Accreditation Manual ©
November 2019

Accreditation Standards for
Physician Assistant Education ©
Fifth edition

Effective September 1, 2020

(Includes changes to Standards and Policies as of Nov. 8, 2019)

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.

Accreditation Review Commission on Education for the Physician Assistant
12000 Findley Road, Suite 275
Johns Creek, GA 30097
www.arc-pa.org
Table of Contents

Introduction ..................................................................................................................................... 1
Accreditation Defined...................................................................................................................... 1
ARC-PA Role and Goals .................................................................................................................... 2
Process and Requirements for Accreditation.................................................................................. 3
Accreditation Policies ....................................................................................................................... 8
Program Review Cycle ...................................................................................................................... 9
Document Retention ........................................................................................................................ 9
Introduction to the Standards ....................................................................................................... 10
Eligibility ......................................................................................................................................... 11
Program Review ............................................................................................................................. 11
Standards Format ........................................................................................................................... 11
Standards Degree Issue Clarification ............................................................................................. 12
Demonstrating Compliance with the Standards ............................................................................ 13
Format of Evidence Suggestions .................................................................................................... 13
Responsibility for Demonstrating Compliance .............................................................................. 13
Syllabi, Instructional Objectives and Learning Outcomes .............................................................. 14
Examples of Evidence of Compliance and Performance Indicators ............................................. 15
   SECTION A: ADMINISTRATION ............................................................................................... 15
   SECTION B: CURRICULUM AND INSTRUCTION ................................................................. 34
   SECTION C: EVALUATION ....................................................................................................... 45
   SECTION E: ACCREDITATION MAINTENANCE ................................................................. 51
   SECTION D: PROVISIONAL ACCREDITATION ..................................................................... 54
Ongoing Program Self-Assessment ................................................................................................ 58
Applications for Accreditation ....................................................................................................... 59
Terms Used in ARC-PA Correspondence to Programs (policy 9.8, 9.9) ......................................... 63
Responding to Observations .......................................................................................................... 64
Responding to Citations .................................................................................................................. 64
Contact Information: ..................................................................................................................... 68
STANDARDS GLOSSARY .................................................................................................................. 69
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

**The ARC-PA Commission**

ARC-PA commissioners are elected by the ARC-PA from a slate of nominees submitted by the ARC-PA collaborating organizations. Commissioners initially serve a 3-year term and are eligible for reappointment for a second 3-year term. Commissioners receive no compensation for their services related to the ARC-PA meetings or site visits.

The role of the commissioner is to support and advance physician assistant education by active participation in the work of the ARC-PA. Each commissioner is responsible for reviewing assigned program materials prior to each commission meeting. This may include applications and evaluation reports, or reports requested from programs as a result of previous commission accreditation actions/review. Commissioners are to complete the required review, providing documented evidence of independent review of all materials, as well as evidence to support final recommendations and decisions. During the commission meeting, the commissioners are responsible for presenting their independent review to the entire commission and participating
in the review, discussion and designation of accreditation actions for all programs on the meeting agenda.

Additional information on the ARC-PA Commission can be found at [http://www.arc-pa.org/about/arc-pa-commissioners/](http://www.arc-pa.org/about/arc-pa-commissioners/)

**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.

Programs that achieve accreditation-provisional must use the portal to provide an update to the ARC-PA about hired program personnel 2 months prior to students beginning the program. Programs must also provide an updated listing of supervised clinical practice sites 3 months prior to students entering the supervised clinical education phase of the program.
Provisional Accreditation Process

October 2019

Provisional Accreditation Process

Read the accreditation Standards and all Provisional sections of the ARC-PA website

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

Contact the ARC-PA regarding interest in starting program

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

Program receives correspondence from the ARC-PA regarding selecting dates for the initial provisional site visit and confirming placement on ARC-PA meeting agenda
ARC-PA chooses and confirms site visit dates
Attend mandatory Provisional Pathway Conference
Program obtains application packet from ARC-PA

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

The provisional process includes 3 visits
NOTE: A 1.0 FTE program director must be hired by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit.

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 is withheld, the program may reapply from the beginning of the process)

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 the 6 months prior to graduation of the first cohort of students
- After commission review, the program is eligible to continue as accreditation - provisional

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 18-24 months following the second provisional review by the commission
- After commission review, the program is eligible for an accreditation status of accreditation - continued

Accreditation - Continued

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

October 2019

ARC-PA schedules and confirms a Validation Visit date

Status: Accreditation – Continued

Program submits a Self-Study Report to the ARC-PA (3 years before the Validation Review)

Program receives ARC-PA feedback to Self-Study Report

Program completes application/SSR based on SSR feedback

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

The agenda is confirmed with Site Visit Team Chair

Validation Visit occurs

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

Commission reviews:
- All application materials
- Site Visit team report
- Response to observations
- Program accreditation history
- SSR feedback letter

ARC-PA renders an Accreditation Status

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

The following are ongoing responsibilities for accredited programs

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

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

- Change in graduation requirements
- Change in credential offered
- Change in curriculum
- Change in program length
- Change in personnel
- Temporary vacancy of personnel
- Increase in class size
- Change in program sponsorship
- Increase 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

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)
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 – 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)
Site Visits, Types of Site Visits and Related Processes (policy 11.1)
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 entry level education of physician assistants (“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 on collaborative medical teams. The collaborative medical team is fundamental to the PA profession and enhances the delivery of high-quality health care. Within the collaborative medical team, PAs are medical professionals who diagnose illness, develop and manage treatment plans, prescribe medications, and often serve as a patient’s principal healthcare provider. With thousands of hours of medical training, PAs are versatile and collaborative. PAs practice in every state and in every medical setting and specialty, improving healthcare access and quality.

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 the ARC-PA 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 that are used to enable students to achieve program goals and student competencies. Mastery of program defined competencies 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 high 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 must 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 perspectives and resources offered by a diverse faculty, staff, and student body increase the overall impact the PA profession can have on patients and 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. All sponsoring institutions *must* confer a graduate degree upon all PA students who matriculate into the program on or after January 1, 2021.

Sponsoring institutions which apply for provisional accreditation but whose PA program does 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. The process includes a comprehensive review of the program relative to the Standards. It is the responsibility of the PA program and the sponsoring institution to demonstrate 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 team, any additional requested reports or documents submitted to the ARC-PA by the program, and the program’s accreditation history.

Whether to grant or deny accreditation (or to take other action with respect to a sponsoring institution) is within the sole discretion of the ARC-PA. As a condition of seeking accreditation, a sponsoring institution and its PA program waive any and all right to sue ARC-PA, its officers, employees, and agents in the event of an adverse decision. If such an institution or program does sue and loses, it will be responsible for all of the defendants’ reasonable costs and attorneys’ fees.

Standards Format

- The term “student(s)” as used in this document refers to those individuals enrolled in the PA program.
- *Italics* are used to reflect words and terms defined in the glossary of this document.

The Should Standards

Should is 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 attempts to meet the standard and explain why they are unable to do so in the application of record.

At the time of the review by the commission, a program or institution may be cited for failing to comply with a requirement that includes the term ‘should.’

**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/

Other Resources

Additional resources can be found at: http://www.arc-pa.org/accreditation/resources/accreditation-manual/

Newsletters, Notes to Programs and Portal Pointers can be found at http://www.arc-pa.org/accreditation/resources/notes-and-portal-updates/
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.

INTRODUCTION

The administrative operation of a PA program involves collaboration between the faculty and administrative staff of the program and the sponsoring institution. The program must provide an environment that fosters intellectual challenge and a spirit of inquiry. The sponsoring institution must be committed to the success of the program and must provide effective oversight of operations and personnel. Well-defined policies must reflect regional accreditation requirements as well as the missions and goals of the program and sponsoring institution. Program documents must accurately reflect lines of institutional and programmatic responsibility as well as individual responsibilities. Adequate resources must be devoted to supporting the program in accomplishing its mission.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Compliance / performance examples</th>
</tr>
</thead>
<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. Signed affiliation agreement(s) must define the responsibilities of each party related to the educational program for students, must specify whose policies govern, and must document student access to educational resources and clinical experiences. While one agreement between the sponsoring institution and each clinical entity to cover multiple professional disciplines is acceptable, these agreements are expected to include specific notations acknowledging the terms of</td>
</tr>
</tbody>
</table>

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.

Agreements must specifically include PA students
participation between the PA program and each clinical entity. Agreements are expected to be signed by an authorized individual(s) of each participating entity.

