to assess student performance across the curriculum. Documents related to identifying students who are having difficulty with the curriculum and how the program assists those students are important to this section.

In reviewing materials related to clinical site evaluation, visitors, and commissioners examine documents related to the evaluation of clinical sites. They look for information to verify the site’s ability to offer an educational experience that not only provides the patient encounters needed, but also helps the student develop interpersonal and diagnostic and problem-solving skills. They also review documents related to the evaluation of preceptors supervising the students during clinical experiences.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors verify that the processes described and information submitted by the program or reviewed on site reflect the reality of the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.

STANDARDS SECTION C INTRODUCTION

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies, and outcomes. This process should be conducted within the context of the mission and goals of both the sponsoring institution and the program, using the Accreditation Standards for Physician Assistant Education (Standards) as the point of reference. A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, and clinical sites. The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.
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| C1.01    | The program must implement an ongoing program self-assessment process that is designed to document program effectiveness and foster program improvement.  

ANNOTATION: A well designed self-assessment process reflects the ability of the program in collecting and interpreting evidence of student learning, as well as program administrative functions and outcomes. The process incorporates the study of both quantitative and qualitative performance data collected and critically analyzed by the program. The process provides evidence that the program gives careful thought to data collection, management, and interpretation. It shows that outcome measures are used in concert with thoughtful evaluation about the results, the relevance of the data and the potential for improvement or change.

The defined process as implemented, at a minimum, meets the expectations of the annotation and results in appropriate data for critical analysis. The narrative describes a comprehensive process of ongoing self-assessment, incorporating data from multiple sources. The process critically assesses all aspects of the program (curricular and administrative) relating to sponsorship, resources, students, operational policies, curriculum, and clinical sites. In addition to Appendix 13, the self-assessment process is verified by documentation in faculty, admissions, curriculum or other committee minutes.

Sources of data include those listed in C2.01 and may also include but are not limited to: faculty self-assessments, university assessments, student course performance data, rotation logs, summative evaluations, clinical site evaluations, student evaluation of clinical sites, preceptor evaluation of students, student program evaluations, faculty course evaluations, faculty program evaluation, employer surveys, institutional strategic planning (See the section titled “On-going Self-Assessment” below.)

C1.02    | The program must apply the results of ongoing program self-assessment to the curriculum and other dimensions of the program.  

Modifications to the curriculum and other dimensions of the program clearly show how data collected was critically analyzed in a process of ongoing program self-assessment. Verified by the SSR and on site by interviews, program planning minutes, curriculum committee minutes, admissions/selection committee minutes and others.
### Standard Evidence Suggestions / Performance Indicators

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<td></td>
<td>Changes in curricular and administrative aspects of the program (requirements, content, instructional methods, evaluation, policies etc.) are shown to be data driven or data informed.</td>
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| **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, application and results of ongoing program self-assessment. The report must follow the guidelines provided by the ARC-PA and, at a minimum, must document: <br> 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. <br> ANNOTATION: The ARC-PA expects results of ongoing self-assessment to include critical analysis of student evaluations for each course and rotation, student evaluations of faculty, failure rates for each course and rotation, student remediation, student attrition, preceptor evaluations of students’ preparedness for rotations, student exit and/or graduate evaluations of the program, the most recent five-year first time and aggregate graduate performance on the PANCE, sufficiency and effectiveness of faculty and staff, faculty and staff attrition. |
| **C3.01** | The program must conduct frequent, objective, and documented evaluations of students related to learning outcomes for both didactic and supervised clinical education components. <br> Comparison of student evaluation instruments to the defined expected learning outcomes for the entire curriculum. |
**Standard** | **Evidence Suggestions / Performance Indicators**
---|---
ANNOTATION: Student assessment is both described and applied based on clear parallels between what is expected, taught and assessed. Thorough assessment includes both *formative* and *summative evaluations* and involves multiple assessment approaches with multiple observations by multiple individuals. Performance is assessed according to the program’s pre-specified criteria. Evaluation products designed primarily for individual student self-assessment, such as *PACKRAT*, are not to be used as an instrument that results in a passing or failing grade for students in any course(s) in the program. | Schedule of when objective formative evaluations occur across the curriculum. Course syllabi include student evaluation methodology. Evaluation instruments. On-site interviews with students and faculty. |
C3.02 | The program *must* document student demonstration of defined professional behaviors. | Documentation illustrating the methodology used and noting the timing of assessment of student professional behaviors. |
C3.03 | The program *must* monitor and document the progress of each student in a manner that promptly identifies deficiencies in knowledge or skills and establishes means for *remediation*. | Record of student performance in each course. Student files indicating meetings with faculty and means of remediation employed. Appropriate committee meetings with discussions related to student progress noted. On-site interviews. |
C3.04 | The program *must* conduct and document a *summative evaluation* of each student within the final four months of the program to verify that each student is prepared to enter clinical practice. ANNOTATION: Evaluation products designed primarily for individual student self-assessment, such as *PACKRAT*, are not to be used by programs to fulfill the summative evaluation of students within the final four months of the program. The ARC-PA expects that a program demonstrating compliance with the *Standards* | Documentation illustrating the methodology and instruments used for summative evaluation. Results of the summative evaluation of each student. The summative evaluation occurs within the final four months of program completion. The summative evaluation assesses the knowledge, interpersonal skills, patient care skills and professionalism required to enter clinical practice. |
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<th>Standard</th>
<th>Evidence Suggestions / Performance Indicators</th>
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<td>will incorporate evaluation instrument/s that correlates with the didactic and clinical components of the program’s curriculum and that measures if the learner has the knowledge, interpersonal skills, patient care skills and professionalism required to enter clinical practice.</td>
<td>The evaluation instrument/s correlate/s with the didactic and clinical components of the program’s curriculum. The evaluation is not simply a review of previous evaluation outcomes used during the course of the program.</td>
</tr>
<tr>
<td>C3.05 The program must document equivalency of student evaluation methods and outcomes when instruction is:</td>
<td>Program evaluations and analysis of evaluation methods and outcomes between/among different cohorts. On-site interviews. Student course evaluations.</td>
</tr>
<tr>
<td>a) conducted at geographically separate locations and/or</td>
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<td>b) provided by different pedagogical and instructional methods or techniques for some students.</td>
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<tr>
<td>C4.01 The program must define, maintain, and document effective processes for the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences to ensure that sites and preceptors meet program expectations for learning outcomes and performance evaluation measures.</td>
<td>Description of the process used for the initial and ongoing clinical site evaluation and preceptor evaluation, including the format and timing of evaluations. Documentation indicating the consistency of the process across sites and program evaluators. Documentation noting effectiveness in identifying sites that do not meet program expectations for learning requirements. Documentation maintained of the program’s evaluation of each clinical site in terms of its ability to provide needed experiences (such as completed site visit forms, documentation of phone calls or virtual site visits). Completed student evaluations of sites used. Summary and comparison of documentation of patient encounters.</td>
</tr>
<tr>
<td>ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and preceptors as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.</td>
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<td><strong>Standard</strong></td>
<td><strong>Evidence Suggestions / Performance Indicators</strong></td>
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<tr>
<td>C4.02</td>
<td>On-site interviews with preceptors, students and faculty.</td>
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<td>Evaluation of the documentation maintained at each site in relation to the defined program process.</td>
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<td></td>
<td>Documentation of each site’s physical facility, patient demographics, student supervision (evaluation by faculty, evaluation by students, student patient encounter logs). This includes more than just an initial evaluation of the site. The program must document that the site allows the student the required access to facilities, patient populations and supervision necessary to fulfill program expectations. On-site interviews with students and preceptors.</td>
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**SECTION D: PROVISIONAL ACCREDITATION**

