



*Accreditation Review Commission on Education  
for the Physician Assistant, Inc.*

## Accreditation Review Commission on Education for the Physician Assistant

### Application for **Provisional** Accreditation<sup>®</sup> **Clinical Postgraduate PA Program<sup>®</sup>**

**Revised 11.2021**

For Clinical Postgraduate Accreditation *Standards*, third edition as clarified 10.2021

<b>Name of Program:</b> Enter Name of Program	<b>Clinical Specialty Discipline:</b> Enter Clinical Specialty Discipline
<b>City and State:</b> Enter City and State	<b>Dates of Site Visit:</b> Enter Dates of Site Visit
<b>Is the institution applying for accreditation of multiple postgraduate programs?</b>  <input type="checkbox"/> Yes (Complete Appendix 14) <input type="checkbox"/> No	

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**Confidential Document**

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## PREFACE

The clinical postgraduate PA program accreditation process conducted by the ARC-PA is a voluntary one entered into by institutions and programs that sponsor a structured educational experience. To be eligible to apply for accreditation, programs must be operational with at least one enrolled PA trainee at the time of application.

The provisional accreditation process begins with a determination of program eligibility and involves a thorough review of the program's institutional support, *curriculum*, and self-assessment process. The program is eligible to continue its accreditation status of accreditation-provisional with subsequent evaluations and commission reviews as defined in ARC-PA policies and processes. Accreditation - Provisional is an accreditation status first awarded when the plans and resource allocation, if fully implemented as planned, appear to demonstrate the program's ability to meet the ARC-PA Clinical Postgraduate *Standards*.

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.

## ELIGIBILITY

The ARC-PA accredits only qualified *clinical postgraduate PA programs* offered by, or located within, institutions chartered by and physically located within, the *United States* and where PA trainees are geographically located within the *United States* for their education.

Accredited *clinical postgraduate PA programs* must be established in

- a) schools of allopathic or osteopathic medicine,
- b) colleges and universities affiliated with appropriate clinical teaching facilities,
- c) medical education facilities of the federal government, or
- d) hospitals, medical centers or ambulatory clinics.

The sponsoring institution *should* either be accredited

- a) as an institution of higher education by a *recognized regional or specialized and professional accrediting agency*,
- b) by the Accreditation Association for Ambulatory Health Care (AAAHC),
- c) by the Commission on Accreditation of Rehabilitative Facilities (CARF) or,
- d) by the Joint Commission as a hospital/medical center or ambulatory clinic.

Eligible programs *must* follow the process of and use the forms provided by the ARC-PA.

Eligible programs *must* be operational with at least one enrolled *PA trainee* at the time of application for accreditation.

Graduate degree programs and master's completion programs without a strong focus on clinical education in a recognized clinical specialty discipline are not eligible to apply for clinical post-graduate accreditation by the ARC-PA.

## CLINICAL POSTGRADUATE PROGRAM REVIEW

Accreditation of *clinical postgraduate PA programs* is a voluntary process initiated by the sponsoring institution. It includes a comprehensive review of the program relative to the Clinical Postgraduate *Standards* and it is the responsibility of the Clinical Postgraduate PA program to demonstrate its compliance with the Clinical Postgraduate *Standards*. Accreditation decisions are based on the ARC-PA's evaluation of information contained in the clinical postgraduate accreditation application, the report of the site visit evaluation team, any additional requested reports or documents submitted to the ARC-PA by the postgraduate program or institution and the postgraduate program accreditation history. New unsolicited information submitted after a site visit will not be accepted or considered by the ARC-PA as part of that accreditation review process.

### PLEASE NOTE

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

This version of the *Standards* includes *annotations* for some individual standards. *Annotations* are considered an integral component of the standards to which they refer. They clarify the operational meaning of the standards to which they refer and may be changed over time to reflect current educational or clinical practices. *Annotations* are not suggestions for methods of compliance. Such suggestions may be found in the Post Graduate Accreditation Manual.

### NOTE ABOUT APPENDICES

Throughout this document, references are made to required content and data for required appendices. In some cases, the content is to be provided by completion of ARC-PA developed TEMPLATES. In other cases, the program is given the latitude of displaying the data in a graphic display it designs. The program *must* also respond to all required narratives for the appendices.

Additionally, programs are required to include specific information, as listed in the table of required appendices, which may not otherwise be addressed in the body of this document.

### TECHNICAL DIRECTIONS FOR COMPLETING THE APPLICATION

**This application and its appendices were developed for use with Word 2010 or later for PC.** As some features of the documents are NOT compatible with Word for Mac, the use of a Mac for completion is NOT recommended.

The application and appendices require programs to complete tables, provide narratives and mark text boxes. To complete the tables, left click inside the cells and type the required information. To provide narratives, left click inside the narrative boxes and begin typing. Although the fields may appear small, they will expand to allow as much text as needed. If the text extends beyond the page, the document

will automatically repaginate. **DO NOT** insert tables or graphs into the boxes or fields. Please append if required. To mark a check box, left click inside the box.

**Provide** log-in information for any links that require passwords.

**Note** that words appearing in *italics* are defined in the glossary of the Clinical Postgraduate Accreditation *Standards*. The glossary can be found at the end of the application.

The **Provide Narrative** sections are to be answered with brief and succinct answers.

The application and appendices are “protected.” You will be unable to insert or delete pages or modify anything that is not inside a text or form field. **DO NOT** attempt to unprotect the document. If you unprotect the document, there is a strong possibility that all entered data will be lost.

After you have completed the application and each appendix, use the “Save” or “Save As” command under the File menu. The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program’s name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a Personnel Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.** The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format. The document *must* be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

If you have any difficulties or questions, contact the ARC-PA offices at 770-476-1224 or [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org).

Please return the completed application and appendices to the ARC-PA office as directed in the Saving and Submissions Instructions at the end of the application.