<table>
<thead>
<tr>
<th>A1.02</th>
<th>The sponsoring institution is responsible for:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) supporting the planning by <em>program faculty</em> of curriculum design, course selection, and program assessment,</td>
</tr>
<tr>
<td>b)</td>
<td>hiring faculty and staff,</td>
</tr>
<tr>
<td>c)</td>
<td>ensuring effective program leadership,</td>
</tr>
<tr>
<td>d)</td>
<td>complying with ARC-PA accreditation Standards and policies,</td>
</tr>
</tbody>
</table>

This standard is about the institution’s responsibilities for all of the sub-standards listed. At time of site visit, verification of program’s description in application by discussion with institutional officials and:

- a) Minutes of curriculum and planning meetings involving institution personnel. Published processes for institutional curriculum evaluation and approval. Availability of instructional 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 timeline for these processes.
- c) Discussions with faculty, preceptors, program director, and students. Documents indicating institutional process and results of assessment of program director’s leadership and management of the program.
- d) Evidence of institutional support of the program (documented procedures, meetings, resources). Outcome of accreditation review. Institutional administration knowledge of accreditation requirements and submitted accreditation materials.
<table>
<thead>
<tr>
<th>e) conferring the credential and graduate level academic degree which documents satisfactory completion of the educational program,</th>
<th>e) Credential awarded by sponsoring institution. Process in place to document satisfactory completion of the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>f) ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations,</td>
<td>f) Policies reviewed by institutional administrators or legal counsel with this standard in mind; institutional procedures for review of program policies.</td>
</tr>
<tr>
<td>g) documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs</td>
<td>g) Measures to ensure student/faculty safety, such as program and institution policies, instruction on occupational health and safety, incident-reporting processes for locations used for didactic instruction and at sites used for supervised clinical practice are documented. Agreements between the PA program and/or sponsoring institution and the clinical sites used for supervised clinical practice experiences document security and personal safety measures.</td>
</tr>
<tr>
<td>h) teaching out currently matriculated students in accordance with the institution’s regional accreditor or federal law in the event of program closure and/or loss of accreditation,</td>
<td>h) Institutional policies that meet regional accreditation requirements and or federal law.</td>
</tr>
<tr>
<td>i) defining, publishing, making readily available and consistently applying to faculty, its policies and procedures for processing faculty grievances and allegations of harassment,</td>
<td>i) Institution policy in manual or handbook/web page. On-site interviews with faculty.</td>
</tr>
<tr>
<td>j) defining, publishing, making <em>readily available</em> and consistently applying to students, its policies and procedures for processing student allegations of harassment, and</td>
<td>j) Institution policy in manual or handbook/web page. On-site interviews with students.</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>k)</td>
<td>defining, publishing, making <em>readily available</em> and consistently applying to students, its policies and procedures for refunds of tuition and fees</td>
</tr>
</tbody>
</table>
| A1.03  | The sponsoring institution *must* provide *sufficient* release time and financial resources in support of the *program director* and *principal faculty*, as applicable to the job description, for:  
  a) maintenance of certification and licensure and  
  b) professional development directly relevant to PA education. |
|         | Budget support for professional development and maintenance of certification and licensure.  
Written policies. Documents in program director and principal faculty files indicating completion of professional development including CME for maintenance of certification and skill enhancement in educational techniques. Faculty CVs list continuing professional development activities of the program director and principal faculty.  
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 non-vacation time to attend professional organizational meetings and/or time needed for review and study to maintain NCCPA certification.  
Support must include funding for the program director and PA principal faculty members to maintain their NCCPA certification status, payment of fees related to certification maintenance and licensure. Support for professional development may include funding to attend continuing education conferences and or professional organizational meetings. |
| A1.04  | The sponsoring institution *must* provide academic support and *student services* to PA students that are *equivalent* to those services provided other *comparable* students of the institution.  
Program policies and procedures regarding access to academic support and *student services equivalent* to those of similar students enrolled at the sponsoring institution.  
Policies that address *student services* when students are assigned to clinical rotations. |
| A1.05 | The sponsoring institution *should* provide PA students and faculty at geographically *distant campus* locations access to *comparable* services and resources available to PA students and faculty on the main campus, which help students reach their academic and career goals. | Web pages listing *student services*. Discussions with faculty, students and administration. This applies to programs with one or more distant campuses. Materials/documents/webpage from each campus site demonstrating equivalency. Interviews with students to determine access to academic and *student services* are *comparable* to those at the main campus. 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 *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. (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.) |
| A1.06 | 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. Program self-assessment of sufficiency of financial resources. |
| A1.07 | The sponsoring institution *must* provide the program with the human resources, including *sufficient* faculty, *administrative* and technical staff, necessary to operate the educational program, comply with the *Standards*, and fulfill obligations to matriculating and enrolled students. | All faculty and staff positions are filled. Personnel to handle admissions process are in place. 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

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.

<table>
<thead>
<tr>
<th>A1.08</th>
<th>The sponsoring institution <strong>must</strong> provide the program with the physical facilities to operate the educational program in accordance with the <em>Standards</em> and to fulfill its obligations to matriculating and enrolled students.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program’s description as provided in the application and verification at the time of the visit.</td>
</tr>
<tr>
<td></td>
<td>Space is appropriate for number of students, faculty and staff.</td>
</tr>
<tr>
<td></td>
<td>Program self-assessment of sufficiency of physical resources.</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A1.09</th>
<th>The sponsoring institution <strong>must</strong> provide the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Verification at the time of the visit of the program’s description provided in the application.</td>
</tr>
<tr>
<td></td>
<td>Discussions with faculty, students and administration.</td>
</tr>
<tr>
<td></td>
<td>Program self-assessment of sufficiency of institutional support for technical and academic resources.</td>
</tr>
<tr>
<td>A1.10</td>
<td>The sponsoring institution must support the program in:</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>a) securing clinical sites and preceptors sufficient in number to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences and</td>
</tr>
<tr>
<td></td>
<td>b) ensuring all required rotations are located within the United States.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A1.11</th>
<th>The sponsoring institution must demonstrate its commitment to student, faculty and staff diversity and inclusion by:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) supporting the program in defining its goal(s) for diversity and inclusion,</td>
</tr>
<tr>
<td></td>
<td>b) supporting the program in implementing recruitment strategies,</td>
</tr>
<tr>
<td></td>
<td>c) supporting the program in implementing retention strategies, and</td>
</tr>
<tr>
<td></td>
<td>d) making available, resources which promote diversity and inclusion.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A2.01</th>
<th>All program faculty must possess the educational and experiential qualifications to perform their assigned duties.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Current CVs included in the application and available during the visit documenting educational and professional experience. CV consistent with job descriptions.</td>
</tr>
<tr>
<td></td>
<td>On-site interviews with faculty and administration.</td>
</tr>
<tr>
<td>---</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td><strong>A2.02</strong></td>
<td><strong>A2.02</strong> The program must have:</td>
</tr>
<tr>
<td></td>
<td>a) program faculty that include the program director, principal faculty, medical director, and instructional faculty, and</td>
</tr>
<tr>
<td></td>
<td>b) at least three FTE principal faculty, of which two FTE principal faculty must be PAs who are currently NCCPA-certified.</td>
</tr>
<tr>
<td></td>
<td>Interviews with faculty during the visit to verify the description and CVs provided in the program’s application.</td>
</tr>
<tr>
<td></td>
<td>Faculty CVs indicate at least two FTE principal faculty are currently NCCPA-certified.</td>
</tr>
<tr>
<td><strong>A2.03</strong></td>
<td>Principal faculty must be sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program.</td>
</tr>
<tr>
<td></td>
<td>Faculty position descriptions, FTE status of faculty, program or institutional faculty workload formulas.</td>
</tr>
<tr>
<td></td>
<td>Discussions with faculty, students and administration.</td>
</tr>
<tr>
<td></td>
<td>Program self-assessment of faculty sufficiency.</td>
</tr>
<tr>
<td></td>
<td>The number of principal faculty may vary depending on the academic and administrative complexity of the program, the experience of faculty and the percentage of program coursework faculty teach. The number may need to exceed the minimum in order to accommodate student needs in larger programs and to address various responsibilities assigned to faculty outside of the classroom including academic advising and remediation, site visits, admissions screening and decision-making, scholarly work or grant writing.</td>
</tr>
<tr>
<td><strong>A2.04</strong></td>
<td>Principal faculty and the program director should have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.</td>
</tr>
<tr>
<td></td>
<td>Institutional faculty manual and/or polices related to employment classification/rank, and any other appropriate institution documents.</td>
</tr>
<tr>
<td></td>
<td>(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><strong>A2.05</strong></td>
<td>Principal faculty and the program director must be responsible for, and actively participate in the processes of:</td>
</tr>
<tr>
<td></td>
<td>Program meeting minutes (such as admissions, curriculum, student progress, program assessment).</td>
</tr>
<tr>
<td></td>
<td>Position/job descriptions.</td>
</tr>
</tbody>
</table>
a) developing, reviewing and revising as necessary the mission statement, goals and competencies of 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, and evaluating the curriculum, and 
h) evaluating the program.