Since Section D applies only to those programs entering the accreditation process, suggested evidence related to this section is found at the end of this segment of the accreditation manual, after Section E, Accreditation Maintenance.
SECTION E: ACCREDITATION MAINTENANCE

Section E addresses the responsibilities of programs and sponsoring institutions related to maintaining their accreditation. Review of this section is important to programs and noncompliance with the standards included in this section can affect a program’s accreditation status. Much of the evidence for Section E is documented correspondence with the ARC-PA.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) as part of the visit, site visitors verify that the processes described and information submitted by the program or reviewed on site accurately reflect the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.

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<tr>
<th>Standard</th>
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<tr>
<td>E1.01</td>
<td>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 accrediting agency. Evidence that notification of adverse accreditation action has been conveyed to the ARC-PA in a timely manner.</td>
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<tr>
<td>E1.02</td>
<td>The program must agree to and cooperate with periodic comprehensive and/or focused reviews of the program by the ARC-PA. Such reviews may include a site visit and may be scheduled or unscheduled as determined by the ARC-PA. Program director correspondence with the ARC-PA regarding scheduling of comprehensive review and other visits.</td>
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</table>
| E1.03    | The program must submit reports or documents as required by the ARC-PA. ANNOTATION: Based on the data contained in reports and documents, the program may be required to submit additional information, may be scheduled for an onsite evaluation, may have the length of time between comprehensive evaluation visits changed, or may have its accreditation status altered. Reports/applications received by the ARC-PA are:  
  • completed following directions,  
  • are in the prescribed format  
  • submitted at the prescribed time  
  Both parts* of the required narrative are addressed.  
  *For most standards, the program is asked to “Provide narrative describing how the program plans to demonstrate AND review compliance with Standard #.” |
<p>| E1.04    | The program must inform the ARC-PA in writing of personnel changes in its positions of program Evidence that notification of changes in the program director, medical director, |</p>
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<td>director, medical director, or other principal faculty within 30 days of the date of the effective change and must include a detailed plan and timeline to fill vacated positions.</td>
<td>or principal faculty were submitted to the ARC-PA in a timely manner.</td>
</tr>
<tr>
<td>E1.05 The program must demonstrate active recruitment to fill vacated faculty positions. ANNOTATION: Programs are expected to provide quarterly updates to the ARC-PA on progress toward filling vacant positions.</td>
<td>Advertisements for faculty vacancies, indications of how advertised and timing of advertisements, assurance of budgetary support for position, timeline for filling vacancies, or if filled, description of interval from vacancy to filling of the position(s). Quarterly updates provided to the ARC-PA.</td>
</tr>
<tr>
<td>E1.06 If an interim program director (IPD) is appointed, this person should meet the qualifications of the PD.</td>
<td>Current CV of IPD. PD job description/requirements. (The term should designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.)</td>
</tr>
<tr>
<td>E1.07 The appointment of an IPD should not exceed 12 months. ANNOTATION: Programs are expected to provide quarterly updates to the ARC-PA on progress toward appointing a permanent program director.</td>
<td>Evidence that IPD has held position less than 12 months, detailed plan with timeline for recruitment of permanent PD. If PD hired but not yet on site, description of interval from vacancy to filling of the position. Quarterly updates provided to the ARC-PA. (The term should designates requirements so important that their absence must be justified by the program. Programs that do not meet this standard are expected to address why they are unable to do so with compelling reason, acceptable to the ARC-PA.)</td>
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<tr>
<td>E1.08 The program must obtain ARC-PA approval at least six months prior to implementing any</td>
<td>Evidence of ARC-PA approval of program expansion to a distant campus six</td>
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<td>intended program expansion to a distant campus.</td>
<td>months prior to implementation by the program.</td>
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<td>ANNOTATION: Programs providing information about expanding to a distant campus do so using forms and processes developed by the ARC-PA for this purpose. A site visit will be required as a component of the application process to expand to a distant campus.</td>
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<td>E1.09</td>
<td>Evidence of written notification to the ARC-PA, six months prior to implementation, using ARC-PA forms to report proposed changes.</td>
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<tr>
<td>The program must inform and/or receive approvals required from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the following:</td>
<td>Changes in requirements for graduation would include changes in number of credits required, changes in length of program of one month or greater, the addition of courses that would increase the current students’ tuition or increase the length of the program by one month or greater.</td>
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<td>a) degrees or certificate granted at program completion,</td>
<td>Entering program class size (new students) does not exceed the entering class size approved by the ARC-PA (as reported in the application and on the program portal).</td>