## 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 why they are unable to do so. 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*.’

**Directions in the box below apply to all materials related to the Application and supporting documents. Directions *must* be followed.**

- 1. A paper copy of the complete Clinical Postgraduate application submitted by the program prior to the site visit must be readily available for site visitors at the time of the site visit and as requested by the commission. The paper copy must be IDENTICAL to the electronic copy, with no changes or edits.**

2. Copies of each document that support the program's compliance with the Clinical Postgraduate *Standards* must be readily available for site visitors at the time of the site visit and as requested by the commission.
3. Complete web addresses for web pages designed in support of compliance with the Clinical Postgraduate *Standards* must be readily available for site visitors at the time of the site visit and as requested by the commission.
4. Copies of each course syllabus supporting compliance must be readily available for site visitors at the time of the site visit and as requested by the commission.
5. Copies of ALL signed agreements with other entities providing *didactic course* or *clinical rotation* must be readily available for site visitors at the time of the site visit and as requested by the commission.
6. Data and activities presented in ARC-PA TEMPLATES and program-designed graphic presentations must be verifiable. Documents and materials in support of entries must be available for review during the site visit and as requested by the commission.

**APPLICATION OF RECORD:** The application submitted by the program to the ARC-PA office is considered the program's application of record. It is one component of the official program record used by the commission throughout the accreditation review process. Site visitors have been instructed **not** to 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 *should* be sent with the program's response to observations.

## SECTION A: ADMINISTRATION

### INTRODUCTION

The administrative operation of a *clinical postgraduate PA program* involves collaboration between the *program/instructional faculty*, the *administrative support staff*, and the sponsoring institutional leadership. Therefore, the sponsoring institution *must* be explicitly committed to the success of the program. The program *must* provide an environment that fosters intellectual challenge and a spirit of inquiry. Policies *must* be well defined and align with the mission and *goals* of the program and sponsoring institution. Program documents *must accurately* reflect the institutional, programmatic, and individual responsibilities of each participant. Institutional resources *must* support the program in accomplishing its mission.

### General Program Information

**Provide** a one to two-paragraph overview describing the proposed program.

**Include:** a brief description of the sponsoring institution; the type and number of *PA trainees* planned for admission each year; a brief description of the *curriculum* including length and how the program plans to meet its *goals*. **Include** any other unique features that you believe will be helpful for the Commission to better know the program.

If this overview is available on a web site, include the URL here

Overview of the proposed program:

### A1 SPONSORSHIP, ACCREDITATION, LOCATION

A1.01 A clearly identified single institutional sponsor such as a university or healthcare entity *must* assume ultimate responsibility for the *clinical postgraduate PA program*.

**Include** the completed **Clinical Postgraduate PA Program Datasheet** in **Appendix 1**.

A1.02 There *must be written* and signed agreements between the postgraduate training program and each facility involved in the training, defining the responsibilities for each institution involved in the supervised clinical practice of the *PA trainees*.

**If applicable, Include** a copy of **one** signed agreement in **Appendix 2**.

***Copies of all signed agreements must be readily available for site visitors at the time of the site visit and as requested by the commission.***

- A1.03 The sponsoring institution, together with its affiliates, *must* be capable of providing didactic and clinical instruction and experience requisite to *clinical postgraduate PA* education.

ANNOTATION: Agreements typically specify whose policies govern and document *PA trainee* access to educational resources and clinical experiences. While one agreement between the sponsoring institution and the clinical entity to cover multiple professional disciplines is acceptable, these agreements *must* include specific notations acknowledging the terms of participation between the *clinical postgraduate PA program* and the clinical entity.

**This is addressed in part** by completing the **Clinical Postgraduate Program Datasheet** in **Appendix 1**.

List the affiliated institutions and clinical practices that are involved in the didactic and clinical phases of the educational program. Indicate the services provided by each institution.

**Note:** Didactic instruction includes such instruction given at any time during the program.

Institution, City, State	Didactic Instruction	Clinical experience / rotation	Access to educational resources	Formal agreement in place
Click here to enter text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Institution, City, State	Didactic Instruction	Clinical experience / rotation	Access to educational resources	Formal agreement in place
Click here to enter text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

## A2 Institutional Responsibilities and Resources

A2.01 The sponsoring institution *must* be responsible for:

- a) ("a" rescinded effective 10/2/21),
- b) appointment and institutional recognition of a medical director, program director, and *administrative support staff*,

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01b.

- c) credentialing of *PA trainees* according to institutional requirements.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01c.

- d) storage of permanent program records.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01d.

- e) providing liability insurance for the *PA trainees*.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01e.



- f) providing the *PA trainees* full employment benefits *comparable* to those given to a traditional PA employee as defined by the HR department.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01f.

- g) assuring policies and practices to support security and safety are implemented in all locations where training occurs.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01g.

- h) provision of *sufficient* protected administrative time for medical director and program director(s).

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01h.

- i) providing *sufficient* support services to assure that *PA trainees* will not be required to perform non-patient related clerical or administrative work for the program that is not a component of the *curriculum*.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01i.

- j) providing appropriate medical records access to *PA trainees*.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01j.

- k) ("k" rescinded effective 10/2/21)

- l) complying with ARC-PA postgraduate accreditation Standards and policies.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01l.

- m) *teaching out* currently matriculated *PA trainees* in accordance with the institution's regional accreditor or state and/or federal law and in compliance with these accreditation standards in the event of program closure and/or loss of accreditation.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.01m.

- A2.02 The sponsoring institution *must* provide the program with *sufficient* financial resources to operate the educational program and fulfill obligations to matriculating and enrolled *PA trainees*.

**This was addressed in part** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1**.

**Identify** major sources of financial support for the program: by **completing** the **ARC-PA Clinical Postgraduate Program Budget TEMPLATE** (Excel) for **Appendix 1**.