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. 
Documentation of faculty-student counseling sessions regarding student performance. 
Documentation in student records regarding remedial instruction. 

Not every principal faculty member is expected to participate in each of the program related activities. 
Other individuals involved in the program may also participate in these activities.

A2.06 The program director must be a PA. 

a) The program director must possess at least three years of full-time higher education experience at the time of appointment. 
b) The program director must be assigned to the program on a 12-month full time basis and at least 80% of that time must be devoted to academic and administrative responsibilities in support of the program. 
c) The program director must hold current or emeritus NCCPA certification status.

Current CV documenting educational background, certification and licensure information. 
Program directors may hold other leadership roles within the institution or spend non-program time in clinical practice or research. 
Program directors appointed before 9/1/2020 should be a physician assistant, those appointed on or after 9/1/2020 must be a physician assistant. 
Program directors appointed before 9/1/2020 should have at least 3 years higher education experience at the time of appointment, those appointed on or after 9/1/2020 must have at least 3 years higher education experience at the time of appointment.

A2.07 The program director must not be the medical director.

Current CVs and position/job descriptions.

A2.08 The program director must provide effective leadership by exhibiting:

a) responsiveness to issues related to personnel, 
b) strong communication skills, and

Discussions with administrators, faculty and preceptors, program director, and students. 
Documents indicating institutional process and results of assessment of program
c) proactive problem solving. | director’s leadership and management of the program.

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.

| A2.09 | The program director must be knowledgeable about and responsible for:
| | a) program organization,
| | b) program administration,
| | c) fiscal management of the program,
| | d) continuous programmatic review and analysis,
| | e) program planning,
| | f) program development,
| | g) completion of ARC-PA required documents, and
| | h) adherence to the Standards and ARC-PA policies. |
| | 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.
| | Adherence to the Standards and ARC-PA policies, and following directions and guidelines provided by the ARC-PA. |

| A2.10 | The program director must supervise the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program. |
| | Job descriptions, organizational chart and discussions with administrators, faculty, staff, medical director and program director. |

| 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 information.
<p>| | Medical directors appointed before 3/1/06 should have their current licensure in the state in which the program exists. |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A2.12</td>
<td>The <em>medical director</em> must be an <em>active</em> participant in the program and support the development of the program <em>competencies</em> to meet current practice standards as they relate to the PA role.</td>
<td>Medical directors appointed before 3/1/06 should be board certified, those appointed on or after 3/1/06 must be board certified.</td>
</tr>
</tbody>
</table>
| 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.  
Description of faculty vetting process may include evaluation of advanced degree, experience or previous background teaching in a field or discipline.  
Includes didactic and clinical *instructional faculty* (preceptors). |
| A2.14 | In addition to the *principal faculty*, there must be *sufficient* didactic *instructional faculty* to provide students with the necessary attention and instruction to acquire the knowledge, skills, and *competencies* required for entry into the profession. | List of all *instructional faculty* involved in the didactic phase of 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*. |
### A2.15
The program *should* not rely primarily on resident physicians for didactic instruction.

<table>
<thead>
<tr>
<th>List of credentials for <em>instructional faculty</em> teaching in the didactic phase of the program</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
</tbody>
</table>

### A2.16
The program *must*:

- **a)** verify and document that all *instructional faculty* actively serving as *supervised clinical practice experience preceptors* hold a valid license that allows them to practice at the clinical site,
- **b)** verify and document all *instructional faculty* actively serving as *supervised clinical practice experience preceptors* hold valid certification that allows them to practice in the area of instruction, and
- **c)** orient all *instructional faculty* to the specific *learning outcomes* it requires of students.

| Written procedure describing how the program determines and maintains current licensure and certification information for *instructional faculty*. |
| Written documentation of current licensure and certification of *instructional faculty*. |
| It is the program’s responsibility to verify that the instructional faculty hold valid licenses and certification. Simply indicating there is an affiliation agreement or memorandum with the sites used for supervised clinical practice experiences is not verification that individuals hold valid licenses or certification to practice. The program need not investigate the license or certification if it can produce a current document, other than an affiliation agreement/ memorandum, completed by others in the sponsoring institution or supervised clinical site attesting to current licensure. |
| Orientation materials prepared for *instructional faculty* and *preceptors*. |
| Correspondence from program to *instructional faculty* and *preceptors*. |
| On-site interviews with *instructional faculty* and students. |

### A2.17
In each location to which a student is assigned for didactic instruction or *supervised clinical practice experiences*, the program *must* inform the student which *principal* or *instructional faculty* member is designated by the program to assess and supervise the student's progress in achieving the *learning*.

<p>| List of the <em>instructional faculty</em> designated for each clinical site. |
| Course syllabi identify the instructor of record. |
| On-site interviews with students. |</p>
<table>
<thead>
<tr>
<th></th>
<th>outcomes it requires of students and how to contact this faculty member.</th>
</tr>
</thead>
</table>
| **A2.18** | **Administrative support** for the program must be:  
   a) at least a 1.0 FTE position dedicated exclusively to the program, and  
   b) **sufficient** in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program. | **Program self-assessment of administrative support staff sufficiency.**  
**Identification of administrative support personnel, position/job descriptions, discussions on site.**  
This position may be occupied by more than one person. **Administrative support personnel** 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. |
| **A3.01** | **Program policies** must apply to all students, **principal faculty** and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site. | **Program policies and on-site interviews with students and faculty.** |
| **A3.02** | The program must define, publish, make **readily available** and consistently apply its policies and practices to all students. | **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 with students.** |
| **A3.03** | The program must define, publish, make **readily available** and consistently apply a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or **preceptors.** | **Verification at the time of the visit of the program’s description as provided in the application.**  
**Program policies and procedures, including admissions policies.** Information must be easily accessible for prospective students.  
**On-site interviews with students.** |
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.