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<tr>
<td>b) requirements for graduation,</td>
<td>Reason for class size greater than approved has been conveyed to the ARC-PA and is a temporary accommodation for students delayed in progress through the program.</td>
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<tr>
<td>c) program length,</td>
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<td>d) any increase above the approved maximum entering class size,</td>
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<td>ANNOTATION: Changes in requirements for graduation would include changes in the number of credits required, the addition of courses that would increase the current students’ tuition, or any change that would result in increasing the length of the program by 1 month or greater.</td>
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<td>e) ( “e” rescinded effective 9.6.2013)</td>
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<td>f) a substantive decrease in program support.</td>
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ANNOTATION: A decrease in support for the program may refer to a decrease in allocated fiscal, human, academic or physical resources. A substantive decrease is one ≥ 20%. Reviewing program budget numbers is only one way of determining a decrease in support. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Programs may also find that space allocated to the program has been reduced. Federal, state or private grants or other funds awarded to the sponsoring institution or to outside agencies that supported individuals or program activities may not be renewed. Significant numbers of supervised clinical practice sites may decide to no longer accept students.

Programs are expected to consider the many ways in which their support may be reduced; giving careful consideration to the impact such reductions may have on the responsibilities of program personnel, ongoing program activities and the educational quality for the students.

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<td><strong>E1.10</strong></td>
<td>The sponsoring institution <em>must</em> inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer. Evidence of timely notification of ARC-PA by sponsoring institution of intent to transfer program sponsorship. (Notification should occur as soon as institution begins considering such action to assure that ARC-PA policies and procedures about transfers are addressed.)</td>
</tr>
<tr>
<td><strong>E1.11</strong></td>
<td>The program and the sponsoring institution <em>must</em> pay ARC-PA accreditation and associated fees as determined by the ARC-PA. Evidence of timely payment of invoices sent to program by the ARC-PA. (Note: Site visit will not occur if fees are not paid.)</td>
</tr>
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</table>
SECTION D: PROVISIONAL ACCREDITATION

Programs being evaluated for Provisional Accreditation as they enter into the accreditation system must meet the standards in Section D as well as those in all other sections of the Standards.

Section D addresses the responsibilities of programs and sponsoring institutions specifically related to the readiness of a program to begin. While some of the evidence needed for this section may be found in completed documents, some of the evidence relates to planning of processes, documents, and materials. Evidence may be found in institution and program documents, such as catalogues, policy and procedure manuals, student handbooks, web sites and program planning files. A detailed three-year budget is required. Programs must show evidence of appropriate planning for the entire curriculum, including completed course-related materials (course names, course descriptions, course goals, topic outlines, instructional objectives, expected learning outcomes, methods of assessment/evaluation and plan for grading) for the entire program.

During their discussions with individuals (administrators, faculty, instructors, and preceptors) as part of the visit, site visitors verify that the processes described, and information submitted by the program or reviewed on site reflect the reality of the program.

Programs are expected to have the required documents well organized, readily available, and marked or flagged for convenience in locating information. Documents should include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.

Programs applying for provisional accreditation should take care when cross referencing materials that may serve as evidence both for Section D as well as for other sections of the Standards.

STANDARDS SECTION D INTRODUCTION

Accreditation-Provisional is an accreditation status first awarded when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards.

(The complete definition of Accreditation–Provisional addresses those programs that are first awarded Accreditation-Provisional as well as those that are progressing in the provisional process. Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.)

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

Accreditation-Provisional remains in effect until the program achieves Accreditation-Continued after its third review, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the Standards.
Only those institutions that meet the eligibility criteria and are actively engaged in establishing a program for the education of physician assistants are eligible for provisional accreditation. The ARC-PA will not consider institutions that are not in good standing with their regional accrediting bodies.

The provisional accreditation process begins with a determination of institutional eligibility to sponsor a program. The process involves a thorough review of the planning, organization, evaluation and proposed/actual content of a program that is in the advanced planning stages. The program is eligible to continue its accreditation status of Accreditation-Provisional with subsequent evaluations and commission reviews as defined in ARC-PA polices and processes. After successfully completing the multi-year provisional accreditation process, the program is eligible for the status of Accreditation-Continued.