Yearly Stipend/salary that each *PA trainee* is paid while in the program:

\$ [Click here to enter fees](#)

Cost of yearly benefits paid for each PA trainee

\$ [Click here to enter fees](#)

**Describe** the institution's approach to the allocation of financial resources for the clinical postgraduate program, including the flexibility to deviate from standard practices when needed.

- A2.03 The sponsoring institution *must* provide the program with the human resources necessary to operate the educational program and to fulfill obligations to matriculating and enrolled *PA trainees*.

ANNOTATION: Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program related activities. They include *sufficient* technical and *administrative support staff* to support faculty in accomplishing their assigned tasks.

**This was addressed in part** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1**.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.03.

- A2.04 The sponsoring institution *must* provide the program with the academic resources needed by the program, *administrative support staff* and *PA trainees* to operate the educational program and to fulfill obligations to matriculating and enrolled *PA trainees*.

ANNOTATION: Academic resources include *sufficient* patient population to provide clinical experiences for *PA trainees*, computer and audio/visual equipment; instructional materials; technological resources that provide access to the Internet, medical information and current literature; the full text of current books, journals, periodicals and other reference materials related to the *curriculum*.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.04.

- A2.05 The sponsoring institution *must* assure that the program has the following physical resources:
- sufficient* classrooms, labs, clinical practice sites for *PA trainees*.

**This was addressed in part** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1** and the **Clinical Experiences (Rotations) TEMPLATE** for **Appendix 8**.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.05a.

- sleeping rooms and food facilities, if institutionally appropriate for call duty.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.05b.

- space for confidential academic counseling of *PA trainees*.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.05c.

- secure storage for *PA trainees* files and records.

**Provide narrative** describing how the institution demonstrates and will review compliance with A2.05d.

### A3 Personnel

#### Program Faculty

Complete **Postgraduate Personnel Responsibilities TEMPLATE** to list the institutional and program personnel to include *program faculty* and *administrative support* staff for **APPENDIX 3**

- A3.01 *Program faculty must include healthcare professionals who have the necessary education, specialty qualifications and expertise to provide didactic or clinical instruction and oversight for the PA trainees.*

**This was addressed in part** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1.**

**Include** the following in **Appendix 3: Written job descriptions** and Curricula Vitae, using **ARC-PA CV TEMPLATE** for: Program director, Medical Director, and *Program Faculty*.

**Provide narrative** describing the criteria used for the selection of faculty. Indicate who is/are the individual(s) ultimately responsible for the decision to hire.

**Include** how the program demonstrates and will review compliance with A3.01.

- A3.02 The program *must* have a designated program director, medical director, and *sufficient administrative support staff*.

**This was addressed in part** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1.**

**Provide narrative** describing how the program demonstrates and will review compliance with A3.02.

The commission expects to see how the program determined *sufficiency* of staff to meet the needs of the program within the program's self-assessment process.

- A3.03 The medical director and program director *must* be responsible for the administration and coordination of the didactic and clinical portions of the *curriculum*.

**This was addressed in part** by and providing job descriptions in **Appendix 3.**

**Provide narrative** describing how the program demonstrates and will review compliance with A3.03.

- A3.04 The program *must* have a *sufficient* number of *program faculty* to provide *PA trainees* with the supervision, education and evaluation necessary to achieve advanced *competencies* safely.

**This was addressed in part** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1.**

**Provide narrative** describing how the program demonstrates and will review compliance with A3.04.

The commission expects to see how the program determined *sufficiency* of program to meet the needs of the program within the program's self-assessment process.

- A3.05 *Program faculty must* participate in:  
a) selection of *PA trainees* from the applicant pool,

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05a.

b) designing, implementing, coordinating, and evaluating the *curriculum*,

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05b.

c) providing instruction to *PA trainees*,

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05c.

d) evaluation of *PA trainee* performance,

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05d.

e) academic counseling of *PA trainees*,

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05e.

f) remedial instruction of *PA trainees*, and

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05f.

g) evaluation of the program.

**Provide narrative** describing how the program demonstrates and will review compliance with A3.05g.

A3.06 The program *must* have a clearly defined mission statement that is consistent with the mission of the institution and supported by faculty.

**Include** the following in **Appendix 4**: Mission of the institution and mission of the program.

**Provide narrative** describing how the program demonstrates and will review compliance with A3.06.

A3.07 Each training location *must* have an *instructional faculty* to coordinate and facilitate supervision of the *PA trainee* while at the particular location.

**Provide narrative** describing how the program demonstrates and will review compliance with A3.07.

#### Program Director

A3.08 The program director *should* be a PA with requisite experience in the specialty of the program. If the program director is not a PA, then the program director *must* be a physician.

- a) If the program director is a PA, s/he *must* hold current *NCCPA* certification and current licensure in the state in which the program exists (unless exempt under state or federal law.)
- b) If the program director is a physician, s/he *must* hold current licensure as an allopathic or osteopathic physician in the state in which the program exists and *must* be certified by an *ABMS-* or *AOA-*approved specialty board. (unless exempt under state or federal law.)

**This was addressed** by completing the **Clinical Postgraduate Program Datasheet (Appendix 1)** and providing a CV in **Appendix 3.**

A3.09 The program director *must* have the requisite knowledge and skills to administer the program effectively.

**Provide narrative** describing how the program demonstrates and will review compliance with A3.09.

A3.10 The program director *must* provide effective leadership and management.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.10. **Include** how the institution and program plan to assess the program director's leadership in an ongoing manner.

A3.11 The program director *must* be knowledgeable about and responsible for the program's:

- a) organization,
- b) administration,
- c) fiscal management,
- d) continuous review and *analysis*,
- e) planning,
- f) development, and
- g) accreditation requirements and process.

**This was addressed in part** by providing the job description and CV in **Appendix 3.**

**Provide narrative** describing how the program demonstrates and will review compliance with A3.11a-g. **Include** how the institution and program plan to assess the program director's knowledge and responsibility for each component, a-g of A3.11, in an ongoing manner.

