**Program Faculty Temporary Leave –** **Temporary Vacancy Greater Than 90 Days**

(standard E1.06)

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. **Temporary vacancy of personnel greater than 30 days in its positions of program director (or interim), medical director (or interim), or program faculty** require notification to the ARC-PA. **The notice must include the program’s plan to accommodate the temporary absence**. (standard E1.08).

This form is to be used to report a temporary leave of absence greater than 30 days per Standard E1.06. Use this form when the program director, medical director or program faculty takes a leave of absence and is expected to return to their role in the program (e.g., family medical leave, short term disability, etc.).

This form is not to be used to report a change in position, vacancy due to an unfilled position or to update the ARC-PA on an ongoing faculty search. Use the Change in PA Program Faculty form for personnel changes.

**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. The program must also **update** the Personnel tab of the Portal with changes in *program faculty* or the *medical director*, noting “Temp Leave, Ret [date]” in the Program Info, Program Title box for personnel on leave. Make no other changes to the individual’s data.

In the case of a **temporary leave by the program director**, separate instructions for changing the portal will be sent from the ARC-PA Portal Team after this form is submitted.  The notice of temporary leave by the program director **MUST BE ACCOMPANIED BY** a letter from a more senior institutional official, approving the submitted plan to temporarily fill the position.

The “Temp Leave” notation is to be removed when the person returns from the temporary leave.

Should the person’s temporary leave need to be extended beyond the date noted on this form, the program must submit another form with the updated information and update the return date in the Portal.

## **VACANCY OF PROGRAM DIRECTOR GREATER THAN 90 DAYS**

Name : Click here to enter name

Date effective: Click here to enter date

Expected length of vacancy: Click here to enter date

[ ] Check if this person is holding an interim position

**Provide narrative** details regarding the program’s plan to accommodate the absence:

Click here to enter text

## **VACANCY OF MEDICAL DIRECTOR GREATER THAN 90 DAYS**

Name : Click here to enter name

Date effective: Click here to enter date

Expected length of vacancy: Click here to enter date

[ ] Check if this person is holding an interim position

**Provide narrative** details regarding the program’s plan to accommodate the absence:

Click here to enter text

## **VACANCY OF PROGRAM FACULTY GREATER THAN 90 DAYS**

Name : Click here to enter name

Date effective: Click here to enter date

Expected length of vacancy: Click here to enter date

**Provide narrative** details regarding the program’s plan to accommodate the absence:

Click here to enter text

Name : Click here to enter name

Date effective: Click here to enter date

Expected length of vacancy: Click here to enter date

**Provide narrative** details regarding the program’s plan to accommodate the absence:

Click here to enter text

Name : Click here to enter name

Date effective: Click here to enter date

Expected length of vacancy: Click here to enter date

**Provide narrative** details regarding the program’s plan to accommodate the absence:

Click here to enter text

**SIGNATURES**

The signatures of the chief administrative officer and Program Director, in the case of a vacancy of the medical director or principal faculty, 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.**