The program will be subject to denial of accreditation and to denial of future eligibility for accreditation in the event that any of the statements or answers made in documents or the application are false or in the event that the program violates any of the rules or regulations governing applicant programs.

This section of the Standards applies only to programs applying for entry into the ARC-PA accreditation process as a new provisional applicant program.

**D1 Provisional Accreditation Requirements**

Programs applying for provisional accreditation are to demonstrate compliance or the ability to comply when operational with all accreditation Standards. Program’s applying for provisional accreditation must also meet all the accreditation standards specific to provisional accreditation. Programs planning to apply for provisional accreditation must contact the ARC-PA early in their planning phase, and before beginning to complete accreditation application materials, to discuss the process and timelines.

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<td>D1.01</td>
<td>There <em>must</em> be a qualified program director hired by the institution on a permanent basis, a qualified medical director and a more senior institutional official assigned to be responsible for the development of the program.</td>
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<td>Appropriate individuals have been hired and assigned according to the required timeline. Names and CVs of program and medical director(s) that meet required qualifications.</td>
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**ANNOTATION:** Typically the institution official is a dean, department chairperson or individual designated by the institution president or provost. The ARC-PA does not consider a *consultant* as the individual responsible for the development of the program. A permanent program director must be in place 12 months prior to the date of the ARC-PA meeting at which the program application will be reviewed. If the person holding the position of program director changes in the twelve months prior to the
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<td>date of the ARC-PA meeting at which the program application is to be reviewed, the program may be removed from the commission agenda.</td>
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<tr>
<td>D1.02 If provisional accreditation status is granted, the program must not admit more students than the number requested by the program and approved by the ARC-PA.</td>
<td>Data submitted to the ARC-PA indicates compliance in numbers.</td>
</tr>
<tr>
<td>D1.03 The developing program must 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.</td>
<td>Copies of materials (printed and web-based) which are to be provided to those requesting program information.</td>
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| D1.04 The program must have a complete curriculum design, course sequence and established evaluation methods for all didactic and clinical components of the program prior to the ARC-PA comprehensive evaluation site visit.  
ANNOTATION: The program is expected to submit its curriculum and course design even if the teaching faculty has not yet been identified or signed a contract. Evaluation methods are to be tied to specific didactic courses and supervised clinical practice experiences. | Written curriculum design, sequencing, and evaluation methods for the entire program curriculum. |
| D1.05 The program must provide detailed information for each course offered in the program.  
ANNOTATION: The program is expected to review carefully the requirements detailing the types and scope of information needed about each course in the program. These requirements are available in the application materials. The program is expected to provide the required course materials even if the | Program follows the requirements as noted in the application materials.  
All syllabi are expected (at a minimum) to include the following: the course name, course description, course goals, outline of topics to be covered, instructional objectives, expected learning outcomes faculty instructor of record (if known), methods of student |
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<td>teaching faculty has not yet been identified or signed a contract.</td>
<td>assessment/evaluation, and plan for grading.</td>
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| **D1.06** While the program is not operational at the time of the initial site visit for provisional accreditation, the program *must* have clearly articulated plans and mechanisms for bringing the program into compliance with the *Standards*.  

**ANNOTATION:** The program is expected to consider issues of compliance for standards related to resources, including physical space and personnel. The plans and mechanisms are expected to address budgetary issues and be appropriate to accommodate the numbers of proposed students. If program plans and timeline do not clearly articulate the mechanisms by which the program will be in compliance before student matriculation, the program will be considered not in compliance with this standard. | Application narrative describes institutional and programmatic plans to come into compliance with the *Standards*. Includes timeline for bringing program into compliance with *Standards* with reference to other areas of application for detail.  

On-site interviews. |
| **D1.07** The program *must* have identified prospective clinical sites *sufficient* in number to meet the needs of the number of anticipated students.  

**ANNOTATION:** The program is expected to have signed agreements from those facilities and individuals participating in the *supervised clinical practice experiences*. | List of clinical sites and the signed affiliation agreements with facilities that have agreed to accept students for clinical rotations. Signed affiliation agreements meet the needs of the first cohort, for the entire clinical phase of the program.  

List of potential sites that may not yet have agreed to accept students but have been approached by the program, have an understanding of program expectations for student learning, and have indicated their willingness to sign a formal agreement to accept students. |
Ongoing Program Self-Assessment

Background

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) requires the submission of a written report documenting the activities of self-assessment. Already accredited programs must demonstrate by means of the report that 1) they have an established process of ongoing self-assessment to monitor and document program effectiveness, and 2) they collect and critically analyze outcome data to support current activities or make needed modifications for improvement. It is important that program faculty, especially the program director, are familiar with the concepts of ongoing program self-assessment and the report that verifies self-assessment known as the Self-Study Report (SSR).

Programs applying for Provisional Accreditation must submit a plan for self-study as compared to the Self-Study Report (SSR) required for already accredited programs. Directions for developing and submitting the plan are included with the accreditation application.

The ARC-PA does not prescribe the particular methods by which self-assessment should be accomplished. A variety of methods can be used to achieve the goal of comprehensive program evaluation and assessment of compliance with the Standards.