- A3.12 Together the program director and medical director *must* assure and document that adequate supervision of *PA trainees* is provided.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.12.

#### Medical Director

- A3.13 The medical director *must*:

- a) hold a current, valid, unrestricted, and unqualified license to practice medicine as an allopathic or osteopathic physician in the state in which the program exists (unless exempt under state or federal law.).
- b) be currently certified by ABMS or AOA approved specialty board and experienced in the delivery of the type of health care services for which the *PA trainee* is being educated,

**This was addressed** by completing the **Clinical Postgraduate Program Datasheet** for **Appendix 1** and providing a CV and job description in **Appendix 3.**

- c) be knowledgeable about current practice standards and the PA role,

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.13c.

- d) support the program director to ensure proficient medical guidance for didactic and supervised clinical instruction that meets best practice guidelines and the accepted standards of care, and

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.13d.

- e) be an advocate for the program within the sponsoring institution and the medical and academic communities.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.13e.

#### Professional Development

- A3.14 The sponsoring institution *must* provide the opportunity for continuing professional development of the *program faculty* by supporting the development of the clinical, teaching, scholarly, and administrative skills/abilities required for their role in the program.

ANNOTATION: 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 funding to attend continuing education conferences, non-vacation time to attend professional organizational meetings, funding to attend professional organizational meetings, time for research/scholarly activities, time to pursue advanced degree and/or tuition remission for an advanced degree, payment of dues and fees related to certification maintenance and/or time needed for review and study.

Indicate which of the following are offered by the program/institution for the program director and *program faculty*.

- ☐ non-vacation time to attend continuing education conferences  
If **checked**, please provide a brief description:
- ☐ funding to attend continuing education conferences  
If **checked**, please provide a brief description:
- ☐ non-vacation time to attend professional organizational meetings  
If **checked**, please provide a brief description:
- ☐ funding to attend professional organizational meetings  
If **checked**, please provide a brief description:
- ☐ payment of fees related to certification maintenance  
If **checked**, please provide a brief description:
- ☐ non-vacation time for review and study for certification maintenance  
If **checked**, please provide a brief description:
- ☐ time for research/scholarly activities  
If **checked**, please provide a brief description:
- ☐ time for research/scholarly activities  
If **checked**, please provide a brief description:

**Describe other support:**



- A3.15 The program *should* support the *program faculty* assigned to work in the program in maintaining their national *NCCPA* certification status, unless exempt by law.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.15.

#### Instructional Faculty

- A3.16 In addition to the program and medical director, there *must* be *sufficient* additional *instructional faculty* to provide *PA trainees* with the attention, instruction, and supervised practice experiences necessary to acquire the knowledge and *competencies* required to meet the *learning outcomes* of the program.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.16.

- A3.17 *Program and instructional faculty must:*

- a) be qualified through academic preparation and experience to teach assigned content, and
- b) be knowledgeable in course content and effective in teaching assigned topics.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.17 a and b. **Include** the process and criteria used for selecting program and *instructional faculty* in relation to the requirements of this standard.

- A.3.18 All *program faculty* and *instructional faculty* assigned to teach *PA trainees* *must* be responsible for evaluating *PA trainee* performance and identifying *PA trainees* who appear to be struggling with meeting expected *learning outcomes* or *competencies* in a *timely* manner.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A3.18.

#### Administrative Support Staff

- A3.19 ("A3.19" rescinded effective 10/2/21)

### **A4 Operations**

#### Fair Practices and Admissions

- A4.01 The program, *program faculty* and *PA trainees* *must* comply with applicable state PA practice legislation and regulations.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.01.

- A4.02 The program *must* develop a schedule of *PA trainees'* educational activities that facilitates learning, performance and achievement of program *competencies*, allowing for safe and high-quality patient care.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.02.

- A4.03 *PA trainees must* be provided with rapid, reliable systems for communicating with their clinical supervisors.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.03.

- A4.04 Announcements and advertising *must accurately* reflect the program offered.

**Provide an active hyperlink(s)** directly to the specific page(s) of the program's web site where this information is found. If the program information is not *published* on a website, place an electronic copy of the program's brochure in **Appendix 5**.

- A4.05 All personnel and program policies *must* be consistent with federal and state statutes, rules and regulations.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.05.

- A4.06 The program *must* clearly define and publish the admission requirements and practices upon which admissions decisions are made.

**Provide an active hyperlink(s)** directly to the specific page(s) of the program's web site where this information is found. If the program information is not *published* on a website, place an electronic copy of the program's brochure or *published* document that provides this information in **Appendix 5**.

Complete **Admissions Policies and Procedures TEMPLATE** in **Appendix 5**.

**Provide** forms used to screen and select *PA trainee* applicants in **Appendix 5**.

- A4.07 The program *must* provide notification of acceptance to potential *PA trainees* according to its *published* practice/timeline and include, the notification of acceptance and the *written* conditions of appointment.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.07. Include a blinded sample of correspondence provided to those accepted to the program, whether provided to them electronically or by paper in **Appendix 5**.

A4.08 Applicants being considered for acceptance into the program *must* be informed in writing or by electronic means of the terms, conditions and benefits of appointment, to include:

- a) *PA trainee* responsibilities,
- b) duration of appointment and conditions for reappointment,
- c) available financial support,
- d) policies about paid time off (such as vacation, sick, leave of absence, professional development),
- e) ("e" rescinded effective 10/2/21),
- f) professional liability insurance,
- g) hospitalization, health, disability and other insurance provided for *PA trainees* and their families, and
- h) conditions under which living quarters, meals, laundry services are to be provided, if applicable.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A4.08. Include a blinded sample of correspondence provided to those accepted to the program, whether provided to them electronically or by paper in **Appendix 5**.

