**Program Changes Due to COVID-19**

April 2020

This form is to be used by programs reporting changes resulting from the spread of COVID-19 and the closures/limitations of academic institutions and clinical preceptors. This form can be completed for one cohort or multiple cohorts, but the program must clearly identify the cohort for which each proposed change is relevant within the questions below. **The Program Director** should submit this completed form and any required attachments as described below. Be sure to retain a copy at your program.

**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

**PROGRAM INFORMATION currently on file with ARC-PA (All programs must complete):**

**Date of matriculation (Mo/Yr):** Enter text

**Date of graduation (Mo/Yr):** Enter text

**Program Length (in Months)**: Enter text

**Length of Didactic phase (in Months)**: Enter text

**Length of SCPE phase (in Months)**: Enter text

**Length of each rotation (in Weeks)**: Enter text

**Month SCPE/rotations begin**: Enter text

**Provide succinct narrative** responses describing the following:

1. **Does the program anticipate delaying the graduation of any cohort?** If applicable, when does the program plan to graduate each cohort? **If not applicable**, please move to question 3.

Click here to enter text

| **Cohort** | **Proposed new date of graduation (Mo/Yr)** |
| --- | --- |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |

1. Will the change in graduation date be a permanent change? Provide narrative detailing reasoning for each relevant and identified cohort and attach evidence of institutional approval as instructed below.

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

1. **Does the program anticipate delaying the start date/matriculation of any cohort (start of didactic curriculum or the start of clinical rotations)**? If applicable, when does the program plan to start/matriculate each cohort? **If not applicable**, please move to question 5.

Click here to enter text

| **Cohort** | **Proposed new date of matriculation (Mo/Yr)** |
| --- | --- |
| Enter text | Enter text |
| Enter text | Enter text |
| Enter text | Enter text |

1. Will the change in the start date of the program be a permanent change? Provide narrative detailing reasoning for each relevant and identified cohort and attach evidence of institutional approval as instructed below.

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

**Program Length Change: Does the program anticipate changing the length of the program for any cohort due to a change in timing for when a cohort begins the didactic curriculum or its clinical rotations or the length of time necessary for a cohort to complete its rotations**? If applicable, complete the table below. **If not applicable**, please move to question 5.

If this is to be a permanent change, the program **must** complete and submit the Change in Program Length form.

| **Program Changes** | **Status as reported on Program Data Form on file with ARC-PA** | **Proposed changes** | Date Effective |
| --- | --- | --- | --- |
| Length of Accredited Program | Enter text | Enter text | Enter text |
| Length of Preclinical phase | Enter text | Enter text | Enter text |
| Length of SCPE phase | Enter text | Enter text | Enter text |
| Summative Evaluation Timing | Enter text | Enter text | Enter text |

5. **Didactic Changes:** Provide succinct narrative for change(s) in the **didactic curriculum** (e.g.: online curriculum vs in-person, changes in the method of testing). **(If Not Applicable, please indicate with N/A)**. Include detail about how the program is addressing its defined learning outcomes for the didactic curriculum to ensure the students are prepared for the clinical curriculum. If the program has developed a new course (not currently part of the curriculum on file with the ARC-PA), please include the syllabus as an appended document. Clearly identify the cohort for which each change is relevant.

Click here to enter text

6. **Clinical Changes:** Provide succinct narrative for change(s) in the **clinical curriculum/rotations** (e.g.: use of simulation, virtual learning, change in the number of required hours in a SCPE). **(If Not Applicable, please indicate with N/A)**. Include detail about how the program is addressing its defined learning outcomes for the clinical curriculum/rotations to ensure the students are prepared for clinical practice. If the program has developed a new course (not currently part of the curriculum on file with the ARC-PA), please include the syllabus as an appended document. Clearly identify the cohort for which each change is relevant.

Click here to enter text

7. **Change in resources** **(If Not Applicable, please indicate with N/A)**. Provide succinct narrative regarding change in resources required (increase/decrease in current principal faculty duties, increase/decrease in administrative support staff duties, increase/decrease in technology support via personnel or resources).

Click here to enter text

8. Additional changes not addressed above. **(If Not Applicable, please indicate with N/A)**. Provide succinct narrative regarding changes not addressed in this form.

Click here to enter text

**Include** the following as a separate document with this form:

1. Documentation of institutional approval from dean or senior institutional official.

**Additional optional documentation** if the program believes it would be helpful in review of the proposed changes: Tabular representation of the current vs new curricula with faculty assignments (including principal faculty and instructional faculty as relevant). Attention should be paid to course work to be added, course work that will be changed or consolidated, and course work that will no longer be included in the curriculum. Address the timeline for the change. Add narrative as needed for explanation.

**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 program should submit this form via email to [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org).