A program and its sponsoring institution should determine the methods to be used for self-assessment in keeping with the mission, goals, and policies of the program, the parent institution, and the Standards. They should also determine the resources and time to be devoted to the effort.

It is not unusual for programs to participate in an ongoing institutional process of evaluation conducted by the sponsoring organization. However, institutional processes of evaluation may not be sufficiently comprehensive or detailed and will likely need supplementation by other activities specific to PA program evaluation and the Standards.

Participants in the Self-Assessment Process

A variety of participants should be included in the self-assessment process and the preparation of the SSR. Programs should decide which individuals will be most appropriate to their process.

Programs often find that participants from the following categories can be effectively included in the process:

- program faculty and staff
- representatives from sponsoring institution administration and support service offices (e.g. registrar, financial aid, and student services)
- representatives from other academic programs within the sponsoring institution
- curriculum committee members
- advisory committee members
- students
- graduates
- preceptors and employing physicians
- external consultants
- representatives of local, state, or national health care organizations
- consumers of health care

**Ongoing Program Self-Assessment** is a process whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies. It is conducted within the context of the mission and goals of both the sponsoring institution and the program and uses the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference. It is comprehensive, regular, and analytical. It occurs throughout the academic year and in all of the phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum, program evaluation, and other activities connected with the educational enterprise. It identifies strengths as well as problems, develops plans for corrective intervention, and evaluates the effects of the interventions.

**Analysis** is the 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.

The ARC-PA publishes a separate document on Data Analysis and the Self-Study Report which addresses the four key elements of data analysis as related to the *Standards, 4th edition* and Self-Study Report.

This document is available on the ARC-PA web site on the Accreditation Resources page, along with the presentation on Completing the Self-Study Report originally given at the 2017 PAEA Forum [http://www.arc-pa.org/accreditation/resources/accreditation-manual/](http://www.arc-pa.org/accreditation/resources/accreditation-manual/)

See also Notes to Programs on the SSR found at [http://www.arc-pa.org/accreditation/resources/notes-and-portal-updates/](http://www.arc-pa.org/accreditation/resources/notes-and-portal-updates/)

**Instructions for the Self-Study Report (SSR)**

Instructions for completing the SSR are included as part of the application for accreditation.

The Self-Study Report format asks for samples of the data over a several year period which the program collects in various areas related to Standard C2.01. Tables are provided to display that data. The program may also provide the additional summary data needed to support the analysis narrative. The report also asks the program to provide narrative about analysis of data and actions taken based upon that analysis. The program will report on analysis and actions taken based upon the program’s ongoing self-assessment process that is designed to document program effectiveness and foster program improvement.

**Applications for Accreditation**

Applications related to the categories of accreditation are provided to programs depending on the accreditation status of the program. The ARC-PA web site includes a SAMPLE of the basic applications for programs first applying for accreditation (provisional applicant program applications), programs continuing in the provisional accreditation pathway (provisional monitoring and final provisional
Applications for provisional applicant programs require the program to describe how it plans to demonstrate compliance as well as how the program reviews its compliance with each standard.

Applications for programs holding an accreditation status require the program to describe how it currently demonstrates compliance with the Standards. Some types of applications also ask programs to address how they review compliance with specific standards.

The application submitted by the program to the ARC-PA office is considered the program’s application of record. Programs are reminded about the Application of Record terminology in accreditation applications, in letters to the program directors confirming the assignment of site visitors and in the Site Visit Protocol for Program Directors.

The program’s application of record is one component of the official program record used by the commission throughout the accreditation review process. Site visitors have been instructed not to and will not accept any new or revised application materials from the program at the time of the visit. If, during the process of the visit, the site visitors suggest additional information or materials be submitted to the ARC-PA office, these materials must be sent with the program’s response to observations.

The ARC-PA will only accept and continue to process a program for its site visit if the application of record is completed correctly and received in the office on time. It is critical that program faculty and staff follow directions about completing materials as directed in the application packet. All appendices must be completed and submitted as directed, including any required syllabi and policy documents.

Applicant programs that submit incomplete applications risk having their site visits canceled and moved to a later commission agenda. Accredited programs that submit incomplete applications risk having their site visits canceled and moved to a later commission agenda as well as being placed on administrative probation until a completed application is received.

The site visit team is advised not to accept any new materials not already a component of the application of record. The team will review materials on site that were not to be included in the application of record, such as program assessments. Not accepting new materials means that the team will not accept changes to or new appendices to the original application, which includes not accepting new or updated instructional objectives replacing those specifically required in the application (appendix 17).

In NO circumstance will the site visit team accept a NEW application document.
Terms Used in ARC-PA Correspondence to Programs (policy 9.8, 9.9)

The definitions for words and terms often included in correspondence from the ARC-PA to programs are described below.

**Accept** - A term used in official ARC-PA correspondence, most often following the commission's review of a required report submitted by a program, communicating that the report was received favorably. This term does not imply that the program is compliant with the *Standards*. An additional report may be required.

**Acknowledge** - A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program notifying the commission of a program change not requiring commission approval. The term is used to inform the program that the commission has received the report. Neither approval nor disapproval is implied.

**Approve(d)** - A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program requesting a change requiring commission approval. The term is used to notify the program that the ARC-PA has given formal or official sanction to the change requested. By its nature, approval means that the program's action is in compliance with the *Standards*.