**Note:**

Not all standards require *written* policy to demonstrate compliance. The standard's language specifies which policies *must* be *published*.

In response to the individual standards in sections A4 of the *Standards*:

**IF** evidence of compliance with these standards is on the program or institution web site, **include**, in the narrative box, **the hyperlink to the specific page** where compliance is demonstrated. If compliance is demonstrated by a page in a document on the web site, the program *must* also **list the document name and specific page number within the document**.

If evidence of compliance with these standards is NOT on the program or institution web site, **provide a copy of the document(s)** that demonstrates compliance in **Appendix 6**.

The program is NOT to include an entire manual in response to a standard about specific policies, but only the appropriate page(s) of the manual labeled with the standard for which the page provides evidence. Complete copies of the handbooks/manuals containing policies are to be placed in **Appendix 12** Providing copies of policy manuals in the application of record does not negate the need for programs to **append evidence of compliance in appendices** as required throughout the application.

Site visitors and ARC-PA commissioners **WILL** review the content on the program's/institution's web site.

A4.09 The following *must* be defined, *published*, and *readily available* to *prospective* and enrolled *PA trainees*:

- a) ARC-PA accreditation status,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09a.

- b) policies and practices that favor specific groups of applicants in the admissions process,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09b.

- c) program eligibility requirements,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09c.

- d) policies regarding *advanced placement*,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09d.

- e) policies related to required duty hours,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09e.

- f) policies related to *instructional faculty* supervision of *PA trainees*,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09f.

- g) required *technical standards*,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09g.

- h) all required curricular components,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09h.

- i) academic credit offered by the program, if applicable,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09i.

- j) estimates of all costs related to the program which may be incurred by the *PA trainee*,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09j.

- k) policies and procedures for refunds of tuition and fees, if applicable,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09k.

- l) policies regarding *PA trainees' moonlighting* or outside work during the program,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09l.

- m) policies related to remuneration and benefits,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09m.

- n) policies addressing reduction in size or closure of a *clinical postgraduate PA program*, and how *PA trainee* would be assisted in completing their education in such instances, and

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09n.

- o) defined training duties and weekly time expectations.

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.09o.

A4.10 The following *must* be defined, *published*, and *readily available* to enrolled *PA trainees*:

- a) required academic standards for progression in the program,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.10a.

- b) policies and procedures for *PA trainee* withdrawal from the program,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.10b.

- c) policies and procedures for *PA trainee* dismissal from the program,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.10c.

- d) policies and procedures for *PA trainee* grievances,

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.10d.

- e) policies describing how *PA trainee* impairment, including that due to substance abuse, will be handled, and

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information published for PA trainees in **Appendix 6**, demonstrating compliance with A4.10e.

- f) policies covering sexual and other forms of harassment.

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information published for PA trainees in **Appendix 6**, demonstrating compliance with A4.10f.

- g) policies and procedures for PA trainee remediation during the program.

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information published for PA trainees in **Appendix 6**, demonstrating compliance with A4.10g.

A4.11 Grievance and due process policies and procedures *must* address:

- a) academic or other disciplinary actions taken against *PA trainees* that could result in dismissal, nonrenewal of a *PA trainee's* agreement or other actions that could significantly threaten a *PA trainee's* intended career development, and

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information published for PA trainees in **Appendix 6**, demonstrating compliance with A4.11a.

- b) adjudication of *PA trainee's* complaints and grievances related to the work environment or issues related to the program or *program faculty*.

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information published for PA trainees in **Appendix 6**, demonstrating compliance with A4.11b.

A4.12 Programs granting *advanced placement* must document that *PA trainees* 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.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.12. If the program does not grant *advanced placement*, please note **N/A** in narrative box.

- A4.13 Policies and procedures for processing *PA trainee* grievances *must* be defined, *published*, and *readily available* to *program faculty*.

**Provide the hyperlink** directly to the page of the program's web site where this information is made available. See instructions above. **If not available on the web**, provide the information *published* for PA trainees in **Appendix 6**, demonstrating compliance with A4.13.

- A4.14 *PA trainees must* not be required or expected to perform non-patient related clerical or administrative work for the program that is not a component of the *curriculum*.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.14.

- A4.15 *PA trainees must* not have access to the records or other confidential information about other *PA trainees* or *program faculty*.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.15.

#### PA Trainee Records

- A4.16 *PA trainee* files kept by the program *must* include documentation:

a) that the *PA trainee* has met *published* admission criteria,

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.16a.

b) that the *PA trainee* has met institution health screening and immunization requirements,

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.16b.

c) of the evaluation of *PA trainee* performance while enrolled,

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.16c.

d) of *remediation* and results,



**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.16d.

e) of disciplinary action, and

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.16e.

f) that the *PA trainee* has met requirements for program completion.

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.16f.

#### Program Faculty Records

A4.17 Records of the program director, medical director and any *program faculty* must include:

a) a current job description that includes duties and responsibilities specific to each individual,

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.17a.

b) a current curriculum vitae (CV).

**Provide narrative** describing how the program plans to demonstrate and review compliance with A 4.17b.

### **SECTION B: CURRICULUM**

#### INTRODUCTION

The program *curriculum* enhances *PA trainees'* abilities to provide patient centered care and collegially work on medical teams in a specialty discipline. The *curriculum* for *clinical postgraduate PA program* education will vary somewhat by discipline, but is expected to address appropriate application of medical, behavioral and social sciences; patient assessment and clinical medicine; and clinical practice.

Programs need not have discrete courses for each of the instructional areas of the *curriculum*. However, *instructional objectives* and *learning outcomes* related to all instructional areas are required elements of the *curriculum* and course *syllabi*. These *instructional objectives* and *learning outcomes* are the steps necessary for the *PA trainee* to acquire the educational *competencies* expected of the *PA trainee* at the completion of the program.

**Provide narrative** describing how the program determined curricular content as a whole and how it determined the structure of the program *curriculum*.