<table>
<thead>
<tr>
<th>A3.04</th>
<th>The program must define, publish, make readily available and consistently apply a policy that PA students must not be required to work for the program.</th>
<th>Program policies, on-site interviews with students.</th>
</tr>
</thead>
</table>
| A3.05 | The program must define, publish, make readily available and consistently apply a policy that PA students must not substitute for or function as:  
   a) instructional faculty and  
   b) clinical or administrative staff. | Program policies, instructional faculty orientation materials or correspondence, on-site interviews with students and faculty. 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. |
| A3.06 | The program must define, publish, make readily available and consistently apply a policy that PA students must be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners. | Program policies, student orientation materials.  
   Name tags, jacket patches/emblems, etc. seen during on-site meetings with students. |
| A3.07 | The program must define, publish, make readily available and consistently apply:  
   a) a policy on immunization and health screening of students. Such policy must be based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates.  
   b) written travel health policies based on then current CDC recommendations for international travel for programs offering elective international curricular components. | Policies and procedures for student health screening and immunization as described in program policies, promotional materials and/or web site all consistent with the most current CDC recommendations for health care professionals. |
| A3.08 | The program must define, publish, make readily available and consistently apply policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk. Those polices must:  
   a) address methods of prevention,  
   b) address procedures for care and treatment after exposure, and  
   c) clearly define financial responsibility. | Evidence that the program informs and educates students about such policies and those at clinical affiliates which are used for rotations (for example: OSHA education documentation, latex allergy statement). Copies of such policies in program and institution documents meet criteria in each of the sub-standards. On-site interviews with students and faculty. |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A3.09</td>
<td>The program must define, publish, make readily available and consistently apply policies that preclude principal faculty, the program director and the medical director from participating as health care providers for students in the program, except in an emergency situation.</td>
<td>Position descriptions, faculty assignments, program and/or student health center policies, discussions on-site with faculty.</td>
</tr>
<tr>
<td>A3.10</td>
<td>The program must define, publish, make readily available and consistently apply written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program.</td>
<td>Program/institution policies/manuals/resources, on-site interviews. On-site interviews with students and faculty.</td>
</tr>
<tr>
<td>A3.11</td>
<td>The sponsoring institution and program’s announcements and advertising must accurately reflect the program offered.</td>
<td>Institutional and program advertisements are consistent with each other and accurately reflect the program (includes both printed and electronic documents).</td>
</tr>
</tbody>
</table>
| A3.12 | 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 as provided to the program by the ARC-PA, | Web site clearly describes all components of the standard. All institutional and program documents and web sites are accurate and consistent with each other. Information is easily accessible for prospective students. 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 |
<table>
<thead>
<tr>
<th>Requirement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) evidence of its effectiveness in meeting its goals,</td>
<td>b) The program must first define its goals. Then the program must publish success in achieving its goals. The expectation is that this information will be easily recognizable from the home page of the program web site in a category related to program goals.</td>
</tr>
<tr>
<td>c) the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years provided by the NCCPA through its program portal, no later than April first each year</td>
<td>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 at all times but no later than April first each year.</td>
</tr>
<tr>
<td>d) all required curricular components including required rotation disciplines,</td>
<td>d) listed curricular components include required rotations by specialty</td>
</tr>
<tr>
<td>e) academic credit offered by the program,</td>
<td>e) Institutional and program information is consistent and accurately reflects the program (includes both printed and electronic documents)</td>
</tr>
<tr>
<td>f) estimates of all costs (tuition, fees, etc.) related to the program,</td>
<td>f) program costs must be current, include all required expenses and be presented so prospective students can determine total cost of attendance</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>g) program required competencies for entry level practice, consistent with the competencies as defined by the PA profession, and</td>
<td>g) the program must define and publish its required competencies for entry level practice</td>
</tr>
<tr>
<td>h) whether certain services and resources are only available to students and faculty on the main campus when the program is offered at a geographically distant campus location.</td>
<td>h) Program/institution policies/manuals/resources/website, on-site interviews with students.</td>
</tr>
<tr>
<td><strong>A3.13</strong></td>
<td>The program must define, publish, consistently apply and make readily available to prospective students, policies and procedures to include:</td>
</tr>
<tr>
<td>a) admission and enrollment practices that favor specified individuals or groups (if applicable),</td>
<td>a) If applicable, program’s preference for certain admission criteria (e.g. military experience, higher GPA, patient contact hours, etc.) is clearly identified. Program does not have to publish the details of these practices (e.g. point values) but does need to clearly publish its preference for specified individuals or groups.</td>
</tr>
<tr>
<td>b) admission requirements regarding prior education or work experience,</td>
<td></td>
</tr>
<tr>
<td>c) practices for awarding or granting advanced placement,</td>
<td>c) The program explicitly states when/if advanced placement is not an option.</td>
</tr>
<tr>
<td>d) any required academic standards for enrollment, and</td>
<td></td>
</tr>
<tr>
<td>e) any required technical standards for enrollment.</td>
<td></td>
</tr>
<tr>
<td><strong>A3.14</strong></td>
<td>The program must make student admission decisions in accordance with clearly defined and published practices of the institution and program.</td>
</tr>
</tbody>
</table>
### A3.15

The program must define, publish, consistently apply and make readily available to students upon admission:

- any required academic standards,
- requirements and deadlines for progression in and completion of the program,
- policies and procedures for remediation and deceleration,
- policies and procedures for withdrawal and dismissal,
- policy for student employment while enrolled in the program,
- policies and procedures for allegations of student mistreatment, and
- policies and procedures for student grievances and appeals.

Institutional and program documents and web site are consistent with each other 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.
- c) 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.

### A3.16

Programs granting advanced placement must document within each student’s file that those students receiving advanced placement have:

- met program defined criteria for such placement,
- met institution defined criteria for such placement, and
- 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.

### A3.17

Student academic records kept by the sponsoring institution or program, in a paper or electronic format, must be readily accessible to authorized program personnel and must include documentation:

- that the student has met published admission criteria including advanced placement if awarded,
- that the student has met institution and program health screening and immunization requirements,
- of student performance while enrolled,
- of remediation efforts and outcomes,
- of summaries of any formal academic/behavioral disciplinary action taken against a student, and
- documentation must reflect that each student has met the requirements outlined in Standard A3.15b. A final student transcript may not be sufficient if the program/institution has additional program completion requirements beyond what is provided in a transcript.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A3.18</strong></td>
<td>PA students and other unauthorized persons <em>must</em> not have access to the academic records or other confidential information of other students or faculty. Policies regarding student access to their records. On-site interviews and tour of facilities to verify records are not accessible to those without authority.</td>
</tr>
<tr>
<td><strong>A3.19</strong></td>
<td>Student <em>health records</em> are confidential and <em>must</em> not be accessible to or reviewed by program, <em>principal or instructional faculty</em> or staff except for immunization and screening results, which may be maintained and released with written permission from the student. Policies and procedures regarding the content of student files maintained in the program office, indicating that health records must be separate. Policies and procedures regarding access to student health records, permission/release forms. Review of student files. 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>
</tr>
<tr>
<td><strong>A3.20</strong></td>
<td>Faculty records, including program director, <em>medical director</em> and <em>principal faculty</em> <em>must</em> include: a) current job descriptions that include duties and responsibilities specific to each faculty member, and b) current curriculum vitae. Faculty records contain current CV and position description specific to the duties of the faculty member.</td>
</tr>
<tr>
<td><strong>A3.21</strong></td>
<td>Program records <em>must</em> include a current curriculum vitae for each <em>course director</em>. Faculty files include current CVs for course directors</td>
</tr>
</tbody>
</table>
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 course syllabi and other course materials, meeting minutes, evaluation instruments, student records and student handbooks or manuals 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, 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.

Site visitors will review evaluation instruments used to assess student performance across the curriculum. In reviewing student evaluation materials, visitors compare information described in course syllabi and instructional objectives with evaluation processes and outcomes. Documents related to identifying students who are having difficulty with the curriculum and how the program assists those students are important to this section. 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 include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.

INTRODUCTION

The program curriculum must prepare students to provide patient-centered care and collegially work on collaborative medical teams in an interprofessional environment. The curriculum must establish a strong foundation in health information technology and evidence-based medicine and must emphasize 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 must include 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 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.
The standards in section B2 apply primarily to the didactic curriculum of the program but may be included in the clinical curriculum as appropriate and determined by the program.
The standards in section B3 apply to the clinical curriculum of the program.
The standards in section B4 apply to the entire curriculum of the program and have application to all curricular components.

**B1 CURRICULUM**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence Suggestions / Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>B1.01</strong></td>
<td>The curriculum must:</td>
</tr>
<tr>
<td></td>
<td>a) be consistent with the mission and goals of the program, Course related materials which:</td>
</tr>
<tr>
<td></td>
<td>a) support the mission and goals of the program.</td>
</tr>
<tr>
<td></td>
<td>b) be consistent with program competencies,</td>
</tr>
<tr>
<td></td>
<td>b) support student achievement of the defined program competencies (the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.).</td>
</tr>
<tr>
<td></td>
<td>c) include core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care, and</td>
</tr>
<tr>
<td></td>
<td>c) demonstrate instruction and application of the biomedical and clinical science knowledge as it relates to patient care</td>
</tr>
<tr>
<td></td>
<td>d) be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.</td>
</tr>
<tr>
<td></td>
<td>d) include the program's instructional objectives and learning outcomes that define expected and appropriate clinical practice competencies.</td>
</tr>
<tr>
<td></td>
<td>Program assessment of the curriculum may include: success in meeting its mission and goals, faculty and student evaluation of the curriculum, preceptor feedback on the curriculum, graduate feedback on preparation for employment, student success in certification and employment.</td>
</tr>
</tbody>
</table>

| **B1.02** | The curriculum design must reflect content and course sequencing that builds upon previously achieved student learning. 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.  
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.

<table>
<thead>
<tr>
<th>B1.03</th>
<th>For each didactic and clinical course (including required and elective rotations), the program must define and publish learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Course instructional objectives and learning outcomes are clear in defining program expectations, provide guidance, and help students achieve program required competencies.</td>
</tr>
</tbody>
</table>

| B1.04 | The program must ensure educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is:  
a) conducted at geographically separate locations, and/or  
b) provided by different pedagogical and instructional methods or techniques for some students. |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       | 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 with students and faculty. |

<table>
<thead>
<tr>
<th>B2.01</th>
<th>While programs may require specific course(s) as prerequisites to enrollment, those prerequisites must not substitute for more advanced applied content within the professional component of the program.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Comparison of prerequisite courses versus those delivered during the professional phase. Instructional objectives, learning outcomes and course content and goals.</td>
</tr>
</tbody>
</table>
### B2.02
The program curriculum **must** include instruction in the following areas of medical sciences and their application in clinical practice:

- anatomy,
- physiology,
- pathophysiology,
- pharmacology and pharmacotherapeutics,
- the genetic and molecular mechanisms of health and disease.

Review of prerequisite information published by the program and institution.

Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content, including all aspects of the sub-standards.

Student evaluation methods that relate to the development, application and evaluation of this knowledge.

On-site interviews with students and faculty.

### B2.03
The program curriculum **must** include instruction in clinical medicine covering all organ systems.

Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content area.

Student evaluation methods that relate to the development, application and evaluation of this knowledge.

On-site interviews with students and faculty.

### 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/or *learning outcomes* related to this content area.

Student evaluation methods that relate to the development, application and evaluation of these knowledge and skills.

On-site interviews with students and faculty.

### B2.05
The curriculum **must** include instruction related to the development of clinical reasoning and problem-solving abilities.

Course syllabi, *instructional objectives* and defined expected *learning outcomes* or *competencies* include instructional methods and student evaluation methods that relate to the development, application and evaluation of these skills.

### B2.06
The curriculum **must** include instruction to prepare students to provide medical care to patients with consideration for:

- disability status or special health care needs,
- ethnicity/race,
- gender identity,
- religion/spirituality,
- sexual orientation, and
- social determinants of health.

Course syllabi, *instructional objectives* and/or expected *learning outcomes* or *competencies* related to this content including all aspects of the sub-standards.

Evaluation methods that relate to the development, application and evaluation of this knowledge, including all aspects of the sub-standards.

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.

| B2.07 | The curriculum must include instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including:  
|       | a) interviewing and eliciting a medical history,  
|       | b) performing complete and focused physical examinations,  
|       | c) generating differential diagnoses,  
|       | d) ordering and interpreting diagnostic studies,  
|       | e) patient management including acute and chronic care plans, and  
|       | f) patient education and referral. | Course-related materials with instructional objectives and learning outcomes related to this content, including all aspects of the sub-standards.  
|       | Student evaluation mechanisms that relate to the development, application and evaluation of knowledge and skills for each aspect of the standard including all aspects of the sub-standards.  
|       | On-site interviews with students and faculty. |

| B2.08 | The curriculum **must** include instruction in:  
|       | a) the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly,  
|       | b) preventive, emergent, acute, chronic, and rehabilitative patient encounters,  
|       | c) pre-, intra-, and post-operative care,  
|       | d) psychiatric/behavioral conditions, and  
|       | e) palliative and end-of-life care. | Course-related materials with **instructional objectives** and/or **learning outcomes** related to this content, including all aspects of the sub-standards.  
|       | Student evaluation methods that relate to the development, application and evaluation of this knowledge.  
|       | On-site interviews with students and faculty. |

| B2.09 | The program curriculum **must** include instruction in technical skills and procedures based on current professional practice. | List of technical skills and procedures taught.  
|       | Curriculum outlines, course syllabi, handouts, lecture notes.  
|       | Student evaluation methods that relate to the development, application and evaluation of these skills.  
|       | On-site interviews with students and faculty. |
| B2.10 | The curriculum must prepare students to work collaboratively in interprofessional patient centered teams. Instruction must:  
  a) include content on the roles and responsibilities of various health care professionals,  
  b) emphasize the team approach to patient centered care beyond the traditional physician-PA team approach, and  
  c) include application of these principles in interprofessional teams. | Course-related materials with instructional objectives, learning outcomes addressing all aspects of the sub-standards.  
Application of principles of interprofessional practice required for all students.  
Student evaluation methods that relate to the development, application and evaluation of these skills.  
On-site interviews with students and faculty. |
| B2.11 | The curriculum must include instruction in the following areas of social and behavioral sciences and their application to clinical practice in:  
  a) death, dying and loss,  
  b) human sexuality,  
  c) normal and abnormal development across the life span,  
  d) patient response to illness or injury,  
  e) patient response to stress,  
  f) substance use disorders, and  
  g) violence identification and prevention. | Course-related materials with instructional objectives and/or learning outcomes related to this content area, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of this knowledge.  
On-site interviews with students and faculty. |
| B2.12 | The curriculum must include instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients:  
  a) adhere to treatment plans,  
  b) modify their behaviors to more healthful patterns, and  
  c) develop coping mechanisms. | Course-related materials with instructional objectives and/or learning outcomes related to this content area, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of these knowledge and skills.  
On-site interviews with students and faculty. |
| B2.13 | The curriculum must include instruction to prepare students to search, interpret and evaluate the medical literature to include:  
  a) framing of research questions,  
  b) interpretation of basic biostatistical methods,  
  c) the limits of medical research,  
  d) types of sampling methods, and  
  e) limited meta-analyses. | Course-related materials with instructional objectives and/or learning outcomes related to this content area, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of these knowledge and skills.  
On-site interviews with students and faculty. |
<table>
<thead>
<tr>
<th></th>
<th>e) the use of common databases to access medical literature.</th>
<th></th>
</tr>
</thead>
</table>
| **B2.14** | The curriculum *must* include instruction about the business of health care to include:  
   a) coding and billing,  
   b) documentation of care,  
   c) health care delivery systems, and  
   d) health policy. | Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content area, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of this knowledge.  
On-site interviews with students and faculty. |
| **B2.15** | The curriculum *must* include instruction in concepts of public health as they relate to the role of the practicing PA and:  
   a) disease prevention, surveillance, reporting and intervention,  
   b) the public health system,  
   c) patient advocacy, and  
   d) maintenance of population health. | Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content area, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of this knowledge.  
On-site interviews with students and faculty. |
| **B2.16** | The curriculum *must* include instruction in:  
   a) patient safety,  
   b) prevention of medical errors,  
   c) quality improvement, and  
   d) risk management. | Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of this knowledge.  
On-site interviews with students and faculty. |
| **B2.17** | The curriculum *must* include instruction about the PA profession to include:  
   a) credentialing,  
   b) historical development,  
   c) laws and regulations regarding professional practice and conduct,  
   d) licensure and certification,  
   e) the PA relationship with the physician and other health care providers,  
   f) policy issues that affect practice, and  
   g) professional organizations. | Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of this knowledge.  
On-site interviews with students and faculty. |
| **B2.18** | The program curriculum *must* include instruction in the principles and practice of medical ethics. | Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content, including all aspects of the sub-standards. |
| B2.19 | The curriculum *must* include instruction in:  
  a) intellectual honesty,  
  b) academic integrity, and  
  c) professional conduct. | Course-related materials supporting instruction on this content, including all aspects of the sub-standards.  
Must include more than policies or orientation to policies and standards of conduct. |
| B2.17 | The curriculum *must* include instruction about provider *personal wellness* including prevention of:  
  a) impairment and  
  b) burnout. | Course-related materials with *instructional objectives* and/or *learning outcomes* related to this content, including all aspects of the sub-standards.  
Student evaluation methods that relate to the development, application and evaluation of this knowledge  
On-site interviews with students and faculty. |
| B3.01 | The program *must* secure clinical sites and *preceptors* in *sufficient* numbers to allow all students to meet the program’s *learning outcomes* for *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 for the maximum class size approved by the ARC-PA.  
Sufficiency must address any overlap of cohorts during the clinical phase of the program.  
Clinical sites must be *sufficient* in number to allow every student to have experiences needed to meet the program’s *learning outcomes*. |
| B3.02 | Clinical sites and *preceptors* located outside of the *United States* *must* only be used for *elective rotations*. | List of clinical sites and *preceptors* and the signed affiliation agreements with facilities that have agreed to accept students for clinical rotations that clearly identifies location within the *United States*.

*United States* is 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. |
| B3.03 | **Supervised clinical practice experiences** must enable all students to meet the program’s learning outcomes:  
| | a) for preventive, emergent, acute, and chronic patient encounters,  
| | b) across the life span, to include infants, children, adolescents, adults, and the elderly,  
| | c) for women’s health (to include prenatal and gynecologic care),  
| | d) for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care, and  
| | e) for behavioral and mental health conditions.  
| | Program has clearly defined for students and preceptors, the learning outcomes (the medical 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 patient encounters addressing all aspects of the sub-standards 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 problem-solving abilities required by the program (as defined by the learning outcomes) and related to all the requirements of the standard.  
| | Assessment tools (written exams, preceptor evaluations, other assignments) allow the program to determine students have met those learning outcomes.  
| B3.04 | **Supervised clinical practice experiences** must occur in the following settings:  
| | a) emergency department,  
| | b) inpatient,  
| | c) outpatient, and  
| | d) operating room.  
| | List(s) of clinical sites with settings, clinical rotation schedule, documentation of patient encounters in each of the areas identified within the sub-standards.  
| | Faculty and student evaluations of SCPEs.  
| | Urgent care centers may be used for supervised clinical practice experiences, but do not replace the requirement to have students in an emergency department setting.  
| B3.05 | **Instructional faculty** for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.  