**Citation** - A formal statement referenced to a specific standard noting the area in which the program failed to provide evidence demonstrating that it meets the standard, or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

**Findings** - An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the *Standards*. The purpose of the “findings” is to clarify the issue of noncompliance with a specific standard for the program and not to specify “how to” comply with the cited standard.

**General/Additional Comment(s)** - Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA that may or may not be linked with a specific standard(s) that conveys a concern or expresses congratulatory comments. The purpose of the “Additional Comment(s)” is to clarify for the program a more global issue between the ARC-PA and the program but not to give advice or specify “how to” resolve the issue(s).

**Observation** - A written statement by the site visit team notifying the ARC-PA and the program that the site visit team was unable to validate information provided in the materials as submitted by the program or that the program was unable, in writing or in person, to provide evidence that sufficiently supported its demonstration of compliance with the standard to which the observation refers.

**Receive as information** - A term used in official ARC-PA correspondence, most often following the commission's review of notification from a program of a change that is provided as a courtesy. The change notification is not officially required and unrelated to the *Standards*.

**Warning Letter** - If the ARC-PA finds a progress report deficient, it may choose to inform the program director that the ARC-PA has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. This "warning" is not considered an accreditation action and therefore is not subject to appeal.
Responding to Observations

The purpose of the program’s response should be to eliminate errors of fact or clarify ambiguities and misperceptions. Observation responses should succinctly clarify issues raised by the site visit team and should explain what the program did at the time of the site visit to demonstrate compliance with the standard noted. The program should include, with the response narrative, the evidence used at the time of the site visit to verify compliance with the standard.

In this correspondence, the program should not inform the ARC-PA about what has been done since the site visit or about plans for the future to correct or resolve any compliance issues. Clarification provided should reflect the status of the program as of the date of the site visit.

Responses to observations should be succinct and specific. For example, if a program needs to submit objectives related to specific program content, it should not submit a series of various course syllabi that contain the content. Instead it should excerpt the objectives covering the content with references noting where the content is addressed and submit that as a single document.

Likewise if the program needs to address program or institution policies related to specific topics, it should not submit catalogues or manuals indicating the pages on which the items are found. Instead it should excerpt the content with a reference notation to where the policy is addressed and submit that as a single document.

The report submitted to the ARC-PA should be submitted as directed in correspondence received from the ARC-PA after the site visit. The program is given three (3) weeks (21 calendar days) from receipt of the observations letter to respond. If directed to submit materials via the Program Management Portal, the program should zip all documents, with each document labeled for clarity (including the abbreviated program name), into one file for uploading.

Responding to Citations

When responding to the ARC-PA in reference to citations received as part of an ARC-PA accreditation action letter, it is important to note that the response should serve as a stand-alone document since the commissioners reviewing the response may not have ready access to the program’s initial application materials or previous response to observations. It may be necessary to repeat some wording that was included in the original application materials or to append these to the response.

Responses to citations should be succinct and specific. For example, if a program needs to submit objectives related to specific program content, it should not submit a series of various course syllabi that contain the content. Instead it should excerpt the objectives covering the content with references noting where the content is addressed and submit that as a single document.

Likewise if the program needs to address program or institution policies related to specific topics, it should not submit catalogues or manuals indicating the pages on which the items are found. Instead it should excerpt the content with a reference notation to where the policy is addressed and submit that as a single document.
The report submitted to the ARC-PA should be submitted as directed in correspondence received from the ARC-PA. If directed to submit materials via the Program Management Portal, the program should zip all documents, with each document labeled for clarity (including the abbreviated program name), into one file for uploading.

Programs will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and future eligibility for accreditation may be denied in the event that any of the statements or answers made in the submitted response to citations are false or in the event that the program violates any of the policies governing accredited programs.

**Format for Response to Observations / Citations**

The ARC-PA sends programs a Microsoft Word template to complete and return. This template lists each observation or citation with space for the program to respond. A succinct, specific narrative response to each observation or citation should be included in the template space below the observation or citation on this document.

If an observation requires no response or a program chooses not to respond, the program should enter “no response” in the response field.

The program is expected to respond to each citation and should NOT leave the space blank or enter “no response,” unless directed otherwise in the Citations document.

If supplemental documents are needed to complete a response, as described above in Responding to Observations/Citations, the program should so indicate in the narrative and append those to the report starting with appendix 1, appendix 2, appendix 3, etc. It is helpful to add wording about the content of the appendix in its title, i.e., appendix 1 Instructional Objectives. Depending on the number of citations it may also be helpful to use the citation reference, i.e., appendix 1 citation 5.

Examples of appropriate responses to observations or citations follow.

**Observations**

*Standard XXX: Provided by ARC-PA Site Team*

**Observation:** This is the wording of the site team observation contained in the Observations Document letter from the ARC-PA to the program after the visit.

**Response:** The response should explain what the program did at the time of the site visit to demonstrate compliance with the standard noted and should clarify issues raised in the observation by the team. Often it may be necessary to repeat some wording that was included in the original application, SSR or appendices.

**Attachments:** List any attachments included related to this observation in the body of the response space. For example, if particular course objectives were included to demonstrate that the program covered a curriculum topic, the course names
should be listed here, with a reference to the objectives appended as a single
document as noted above.

Citations

*Standard XXX*: Provided by ARC-PA

**Citation:** This is the wording of the commission contained in the accreditation letter from
the ARC-PA to the program after a commission action.