**Complete Curriculum Sequence TEMPLATE** for **Appendix 7**.

Does your program offer *international education experiences*? ☐ Yes ☐ No

If **YES**, complete the rest of the application and complete the **International Experiences TEMPLATE** for **Appendix 7**.

B1.01 The *curriculum must* include didactic content as well as clinical skills and practice experiences applicable to the specialty of the program.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.01.

B1.02 The *curriculum must* be of *sufficient* breadth and depth to prepare the *PA trainee* for clinical practice in the specialty of the program.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.02. **Include** the considerations used to determine “*sufficient* breadth and depth” of the program curriculum.

B1.03 The *curriculum design must* reflect sequencing that enables the *PA trainee* to meet program defined *learning outcomes* and demonstrate competency in the specialty of the program.

ANNOTATION: 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 *PA trainee* learning.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.03. **Include** the considerations used to determine the program *curriculum* design and sequencing.

B1.04 The program *must* provide the *PA trainee* with direct experience with progressive responsibilities for patient management which demonstrate achievement of program defined *competencies*.

**Include** the following in **Appendix 7** the program *competencies* expected of the *PA trainee* at the completion of the clinical postgraduate program.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.04.

- B1.05 The program *must* assure educational equivalency of curricular content, *PA trainee* experience, and access to didactic and clinical resources when instruction is:
- conducted at geographically separate locations, and
  - provided by different pedagogical and instructional methods or techniques for some *PA trainees*.

**If** the program provides instruction at geographically separate locations and/or by different pedagogical and instructional methods or techniques for some PA trainees, **provide narrative** describing how the program plans to demonstrate and review compliance with B1.05.

If the program **does not** provide instruction at geographically separate locations and/or by different pedagogical and instructional methods or techniques for some PA trainees, please note **N/A** in narrative box.

- B1.06 For each all *didactic and clinical curriculum*, the program *must* provide each *PA trainee* with a written document that includes learning outcomes to guide *PA trainee* acquisition of required *competencies*.

ANNOTATION: *Instructional objectives* must be stated in measurable terms allow assessment of *PA trainee* progress in developing the *competencies* required for entry into practice for the specific specialty of the program. They address learning expectations of the *PA trainee* and the level of *PA trainee* performance required for success.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.06.

**Include** in **Appendix 13**, course syllabi for each didactic course and clinical experience offered in the program, the program *must* have a course *syllabus* that includes:

- course name,
- course description,
- course goal/rationale,
- outline of topics to be covered,
- *learning outcomes*,
- faculty instructor of record if known,
- methods of PA trainee assessment/evaluation, and
- plan for grading.

- B1.07 The program *must* orient *instructional faculty* to the specific educational *competencies* expected of *PA trainee*.

ANNOTATION: *Program and instructional faculty need to work collaboratively in designing courses with appropriate learning outcomes and PA trainee assessment tools that reflect the learning outcomes expected.*

**Provide narrative** describing how the program demonstrates and will review compliance with B1.07.

- B1.08 The program *must* be responsible for the selection of clinical sites to which the *PA trainee* will be assigned for *clinical experiences* to ensure that sites and *preceptors* meet program expectations for *learning outcomes* and performance evaluation measures.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.08.

- B1.09 The program *must* assure that the volume and variety of clinical experiences provides for a *sufficient* number and distribution of appropriate experiences/cases for each *PA trainee* in the program to meet defined program expected *learning outcomes*.

**Complete Clinical Experiences (Rotations) TEMPLATE** for **Appendix 8.**

**Include** the program's *learning outcomes* for each *clinical experience* in the program curriculum. **Appendix 8.**

**Provide narrative describing** how the program demonstrates and will review compliance with B1.09.

**Include in the narrative,** how the program determines each PA trainee has met the program's *learning outcomes* for each *clinical experience*. (Provide blank copies of forms used by *preceptors* and/or *program faculty* to evaluate PA trainees during *clinical experiences* in **Appendix 8**).

- B1.10 The program *must* not require that *PA trainees* provide or solicit their own clinical sites or *preceptors* for program-required *clinical experiences*. The program *must* coordinate clinical sites and *preceptors* for program required experiences to meet expected *learning outcomes*.

ANNOTATION: Coordinating clinical practice experiences involves identifying, contacting and evaluating sites and *preceptors* for suitability as a required or elective clinical experience. The *PA trainee* may make suggestions to *program faculty* for sites and *preceptors* but are not required to do so. *PA trainee* suggested sites and *preceptors must* be reviewed, evaluated and approved for educational suitability by the program.

**Provide narrative** describing how the program demonstrates and will review compliance with B1.10.

- B1.11 The *curriculum must* include instruction to prepare the *PA trainee* to provide medical care to patients from diverse populations

**Include** *instructional objectives* related to standard B1.11 following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

- B1.12 The *curriculum must* include instruction that addresses disparities in the health status of people from diverse racial, ethnic, and cultural backgrounds.

**Include** *instructional objectives* related to standard B1.12 following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

- B1.13 The *curriculum must* include instruction on:  
a) principles of quality improvement and patient safety,

**Include** *instructional objectives* related to standard B1.13a following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

- b) patient-centered care,

**Include** *instructional objectives* related to standard B1.13b following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

- c) incorporating interprofessional teamwork into practice.

**Include** *instructional objectives* related to standard B1.13c following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

- B1.14 The *curriculum must* include instruction to prepare *PA trainees* to participate in the performance improvement method used by healthcare organizations to improve healthcare outcomes.

**Include** *instructional objectives* related to standard B1.14 following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

- B1.15 The program *curriculum must* include instruction in the principles and practice of medical ethics relevant to the discipline in which they are being trained.

**Include** *instructional objectives* related to standard B1.15 following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

B1.16 The *curriculum must* include evolving biomedical and clinical sciences and the application of this knowledge to patient care.