<table>
<thead>
<tr>
<th><strong>B3.06</strong></th>
<th><strong>Supervised clinical practice experiences should occur with:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) physicians who are specialty board certified in their area of instruction,</td>
</tr>
<tr>
<td></td>
<td>b) <strong>NCCPA</strong> certified PAs, or</td>
</tr>
<tr>
<td></td>
<td>c) other licensed health care providers qualified in their area of instruction.</td>
</tr>
</tbody>
</table>

| **List of current preceptors including their certification, licensure, credentials, experience and area of instruction.** |
| **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 ARC-PA will only consider *supervised clinical practice 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. (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.)

<table>
<thead>
<tr>
<th><strong>B3.07</strong></th>
<th><strong>Supervised clinical practice experiences must occur with preceptors who enable students to meet program defined learning outcomes for:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a) family medicine,</td>
</tr>
<tr>
<td></td>
<td>b) emergency medicine,</td>
</tr>
<tr>
<td></td>
<td>c) internal medicine,</td>
</tr>
<tr>
<td></td>
<td>d) surgery,</td>
</tr>
<tr>
<td></td>
<td>e) pediatrics,</td>
</tr>
<tr>
<td></td>
<td>f) women’s health including prenatal and gynecologic care, and</td>
</tr>
<tr>
<td></td>
<td>g) behavioral and mental health care.</td>
</tr>
</tbody>
</table>

| **NOTE: Standard B3.07 is about the preceptors and not the types of patients that may be seen in certain practices.** |
| **Lists of preceptors currently providing supervised clinical practice experiences, and their area of practice.** |
| **Clinical rotation schedule including supervising preceptor area of practice.** |
| **Results of evaluation demonstrating students can meet program defined learning outcomes after having supervised clinical practice experiences with the preceptors listed.** |

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 education and experience. *Supervised clinical practice experiences used for required rotations are expected to address the*
| **B4.01** | The program **must** conduct frequent, objective and documented evaluations of student performance for both didactic and **supervised clinical practice experience** components. The evaluations **must** align with what is expected and taught, as defined by the program’s **instructional objectives** and **learning outcomes**. | Student assessment is both described and applied based on clear parallels between what is expected, taught and assessed. Evidence the program aligns its **instructional objectives** and **learning outcomes** with its evaluations. Course syllabi include student evaluation methodology and schedule of objective formative evaluations. Evaluation instruments. On-site interviews with students and faculty. 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. Program must be able to provide evidence that assessment tools utilized in the clinical year (written exams, preceptor evaluations, other assignments) allow the program to determine students have met those learning outcomes identified in standard B3.03. |
| **B4.02** | The program must monitor and document the progress of each student in a timely manner and according to its defined and published policies and procedures, to identify and address any deficiency in meeting program competencies in: a) clinical and technical skills, b) clinical reasoning and problem-solving abilities, c) interpersonal skills, d) medical knowledge, and e) professional behaviors. | Record of student performance in each course. Student files indicating meetings with faculty, means of remediation employed and outcomes of remediation. Committee meetings minutes with discussions related to student progress documented. On-site interviews with faculty. Documentation illustrating the methodology used and noting the timing of assessment of student professional behaviors. Compliance with this standard requires addressing all aspects of the sub-standards. |
### B4.03
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 meets the program *competencies* required to enter clinical practice, including:

- a) clinical and technical skills,
- b) clinical reasoning and problem-solving abilities,
- c) interpersonal skills,
- d) medical knowledge, and
- e) professional behaviors.

The evaluation instrument/s correlate/s with the program *competencies*. Instruments used for summative evaluation address each of the sub-standards. Results of the summative evaluation of each student.

The summative evaluation occurs within the final four months of program completion. The evaluation is not simply a review of previous evaluation outcomes used during the course of the program.

Evidence of compliance with this standard will address all aspects of the sub-standards. 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.

### B4.04
The program must document equivalency of student evaluation methods and outcomes when instruction is:

- a) conducted at geographically separate locations and/or
- b) provided by different pedagogical and instructional methods or techniques for some students.

Program analysis of evaluation methods and outcomes between/among different cohorts. On-site interviews with students and faculty. Student course evaluations.

---

### SECTION C: EVALUATION

This section addresses evaluation across the program, including program operations, students, faculty, 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 found in program meeting 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 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 ensures that students are able to fulfill the program’s expected learning outcomes. 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 are to include those needed by site visitors to verify the program’s response to application questions submitted to the ARC-PA.**

**INTRODUCTION**

The program *must* 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 5th edition 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 includes analysis of quantitative and qualitative data collected from students, graduates, faculty (principal and instructional) and staff, as applicable. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites. Ongoing assessment of educational experiences is used to identify strengths and areas in need of improvement and leads to the development of plans for corrective intervention. The program’s data collection and evaluation *must* be submitted using forms and processes developed by the ARC-PA. The data sources specified are considered minimums. Programs are encouraged to use additional data sources.

**C1 ONGOING PROGRAM SELF-ASSESSMENT**

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence Suggestions / Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C1.01</strong> The program <em>must</em> define its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement. At a minimum, the process <em>must</em> address:</td>
<td>The defined process, at a minimum, meets the expectations of the standard and all aspects of the sub-standards. The self-assessment process results in the collection of appropriate data for critical analysis.</td>
</tr>
<tr>
<td>a) administrative aspects of the program and institutional resources,</td>
<td>The narrative describes a comprehensive process of ongoing self-assessment, incorporating data from multiple sources. The process critically assesses all aspects</td>
</tr>
<tr>
<td>b) effectiveness of the didactic curriculum,</td>
<td></td>
</tr>
<tr>
<td>c) effectiveness of the clinical curriculum,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>d)</td>
<td>preparation of graduates to achieve program defined competencies,</td>
</tr>
<tr>
<td>e)</td>
<td>PANCE performance,</td>
</tr>
<tr>
<td>f)</td>
<td>sufficiency and effectiveness of principal and instructional faculty and staff, and</td>
</tr>
<tr>
<td>g)</td>
<td>success in meeting the program’s goals.</td>
</tr>
<tr>
<td></td>
<td>of the program (curricular and administrative) relating to sponsorship, resources, students, operational policies, curriculum, and clinical sites) within the context of meeting program defined competencies and goals.</td>
</tr>
<tr>
<td></td>
<td>In addition to the self-study report, the self-assessment process is verified by documentation in faculty, admissions, curriculum or other committee minutes. Sources of data include those listed in the sub-standards 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</td>
</tr>
<tr>
<td>C1.02</td>
<td>The program must implement its ongoing self-assessment process by:</td>
</tr>
<tr>
<td></td>
<td>a) conducting data collection</td>
</tr>
<tr>
<td></td>
<td>Modifications to the curriculum and other dimensions of the program are clearly supported by critical analysis of data collected in a process of ongoing program self-assessment.</td>
</tr>
</tbody>
</table>
Verified by the SSR and on site by interviews with faculty and staff and committee meeting minutes. 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.

a) Program should collect both quantitative and qualitative data within its self-assessment process.

<table>
<thead>
<tr>
<th>b) performing critical analysis of data</th>
<th>b) Critical analysis of data may include identification of areas above or below benchmark, explore trends over time and relate data to the expectations of the program.</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) applying the results leading to conclusions that identify:</td>
<td>c) Conclusions drawn must be based on the data and relationships of the data to the program expectations, issues or concerns.</td>
</tr>
<tr>
<td>i. program strengths</td>
<td></td>
</tr>
<tr>
<td>ii. program areas in need of improvement, and</td>
<td></td>
</tr>
<tr>
<td>iii. action plans</td>
<td></td>
</tr>
</tbody>
</table>

C1.03 The program must prepare a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment. The report must follow the guidelines provided by the ARC-PA.

The self-study report (SSR) is completed according to directions provided by the ARC-PA. It accurately and succinctly documents the process and results of ongoing self-assessment, including data tables and analysis as defined by the ARC-PA. Program generated data is presented in a tabular display, clearly identifying the respective student cohorts and in a year to year format that clearly displays trends and directly supports the program's analysis discussion. The critical analysis of listed components shows cause and effect and/or correlational relationships and trending. Analysis includes, but is not limited to, the method for analysis of quantitative and qualitative data and explains the rationale for the choice of benchmarks.
Documented analysis supports conclusions provided in the SSR.

Critical assessment of all aspects of the program (curricular and administrative*) related to sponsorship, resources, students, operational policies, curriculum, and clinical sites is documented. Data and analysis justify the program’s conclusions and support actions taken. Modifications made as a result of analysis are evaluated for effectiveness.

