**Change in Program Fiscal Support**

(standard E1.08e)

September 2020

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. **Anticipated decreases in program fiscal support must be submitted to the ARC-PA six months prior to the anticipated change (standard E1.08e).**

The ARC-PA will review and consider program changes and any accompanying materials at its next regularly scheduled meeting in **March**, **June** or **September**. Changes submitted on or before **December 31** are considered for the March meeting. Changes submitted on or before **March 31** are considered for the June meeting. Changes submitted on or before **June 30** are considered for the September meeting.

**Programs should plan accordingly in order to receive approvals within the required timeframe. Taking into consideration the length of time between submission and review, it is recommended that programs begin the approval process one year before a change**.

 Sample timelines for a program seeking ARC-PA approval for a change are below:

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| --- |
| **SAMPLE 1** |
| **Intended implementation of program change** | **June 2021** |
| **ARC-PA considers change at commission meeting** | **September 2020** |
| **Deadline for submitting change documentation for September 2020 meeting** | **June 30, 2020** |
|  |
| **SAMPLE 2** |
| **Intended implementation of program change** | **January 2022** |
| **ARC-PA considers change at commission meeting** | **June 2021** |
| **Deadline for submitting change documentation for June 2021 meeting** | **March 31, 2021** |

This form is to be used by programs anticipating a **substantive decrease** in program fiscal support. **The Program Director** should submit this completed form and any required attachments as described below. Be sure to retain a copy at your program.

Standard E1.08e requires programs to report any decrease in allocated fiscal, human, academic or physical resources.

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

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

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

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

We anticipate a: (check all that apply)

[ ]  decrease in overall budget (standard A2.02)

[ ]  decrease in faculty and staff salaries/benefits (standard A2.01f, A2.01k, A2.03)

[ ]  decrease in physical resources (e.g., classrooms, labs, clinical practice sites (standard A2.05a)

[ ]  decrease PA trainee employment benefits (standard A2.01e, A2.01f)

[ ]  other, specify: Enter text

1. Provide narrative regarding the rationale for changes in the items checked above including a timeline for when the anticipated changes will occur.

|  |
| --- |
| Click here to enter text |

1. Provide narrative regarding impact on program of anticipated changes, i.e., reduction in class size, change in curriculum offered or curriculum deliver methods, change in rotations offered, etc.

|  |
| --- |
| Click here to enter text |

1. Provide narrative addressing program’s plan to continue compliance with the *Standards* in light of anticipated changes.

|  |
| --- |
| Click here to enter text |

**Include** letter from dean or senior institutional official addressing this change.

Additional Comments which you believe are important for the commission:

Click here to enter text

**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**

The ARC-PA will review and consider the changes described by this form and any accompanying materials either by an expedited review process or at its next regularly scheduled meeting, as determined by the ARC-PA, in March, June or September. Changes submitted on or before **December 31** are considered for the March meeting. Changes submitted on or before **March 31** are considered for the June meeting. Changes submitted on or before **June 30** are considered for the September meeting.

The program should submit this form by uploading it as a Change (decrease) in Program Support 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.”

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