**Include** *instructional objectives* related to standard B1.16 following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

B1.17 The program *curriculum must* include instruction to prepare *PA trainees* to search, interpret, and evaluate the medical literature within the program specialty/discipline, including its application to individualized patient care.

**Include** *instructional objectives* related to standard B1.17 following the instructions in **Appendix 9**. If these are addressed in several courses/documents, **create a composite** document including all the *instructional objectives*, listing in which courses they are addressed.

## SECTION C: EVALUATION

### 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 *Accreditation Standards for Clinical Postgraduate PA Programs (Standards)* as the point of reference. A well-developed process occurs throughout the year and across all components of the program. It critically assesses all aspects of the program relating to sponsorship, resources, *PA trainees*, operational policies, and didactic and clinical *curriculum*. The process is used to identify strengths and areas in need of improvement and *should* lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions. 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.

In responding to standards **C1.01- C1.05**, **Complete Appendix 10 Self-Study Report (App 10a)** and **Timeline for Data Gathering and Analysis Template (App 10b)**.

C1.01 The program *must* define its ongoing self-assessment process that is designed to document program *effectiveness* and foster program improvement. At a minimum, the process *must* address:

- a) administrative aspects of the program and institutional resources,
- b) *effectiveness* of the didactic curriculum,
- c) *effectiveness* of the clinical curriculum,
- d) preparation of trainees to achieve program defined *competencies*, and
- e) *sufficiency and effectiveness of program I and instructional faculty* and staff.

- C1.02 The program *must* implement its ongoing self-assessment process by:
- a) conducting data collection,
  - b) performing critical *analysis* of data leading to conclusions that identify:
    - i. program strengths,
    - ii. program areas in need of improvement, and
    - iii. action plans to address the areas in need of improvement.
- 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.

C1.04 ("C1.04" rescinded effective 10/2/21)

C1.05 ("C1.05" rescinded effective 10/2/21)

## C2 Clinical Site Evaluation

- C2.01 The program *must* define, implement and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and *preceptors* used for *PA trainees'* clinical practice experiences.

ANNOTATION: An effective process or processes involves the program establishing criteria by which to initially evaluate new sites and *preceptors* as well as those that have an ongoing relationship with the program. The process(es) will focus on the established criteria and fit the individual program.

**Provide narrative** describing how the program demonstrates and will review compliance with C2.01.

**Include** a blank copy(ies) of the form(s) used in this process in **Appendix 11.**

- C2.02 The program *must* assure and document that each clinical site provides the *PA trainees* access to the physical facilities, patient populations, and clinical supervision necessary to fulfill the program's *learning outcomes*.

ANNOTATION: Site evaluation involves *program faculty* monitoring the sites used for clinical experiences and modifying them as necessary to ensure the expected *learning outcomes* will be met by each *PA trainee* by program completion. It is expected that *program faculty* document that differences in clinical settings do not impede the overall accomplishment of expected *learning outcomes*. This *should* include ensuring that *preceptors* are providing adequate supervision of *PA trainees* including observation of procedures trainees are not credentialed to perform. As part of clinical supervision, *PA trainees must* receive mentoring and feedback.



**Provide narrative** describing how the program demonstrates and will review compliance with C2.02.

## SECTION D: PA TRAINEE SERVICES

### INTRODUCTION

*PA trainee should* be provided with the same types of health and supportive guidance services offered to other health professional learners providing patient care. *PA trainees* own confidential health information *must* be protected so as not to cause a potential bias or conflict on the part of the supervisors who also serve as *program faculty* and evaluators. Guidance and counseling *must* be provided to all *PA trainees*, to assist in their understanding of program requirements and to assist in any academic concerns that may arise. The *PA trainee must* be identified as such so that patients and providers are clearly aware of their status in the provision of medical care.

### D1 PA Trainee Health

D1.01 Health screening and immunization of *PA trainees must*:

- a) be based on current Centers for Disease Control and Prevention recommendations for health professionals,
- b) be consistent with institutional policy, and
- c) not be conducted by *program faculty*.

**Provide narrative** describing how the program demonstrates and will review compliance with D1.01a-c. **Provide a copy** of the program's health screening and immunization requirements for PA trainees in **Appendix 6**.

D1.02 *Program faculty must* not participate as health care providers for *PA trainees* in the program, except in an emergency situation.

**Provide narrative** describing how the program demonstrates and will review compliance with D1.02.

D1.03 The program *must* inform *PA trainees* of and provide access to health care services *equivalent* to those that the sponsoring institution makes available to other health profession residents, trainees or employees.

**Provide narrative** describing how the program demonstrates and will review compliance with D1.03.



- D1.04 *Program faculty and administrative support staff must not have access to or review the confidential health records of PA trainees, except for immunization and tuberculosis screening results, which may be maintained and released with written permission from the PA trainee.*

**Provide narrative** describing how the program demonstrates and will review compliance with D1.04.

## D2 PA Trainee Guidance

- D2.01 The program *must* assure that guidance is available to assist *PA trainees* in understanding and abiding by program policies and practices.

**Provide narrative** describing how the program demonstrates and will review compliance with D2.01.

- D2.02 The program *must* assure that *PA trainees* have *timely* access to *program faculty* for assistance and counseling regarding their academic concerns and academic progress.

**Provide narrative** describing how the program demonstrates and will review compliance with D2.02.

- D2.03 The program *must* support and facilitate *PA trainee* access to appropriate health and wellness resources whenever indicated.

**Provide narrative** describing how the program demonstrates and will review compliance with D2.03.

## D3 PA Trainee Identification

- D3.01 *PA trainees must* be clearly identified as such to distinguish them from physicians, medical residents, staff PAs, other health care professionals and students.