*Administrative aspects of the program, such as those addressed in the A section of the Standards: institutional sponsorship, resources (financial, human, physical and technology), policies/procedures, and student services.

| C2.01 | The program must define and maintain effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to:
|       | a) physical facilities,  
|       | b) patient populations, and  
|       | c) supervision. | Description of the process used for the initial and ongoing clinical site and preceptor evaluation, including the format and timing of evaluations. Documentation indicating consistency of the process across sites and program evaluators. Documentation noting effectiveness in identifying sites that do not meet program expectations for learning outcomes. Documentation maintained as evidence of the program’s evaluation of each clinical site addressing the sub-standards in terms of the sites’ ability to provide needed experiences (such as completed site visit forms, or documentation of phone calls or virtual site visits). Completed student evaluations of sites used. Summary and comparison of documentation of patient encounters. On-site interviews with preceptors, students and faculty. This includes more than just an initial evaluation of the site. The program must document that the site allows the student access to facilities, patient populations |
| | and supervision necessary to fulfill program learning outcomes. |
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.

Programs are expected to provide reports and documents as required by the ARC-PA. 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.

E1 PROGRAM AND SPONSORING INSTITUTION RESPONSIBILITIES

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence Suggestions / Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E1.01</strong></td>
<td>The program must inform the ARC-PA within 30 days of the date of notification of any:</td>
</tr>
<tr>
<td></td>
<td>a) change in the accrediting agency for the sponsoring institution, or</td>
</tr>
<tr>
<td></td>
<td>b) adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution’s regional accrediting agency.</td>
</tr>
<tr>
<td></td>
<td>Evidence that notification of adverse accreditation action has been conveyed to the ARC-PA in a timely manner.</td>
</tr>
<tr>
<td><strong>E1.02</strong></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, which are scheduled as determined by the ARC-PA.</td>
</tr>
<tr>
<td></td>
<td>Program director correspondence with the ARC-PA regarding scheduling of comprehensive review and other visits.</td>
</tr>
<tr>
<td><strong>E1.03</strong></td>
<td>The program must submit reports or documents as required by the ARC-PA</td>
</tr>
<tr>
<td></td>
<td>Reports/applications received by the ARC-PA are:</td>
</tr>
</tbody>
</table>
- completed following directions,
- 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 the Standard

| E1.04 | The program **must** inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, of personnel changes in its positions of program director (or interim), medical director (or interim), or principal faculty within 30 days of the date of the effective change and **must** include a detailed plan and timeline to fill those positions. | Evidence that notification of changes in the listed positions were submitted to the ARC-PA in a timely manner, using forms and following directions provided. |
| E1.05 | The program **must** demonstrate active recruitment to permanently fill vacated or interim positions. The program **must** provide quarterly updates to the ARC-PA on progress filling vacated or interim positions. | 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. |
| E1.06 | An interim program director (IPD) **must** meet the qualifications of the program director. | Current CV of IPD. PD job description/requirements. IPD qualified as required by the Standards. |
| E1.07 | The appointment of the IPD position **must** not exceed 12 months. | Evidence that the 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. |
| E1.08 | The program **must** inform the ARC-PA, using forms and processes developed by the ARC-PA, of a temporary vacancy of personnel greater than 90 days in its positions of program director (or interim), medical director (or interim), or principal faculty. | Evidence that notification of vacancy in the listed positions were submitted to the ARC-PA in a timely manner, using forms and following directions provided. |
The notice *must* include the program’s plan to accommodate the temporary absence.

| E1.09 | The program *must* receive approval 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:  
|   | a) program expansion to a *distant campus*,  
|   | b) requirements for program completion/graduation that include changes in total credits required,  
|   | c) the curriculum that result in an increase in the student tuition,  
|   | d) an increase in the approved *maximum entering class size*, or  
|   | e) program length, greater than one month.  
|   | Evidence of written request to the ARC-PA, six months prior to implementation, using ARC-PA forms and processes. The *maximum entering class size* is approved by the ARC-PA upon review of the program by the commission or after approval of a change request for a class size increase. Any increase above the ARC-PA approved *maximum entering class size* requires approval by the ARC-PA. |

| E1.10 | The program *must* inform 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 to the degree granted at program completion.  
|   | Evidence of written notification to the ARC-PA, six months prior to implementation, using ARC-PA forms to report proposed changes. |

| E1.11 | The program *must* immediately inform the ARC-PA in writing, using forms and processes developed by the ARC-PA when:  
|   | a) enrollment exceeds its *maximum approved class size*, or  
|   | b) it encounters a substantive decrease in fiscal support of:  
|   | i. 20% or more decrease in overall budget or for program expenditures, or  
|   | ii. 5% or more decrease in its operating budget.  
|   | Any increase above the ARC-PA approved *maximum entering class size* for any reason requires program notification to the ARC-PA.  
<p>|   | A decrease in support for the program may refer to a decrease in budget allocations for human, academic or physical resources. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. 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. Programs are expected to consider the many ways in which their fiscal 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. |</p>
<table>
<thead>
<tr>
<th>E1.12</th>
<th>The sponsoring institution must inform the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering transfer.</th>
<th>Evidence of timely notification of ARC-PA by sponsoring institution. Notification should occur as soon as institution begins considering such action to assure that ARC-PA policies and procedures about transfers are addressed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1.13</td>
<td>The program and the sponsoring institution must pay ARC-PA accreditation and associated fees as determined by the ARC-PA.</td>
<td>Evidence of timely payment of invoices sent to the program by the ARC-PA. Note: A site visit may not occur if fees are not paid.</td>
</tr>
</tbody>
</table>

**SECTION D: PROVISIONAL ACCREDITATION**

Programs being evaluated for Provisional Accreditation as they enter into the accreditation process 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**, **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.

**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.
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.

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 must demonstrate compliance, or the ability to comply when operational, with all accreditation Standards, including the specific provisional accreditation standards below. Programs planning to apply for provisional accreditation must contact the ARC-PA early in their planning phase, and before preparing accreditation application materials, to discuss the process and timelines. Typically, the institution official assigned to be responsible for the development of the program is a Provost or individual designated by the institution President. The ARC-PA does not consider a consultant to be an appropriate individual responsible for the development of the program. The curriculum must be approved by the institutional process prior to the site visit.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Evidence Suggestions / Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1.01</td>
<td>Based on the qualifications outlined in the Standards, the program must have:</td>
</tr>
<tr>
<td></td>
<td>a) A 1.0 FTE program director hired by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit. If the person holding the position of program director changes in the 15 months prior to the date of the scheduled site visit, the program may be removed from the commission agenda.</td>
</tr>
<tr>
<td></td>
<td>Appropriate individuals have been hired and assigned according to the required timeline. Names and CVs of program director and medical director that meet qualifications as required by the Standards.</td>
</tr>
<tr>
<td></td>
<td>a) The ARC-PA does not consider a consultant or interim program director a program director hired on a permanent basis.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>b) A medical director appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit.</td>
<td></td>
</tr>
<tr>
<td>c) 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit.</td>
<td></td>
</tr>
<tr>
<td>d) A chief administrative officer or designee assigned to be responsible for the development of the program.</td>
<td>d) Typically, the designee of the chief administrative officer is a dean, department chairperson or provost.</td>
</tr>
</tbody>
</table>

**D1.02** The developing program *must* publish and make *readily available* to everyone who requests information, applies, or plans to enroll:

- a) its ARC-PA applicant status as provided to the program by the ARC-PA,
- b) that the program is not yet accredited, and
- c) the implications of non-accreditation by the ARC-PA.

**D1.03** Prior to the ARC-PA provisional comprehensive evaluation site visit, the program *must* have a complete and institution-approved curriculum and have established evaluation methods for all didactic and clinical components of the program.

- Course syllabi, student handbooks or other documents which include written curriculum design, sequencing, and evaluation methods for the entire program curriculum.
- Documented institutional approval of the curriculum.

**D1.04** The program *must* provide detailed information for each course and *rotation* offered in the program. The program *must* have a course syllabus for each course and *rotation* that includes the:

- a) course name,
- b) course description,
- c) course goal/rationale,
- d) outline of topics to be covered,
- e) *learning outcomes* and *instructional objectives*,
- f) faculty instructor of record if known.