**Response:** The response must address any questions or specific issues raised by the
commission in relation to the individual standard, including how the program
will demonstrate compliance in the future. It may be necessary to repeat some
wording from previous documents submitted to the ARC-PA or to append these
to the response. It is important to have this response be a stand-alone response
as the reviewers may not have ready access to the program’s previous materials
that were submitted over several years.

**Attachments:** List any attachments related to this citation in the body of the response space.
For example, if objectives are sent to demonstrate changes made by the
program to cover a curriculum topic, they would be appended as a single
document as noted above.

**Cover Letter / Email Submitted From Program in Response to Citations**

Dear Members of the Commission,

The *Name of Physician Assistant Program* submits the attached documents in response to the
citations received as a result of the accreditation evaluation process that occurred in
*Month/Year*. The program has made every effort to address all issues noted by the Commission
in its letter dated *Month, Date, Year*.

Please let me know if you need any additional information.

Sincerely,

*Signed by the program director*

*and the more senior institutional official to whom the program director reports*

**Attachments:** a list of attached documents.

**Required Signatures**

All responses to citations and required reports must include a completed signature page. A
sample of an actual signature page in found below:

**Completed Statements and Signatures page must be submitted with each report required
in this document, otherwise the report will not be accepted.**
The ARC-PA reminds the program to review the Standards, in particular Section E, regarding maintenance of accreditation. You will find the Standards, an accreditation manual and other helpful information on our web site, www.arc-pa.org.

**STATEMENTS AND SIGNATURES**

I understand and agree that the Program will be subject to an adverse accreditation action which could include withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted response are false or in the event that the Program violates any of the policies governing accredited programs.

Response Submitted by:  Click here to enter name  Date:  Click here to enter date

Program Director:  Click here to enter name  Date:  Click here to enter date
The name that appears here is deemed an electronic signature.

Institutional Official Program
Director Reports To:  Click here to enter name  Date:  Click here to enter date
The name that appears here is deemed an electronic signature.

**Completed Statements and Signatures page must be submitted with each report required in this document, otherwise the report will not be accepted.**
Contact Information:

<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>ARC-PA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12000 Findley Road</td>
</tr>
<tr>
<td></td>
<td>Suite 275</td>
</tr>
<tr>
<td></td>
<td>Johns Creek, GA  30097</td>
</tr>
<tr>
<td>Phone</td>
<td>770-476-1224 (the ARC-PA office is located in the Eastern time zone)</td>
</tr>
<tr>
<td>Fax</td>
<td>770-476-1738</td>
</tr>
<tr>
<td>Web site Staff</td>
<td><a href="http://www.arc-pa.org/contact/staff/">http://www.arc-pa.org/contact/staff/</a></td>
</tr>
</tbody>
</table>
# STANDARDS GLOSSARY

