**Change in Program Faculty**

(standard E1.05)

August 2021

Accredited Clinical Postgraduate PA programs are required to report changes in their programs to the ARC-PA as detailed in Section E of the accreditation *Standards*, 3rd edition. This form is to be used to inform the ARC-PA of a personnel change per Standard E1.05. This includes the **resignation, termination, or appointment of the program director, medical director or program faculty**. Positions remaining open require the program provide quarterly updates on its progress filling the position.

Changes in program faculty require ARC-PA notification within 30 days of the date of the effective change (standard E1.05).

This form is to be used by programs reporting **changes in program faculty**. Please submit this completed form **and** any required attachments as described below.

**Program Name:** Click here to enter program name

**Program Director:** Click here to enter name

**Name and title of person completing this form:** Click here to enter name and title

**Date of form completion**: Click here to enter date

**Date form submitted to ARC-PA:** Click here to enter date

**Indicate** any changes as directed below.

## **CHANGES IN PROGRAM DIRECTOR**

This notice of change in program director **MUST BE ACCOMPANIED BY** a letter from a more senior institutional official regarding this change.

**Note** that the appointment of an Interim Program Director is addressed in standardsE1.07. Standards relating to the qualifications for the program director are A3.08-A3.12.

**Check all that apply:**

[ ]  **Resignation/termination** of current program director

[ ]  **Retirement** of current program director

Name of person leaving position: Click here to enter name

Date effective: Click here to enter date

[ ]  The person leaving the PD position is remaining with the program in a different position.

 Position he/she will be taking: Click here to enter position

 If the position he/she will be taking is currently occupied by another individual in the program, please explain here, and complete additional section of this form below as needed.

Click here to enter text

[ ]  The person leaving the PD position will no longer be employed by the program.

[ ]  Appointment of **Interim** Program Director, date effective: Click here to enter date

Name: Click here to enter name

[ ]  Appointment of **New** Program Director, date effective: Click here to enter date

Name: Click here to enter name

CVs **mus**t be attached for any new appointees. Program must use the CV forms available on the ARC-PA website (Postgraduate Curriculum Vitae Template).

**Provide narrative** details regarding the process and timeline for the program/institution to secure a permanent program director:

Click here to enter text

## **CHANGES IN MEDICAL DIRECTOR**

**Check all that apply**

[ ]  **Resignation/termination** of current medical director

[ ]  **Retirement** of current medical director

 Name: Click here to enter text

Date effective: Click here to enter date

[ ]  The person leaving the MD position is remaining with the program in a different position.

 Position he/she will be taking: Click here to enter text

 If the position he/she will be taking is currently occupied by another individual in the program, please explain here, and complete additional section of this form below as needed.

Click here to enter text

[ ]  The person leaving the MD position will no longer be employed by the program.

[ ]  Appointment of **Interim** Medical Director, date effective: Click here to enter date

Name or interim: Click here to enter name

[ ]  Appointment of **New** Medical Director, date effective: Click here to enter date

Name: Click here to enter name

CVs **must** be attached for any new appointees. Program must use the CV forms available on the ARC-PA website (Postgraduate Curriculum Vitae Template).

**Provide narrative** details regarding the process and timeline for the program/institution to secure a permanent medical director:

Click here to enter text

## **CHANGES IN PROGRAM FACULTY**

**Check all that apply**

[ ]  resignation/termination/retirement of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  resignation/termination/retirement of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  resignation/termination/retirement of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  resignation/termination/retirement of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  Appointment of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  Appointment of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  Appointment of Click here to enter name (name and role in program)

Date effective: Click here to enter date

[ ]  Appointment of Click here to enter name (name and role in program)

Date effective: Click here to enter date

**Provide narrative** details detailing the changing of positions if one or more of the individuals listed above is changing positions within the program:

Click here to enter text

**Provide narrative** regarding the process and timeline for the program/institution to fill any vacant program faculty positions:

Click here to enter text

CVs **must** be attached for any new appointees. Program must use the CV forms available on the ARC-PA website (Postgraduate Curriculum Vitae Template).

**SIGNATURES**

The signatures of the chief administrative officer and Program Director attest to the completeness and accuracy of the information provided in this application and supporting materials.

I understand and agree that the Program will be subject to an adverse accreditation action which could include denial of accreditation or 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.

**Chief Administrative Officer** of Program’s Sponsoring Institution:

*As listed in the Program Management Portal*

 Enter name Enter date

*The name that appears here is deemed an electronic signature.*

**Program Director:** Enter name Enter date

*The name that appears here is deemed an electronic signature.*

**SUBMISSION INSTRUCTIONS**

Program should update the Portal with program personnel changes. Data will be continually monitored by the Portal with alerts sent to Portal staff.

The program should submit this form by uploading it as a Change in Faculty document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” Do not send any paper copies.

Receipt of this Change in PA Program Faculty Form and any supporting materials required will be acknowledged by the ARC-PA via correspondence sent to the program.

**Submit within 30 days of change.**

**Quarterly Reports (E1.05)**

Following notification of a resignation or termination, the ARC-PA requires that the program provide quarterly updates on the program’s progress in filling that vacant position until the program submits another Change in PA Program Faculty form to inform the ARC-PA of the appointment of the person filling that vacancy. These quarterly reports do not require the use of an ARC-PA form. However, it is required that these reports be submitted on program letterhead and signed by the individual writing the report. The program’s quarterly report is to be submitted via the program Portal.