All syllabi include the requirements of the standard (at a minimum).
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>g) methods of student assessment/evaluation, and &lt;br&gt;h) plan for grading.</td>
<td></td>
</tr>
<tr>
<td><strong>D1.05</strong></td>
<td>The program <em>must</em> have signed agreements from prospective clinical sites participating in the <em>supervised clinical practice experiences sufficient</em> in number to meet the needs of the <em>maximum class size</em>.</td>
<td>Signed affiliation agreements with facilities that have agreed to accept students for clinical rotations. &lt;br&gt;Number of signed affiliation agreements meet the needs of the <em>maximum class size</em>.</td>
</tr>
<tr>
<td><strong>D1.06</strong></td>
<td>If provisional accreditation status is granted, the program <em>must</em> not admit more students than the number requested by the program and approved by the ARC-PA.</td>
<td>Student class size data submitted to the ARC-PA indicates compliance.</td>
</tr>
</tbody>
</table>
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 employers
- 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, 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 correlations 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 and Self-Study Report.

This document is available on the ARC-PA web site on the Accreditation Resources page. [http://www.arc-pa.org/accreditation/resources/accreditation-manual/](http://www.arc-pa.org/accreditation/resources/accreditation-manual/)


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 C1.01. 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 implementation of the program’s ongoing self-assessment process which documents program effectiveness and fosters 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) and programs applying for or holding an Accreditation-Continuing status (continuing applications). Materials are available within the sections of the web site related to accreditation status.

Applications for provisional applicant programs require the program to describe how it plans to demonstrate compliance as well as how the program will review 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. 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.

The commission does understand that between the time an application is submitted and the date of a site visit, programs may be in the process of updating their syllabi, manuals and other program documents. Programs should not disrupt their process of updating and getting appropriate approvals for course syllabi and other documents.

Programs are advised to discuss this potential situation with the site visit chair, explaining why the documents seen on site may be different from those in the application. Programs are to have both versions of the documents (those revised and those appended to the application) available for the site visit, highlighting changes made in the revised documents. Site visitors will document what was seen on site, but the will use the materials from the application of record to judge compliance with the Standards.

The syllabi and manuals appended to the program’s application will be used by the commission, as needed, as evidence of compliance with the Standards.

In NO circumstance will the site visit team accept a NEW application document.
ADDRESSING THE “SHOULD” STANDARDS

The Standards, 5th edition includes four “should” standards (A1.05, A2.04, A2.15, and B3.06). Programs not meeting any component(s) of a ‘should’ standard are expected to explicitly describe the program’s compelling reason for not being able to meet the standard in the application of record. Although the details may be further explored by the site visit team, the application of record is the direct communication between the program and the commission. Within the application narratives, the program is expected to provide:

- the compelling reason for not meeting the standard
- details of the attempts made to meet the standard

The commission makes determinations on compliance with any of the Standards. A program or institution may be cited for failing to comply with a requirement that includes the term ‘should.’

THE SITE VISIT

The ARC-PA website contains multiple documents to support program’s in planning for their accreditation site visit. http://www.arc-pa.org/accreditation/site-visits/site-visit-protocol/

PROGRAM CHANGES

The Standards related to Accreditation Maintenance require programs to inform the ARC-PA of substantive changes. These changes must be submitted using the appropriate forms found on the ARC-PA website http://www.arc-pa.org/accreditation/resources/program-change-forms/ Failure of a program to provide the information as required may result in a reconsideration of the program’s current accreditation status or an earlier scheduling of the next site visit to the program.

Program changes that require official acknowledgement by the ARC-PA include:

- Change in Program Faculty - The program must inform the ARC-PA in writing, using forms and processes developed by the ARC-PA, of personnel changes in its positions of program director (or interim), medical director (or interim), or principal faculty within 30 days of the date of the effective change and must include a detailed plan and timeline to fill those positions (Standard E1.04). In addition, the program is required to submit quarterly updates of active recruitment to fill any vacant positions.

- Change in Sponsoring Institution Personnel – Any change to whom the Program Director reports to or the Chief Administrative Officer must be submitted to the ARC-PA.

- PANCE Report – required any year that the PANCE pass rate for first time takers by cohort for that year has a pass rate percentage below the percentage posted on the website.

Certain changes require ARC-PA approval, no less than six months prior to program implementation (Standard E1.09). It is recommended that the program submit requests for change approximately 9-12 months prior to implementation to ensure appropriate time for ARC-PA review. These include:

- Expansion to a distant campus
- Requirements for program completion/graduation that include changes in total credits required,
- Change in program length, greater than one month
- An increase in the approved maximum entering class size
• Change in curriculum that results in an increase in the student tuition,

Certain change requests, program progress reports and program responses due to the ARC-PA may be processed through an expedited review. Expedited reviews occur at times other than the March, June and September ARC-PA commission meetings and allow the commission to inform programs about the disposition of their submissions at times throughout the year.
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 is to eliminate errors of fact or clarify ambiguities and misperceptions. Observation responses should succinctly clarify issues raised by the site visit team and 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 is to 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 is to 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 must 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 are to 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 must 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 is to 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 required to respond to each citation and may 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 indicate 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 is to explain what the program did at the time of the site visit to demonstrate compliance with the standard noted and 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 has come into compliance. 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 materials that were submitted previously.

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 is 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:

Mailing Address
ARC-PA
12000 Findley Road
Suite 275
Johns Creek, GA  30097

Phone
770-476-1224 (the ARC-PA office is located in the Eastern time zone)

Fax
770-476-1738

Accreditation Services
AccreditationServices@arc-pa.org
## 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>
</tr>
</thead>
<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>Active</td>
<td>Having practical operation or results, characterized by action rather than by contemplation or speculation.</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 correlations 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>
</tr>
<tr>
<td>Attrition</td>
<td>A reduction in number.</td>
</tr>
<tr>
<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 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 medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.</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>
</tr>
<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>TERM</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</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. The inclusion of different people (including but not limited to gender and race/ethnicity, age, physical abilities, sexual orientation, socioeconomic status) in a group or organization. Diversity includes all the ways in which people differ, and it encompasses all the different characteristics that make one individual or group different from another.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>The degree to which objectives are achieved and the extent to which problems are solved.</td>
</tr>
<tr>
<td>Elective Rotation</td>
<td>Supervised clinical practice experiences that may differ by student and which 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 in achieving goals.</td>
</tr>
<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>
</tr>
<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>Inclusion</td>
<td>The active, intentional and ongoing engagement with diversity in ways that increase awareness, content knowledge, cognitive sophistication and empathic understanding of the complex ways individuals interact within systems and institutions. The act of creating involvement, environments and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.</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 medical 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 as approved by the ARC-PA.</td>
</tr>
<tr>
<td>Medical director</td>
<td>Physician assigned to the PA program and who reports to the program director. The FTE assigned to the medical director is specific to this position/role. Supports the program in ensuring that didactic and clinical instruction meet current practice standards as they relate to the role of the PA in providing patient care.</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>NCCCPA</td>
<td>National Commission on Certification of Physician Assistants</td>
</tr>
<tr>
<td>TERM</td>
<td>DEFINITION</td>
</tr>
<tr>
<td>------</td>
<td>------------</td>
</tr>
<tr>
<td>PANCE</td>
<td>Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants.</td>
</tr>
<tr>
<td>Personal wellness</td>
<td>The quality or state of being in good health especially as an actively sought goal. It includes choices and activities aimed at achieving physical vitality, sense of accomplishment, and personal fulfillment.</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 Commission of Higher Education (NECHE)  
Higher Learning Commission (HLC)  
Northwest Commission on Colleges and Universities (NWCCU)  
Southern Association of Colleges and Schools-Commission on Colleges (SACS COC)  
Western Association of Schools and Colleges-Accrediting Commission for Community & Junior Colleges (WASC-ACCJC)  
WASC Senior College & University Commission (WSCUC) |
<p>| Remediation | The program 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. While an elective rotation may be one of the required rotations, it is not included in this definition. |
| 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 attempts to meet the standard and 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’.) |
| Student Services | Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, financial aid, student health, computing and library resources and access. |
| Subspecialists | A narrow field of practice within its medical specialty as defined by ABMS and AOA. |
| Succinctly | Marked by compact, precise expression without wasted words. |
| Sufficient | Enough to meet the needs of a situation or proposed end. |
| Summative Evaluation | An assessment of the learner conducted by the program to ensure that the learner has the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession. This evaluation must consist of more than a listing and review of student outcomes otherwise obtained in the course of the program. |
| Supervised Clinical Practice Experiences | Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management |</p>
<table>
<thead>
<tr>
<th>TERM</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching Out</td>
<td>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.</td>
</tr>
<tr>
<td>Technical Standards</td>
<td>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.</td>
</tr>
<tr>
<td>Timely</td>
<td>Without undue delay; as soon as feasible after giving considered deliberation.</td>
</tr>
<tr>
<td>United States</td>
<td>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.</td>
</tr>
</tbody>
</table>