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

<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
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<tbody>
<tr>
<td>ABMS</td>
<td>American Board of Medical Specialties.</td>
</tr>
<tr>
<td>Accurately</td>
<td>Free from error.</td>
</tr>
<tr>
<td>Administrative Support (Staff)</td>
<td>Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff do not include other staff working in or with the program who are assigned a traditional faculty role or those who function to provide technical assistance for instructional technology or data analysis.</td>
</tr>
<tr>
<td>Advanced Placement</td>
<td>A waiver of required coursework included in the PA curriculum for applicants to the program and/or a waiver of required coursework included in the PA curriculum for currently enrolled students in the program which results in the student advancing in the curriculum without completing required curriculum components at the sponsoring institution.</td>
</tr>
<tr>
<td>Analysis</td>
<td>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.</td>
</tr>
<tr>
<td>AOA</td>
<td>American Osteopathic Association.</td>
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<tr>
<td>Attrition</td>
<td>A reduction in number.</td>
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<td></td>
<td>Student attrition: the permanent loss of a matriculated student from the course of study in a physician assistant program.</td>
</tr>
<tr>
<td></td>
<td>Faculty attrition: the loss of a faculty member from a position assigned to the physician assistant program.</td>
</tr>
<tr>
<td>Clinical Affiliates</td>
<td>Clinical practice sites used by the program to provide supervised clinical practice experiences for students.</td>
</tr>
<tr>
<td>Comparable</td>
<td>Similar but not necessarily identical.</td>
</tr>
<tr>
<td>Competencies</td>
<td>The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities required for PA practice.</td>
</tr>
<tr>
<td>Comprehensive Evaluation</td>
<td>An accreditation evaluation of a program that includes the completion of an application with a self-study report, a site visit and a review of all material by the ARC-PA, resulting in the rendering of an accreditation decision.</td>
</tr>
<tr>
<td>Consultant</td>
<td>An individual from within or outside the sponsoring institution who provides advice to the program, but who is not hired by the program to serve as program, principal or instructional faculty or staff.</td>
</tr>
<tr>
<td>Course Director</td>
<td>Faculty member primarily responsible for the organization, delivery and evaluation of a course.</td>
</tr>
<tr>
<td>Deceleration</td>
<td>The loss of a student from the entering cohort, who remains matriculated in the physician assistant program.</td>
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<tr>
<td>TERM</td>
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<tr>
<td>Distant Campus</td>
<td>A campus geographically separate from the main program at which didactic, preclinical or clinical instruction occurs for all or some of the students matriculated to that campus.</td>
</tr>
<tr>
<td>Distant Education</td>
<td>A formal educational process in which 50% or more of the required content/time/credit hours, excluding supervised clinical practice experiences, may be accrued when the student and instructor/faculty are not in the same physical location at the same time. The interaction may be synchronous or asynchronous.</td>
</tr>
<tr>
<td>Diversity</td>
<td>Differences within and between groups of people that contribute to variations in habits, practices, beliefs and/or values.</td>
</tr>
<tr>
<td>Elective Rotations</td>
<td>Supervised clinical practice experiences that may differ by student and that allow students to gain exposure to or deeper understanding of medical specialties related to their clinical or academic areas of interest.</td>
</tr>
<tr>
<td>Equivalent</td>
<td>Resulting in the same outcomes or end results.</td>
</tr>
<tr>
<td>Formative Evaluation</td>
<td>Intermediate or continuous evaluation that may include feedback to help students achieve goals.</td>
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<tr>
<td>Frequent</td>
<td>Occurring regularly at brief intervals.</td>
</tr>
<tr>
<td>Goals</td>
<td>The end toward which effort is directed.</td>
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<tr>
<td>Health Record(s)</td>
<td>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.</td>
</tr>
<tr>
<td>Instructional Faculty</td>
<td>Individuals providing instruction or supervision during the didactic and/or clinical phases of the program, regardless of length of time of instruction, faculty status or rank.</td>
</tr>
<tr>
<td>Instructional Objectives</td>
<td>Statements that describe observable actions or behaviors the student will be able to demonstrate after completing a unit of instruction.</td>
</tr>
<tr>
<td>Interprofessional Practice</td>
<td>Practice involving individuals from different health care professions working together to provide patient centered care in a collaborative manner.</td>
</tr>
<tr>
<td>Learning Outcomes</td>
<td>The knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem solving abilities that have been attained at the completion of a curricular component, course or program.</td>
</tr>
<tr>
<td>Maximum Class Size</td>
<td>Maximum potential number of students enrolled for each admission cycle.</td>
</tr>
<tr>
<td>Must</td>
<td>The term used to designate requirements that are compelled or mandatory. “Must” indicates an absolute requirement.</td>
</tr>
<tr>
<td>NCCPA</td>
<td>National Commission on Certification of Physician Assistants</td>
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<tr>
<td>PACKRAT</td>
<td>The Physician Assistant Clinical Knowledge Rating and Assessment Tool (PACKRAT) is an examination developed by a committee of physician assistant educators from PAEA member programs. The examination is designed to serve as a voluntary means by which PA students may identify areas of strength and weakness in areas key for entry into PA practice.</td>
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<tr>
<td>PANCE</td>
<td>Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.</td>
</tr>
<tr>
<td>Preceptor</td>
<td>Any instructional faculty member who provides student supervision during supervised clinical practice experiences.</td>
</tr>
<tr>
<td>Principal Faculty</td>
<td>Those faculty working at least 50% FTE with primary academic responsibility assigned to the PA program who report to the program director.</td>
</tr>
<tr>
<td>Program Faculty</td>
<td>The program director, medical director, principal faculty and instructional faculty.</td>
</tr>
<tr>
<td>Prospective Students</td>
<td>Any individuals who have requested information about the program or submitted information to the program.</td>
</tr>
<tr>
<td>Published</td>
<td>Presented in written or electronic format.</td>
</tr>
<tr>
<td>Readily Available</td>
<td>Made accessible to others in a timely fashion via defined program or institution procedures. Navigation to digital content should take little effort or time.</td>
</tr>
</tbody>
</table>
| Recognized Regional Accrediting Agencies | Middle States Commission on Higher Education (MSCHE)  
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 COC)  
Western Commission for Schools – Western Association of Schools and Colleges- (ASC-WASC) |
<p>| Remediation            | The program’s defined and applied process for addressing deficiencies in a student’s knowledge and skills, such that the correction of these deficiencies is measurable and can be documented. |
| Required Rotation(s)   | Rotations which the program requires all students to complete.                                                                               |
| Rotation               | A supervised clinical practice experience for which there are published expected learning outcomes and student evaluation mechanisms.          |
| Should                 | The term used to designate requirements that must be met unless there is a compelling reason, acceptable to the ARC-PA, for not complying. (Programs not meeting any component(s) of a should standard are expected to describe in detail why they are unable to do so. A program or institution may be cited for failing to comply with a requirement that includes the term ‘should.’) |
| Succinctly             | Marked by compact, precise expression without wasted words.                                                                                                                                     |
| Sufficient             | Enough to meet the needs of a situation or proposed end.                                                                                                                                         |
| Student Services       | Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, financial aid, computing and library resources and access. |
| Summative Evaluation   | An assessment of the learner conducted by the program to ensure that the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession. This evaluation must consist of more than a |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Supervised Clinical Practice Experiences</td>
<td>Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and that result in a detailed plan for patient management.</td>
</tr>
</tbody>
</table>
| Syllabus                                  | A document that provides a general conceptual framework for the course and conveys the expectations of a course.  
   The ARC-PA expects that each syllabus, at a minimum, will include the course name, course description, course goals, outline of topics to be covered, instructional objectives, specific expected learning outcomes, faculty instructor of record, methods of student assessment/evaluation, and plan for grading. |
| Teaching Out                              | Allowing students already in the program to complete their education or assisting them in enrolling in an ARC-PA accredited program in which they can continue their education. |
| Technical Standards                       | Nonacademic requirements for participation in an educational program or activity. They include physical, cognitive and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession. |
| Timely                                    | Without undue delay; as soon as feasible after giving considered deliberation.                                                              |
| United States                             | 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. |