**Provide narrative** describing how the program demonstrates and will review compliance with D3.01.

## SECTION E: ACCREDITATION MAINTENANCE

### E1 Program and Sponsoring Institution Responsibilities

- E1.01 In accordance with ARC-PA policy, failure of the institution to meet administrative requirements for maintaining accreditation will result in the program being placed on Administrative

Probation and, if not corrected as directed by the ARC-PA, an accreditation action of Accreditation Withdrawn.

As the program director, I am aware of this responsibility. Enter initials

- E1.02 The program *must* inform the ARC-PA within 30 days of the date of notification of any adverse accreditation action (probation, withdrawal of accreditation) received from The Joint Commission, the sponsoring institution's *recognized regional or specialized and professional accrediting agency* or any state or federal action.

As the program director, I am aware of this responsibility. Enter initials

- E1.03 The program *must* agree to periodic comprehensive reviews that may include a site visit as determined by the ARC-PA.

As the program director, I am aware of this responsibility. Enter initials

- E1.04 The program *must* submit surveys and reports as required by the ARC-PA.

As the program director, I am aware of this responsibility. Enter initials

- E1.05 The program *must* inform the ARC-PA in writing of changes in the program director, medical director, or *program faculty* within 30 days of the date of the effective change.

As the program director, I am aware of this responsibility. Enter initials

- E1.06 The program *must* inform the ARC-PA, using forms and processes developed by the ARC-PA, of a temporary vacancy of *program faculty* greater than 30 days. The notice *must* include the program's plan to accommodate the temporary absence.

As the program director, I am aware of this responsibility. Enter initials

- E1.07 An interim program director (IPD) *should* meet the qualifications of the program director and the appointment *should* not exceed 12 months.

As the program director, I am aware of this responsibility. Enter initials

- E1.08 The program *must* inform and/or receive approvals 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) degrees or certificate granted at program completion,
- b) requirements for program completion,
- c) program length, and
- d) any increase above the approved *maximum entering class size*.

ANNOTATION: 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* for any reason requires program notification and approval from the ARC-PA.

- e) a substantive decrease in program support; program is expected to anticipate how reductions in support may occur; giving careful consideration to the impact such reductions may have on the responsibilities of program personnel, ongoing program activities and the educational experience for trainees.

ANNOTATION: A decrease in support for the program may refer to a decrease in allocated fiscal, human, academic or physical resources. Reviewing program budget numbers is only one way of determining a decrease in support. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Programs may also find that space allocated to the program has been reduced. 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. Significant numbers of supervised clinical practice sites may decide to no longer accept trainees.

Programs are expected to consider the many ways in which their 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 trainees.

As the program director, I am aware of this responsibility. Enter initials

- E1.09 The program *must* be responsible for notifying the ARC-PA when notice is received from their sponsoring institution of impending change in sponsorship.

As the program director, I am aware of this responsibility. Enter initials

- E1.10 The program *must* be responsible for notifying the ARC-PA when notice is received from their sponsoring institution of intent to close the *clinical postgraduate PA program* and the process it will use to assure *teaching out* of current *PA trainees*.

As the program director, I am aware of this responsibility. Enter initials

- E1.11 The *clinical postgraduate PA program* and the sponsoring institution *must* be responsible for accreditation fees payable to ARC-PA as described in the fee schedule.

As the program director, I am aware of this responsibility. Enter initials

#### FINAL COMMENTS

**Provide** any final comments here as they relate to the program's application, in relation to the *Standards*, that you believe the ARC-PA *should* know in reviewing your program.

**All accreditation applications *must* include the completed signed Statements and Signature page found at the bottom of this document.**

### Required Appendices for Clinical Postgraduate Provisional Accreditation Application

**NOTE:** The word **TEMPLATE** indicates the program is to complete an ARC-PA designed **TEMPLATE** as found in the application materials. For other required data and materials, the program is to include a program created document. Provide log-in information for any links that require passwords.

**Include** the following appendices with the application:

APPENDIX	CONTENT
Appendix 1 (Administration)	a) <b>Clinical Postgraduate Program Datasheet TEMPLATE</b> b) <b>Clinical Postgraduate Program Budget TEMPLATE</b>
Appendix 2 (Administration)	a) One signed agreement between the clinical postgraduate program and other institution involved in providing training of <i>PA trainees</i> , if applicable
Appendix 3 (Program Personnel)	a) <b>Postgraduate Personnel Responsibilities TEMPLATE</b> b) <i>Written</i> job descriptions <b>AND</b> Curricula Vitae, using <b>ARC-PA CV TEMPLATE</b> , for: <ul style="list-style-type: none"> <li>• Program director</li> <li>• Medical director</li> <li>• <i>Program faculty</i> (Job descriptions include duties and responsibilities specific to each program faculty member)</li> </ul>
Appendix 4	a) Mission of the institution b) Mission of the program
Appendix 5 (Admissions)	a) Electronic copy of program's brochure, if program information is not <i>published</i> on program website b) <b>Admission Policies and Procedure TEMPLATE</b> c) Forms to be used to screen <i>PA trainee</i> applications or select candidates for class positions d) Blinded sample of correspondence provided to those accepted to the program including written conditions of appointment, whether provided to them electronically or by paper e) Blinded sample of correspondence provided to those accepted to the program listing conditions and benefits of appointment to include all areas of Standard A4.08, whether provided to them electronically or by paper. (If different from above).
Appendix 6 (Policies)	Policies demonstrating compliance with A4.09a-o, A4.10a-f, A4.11a-b, A4.13, D1.01 as noted in the application
Appendix 7 (Curriculum)	a) <b>Curriculum Sequence TEMPLATE</b> b) <b>International Experiences TEMPLATE</b> , if applicable. c) The program <i>competencies</i> (The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice) expected of the <i>PA trainee</i> at the completion of the clinical postgraduate program.

APPENDIX	CONTENT
Appendix 8 (Clinical Experiences)	<p>a) <b>Clinical Experiences TEMPLATE</b></p> <p>b) Program <i>learning outcomes</i> for each <i>clinical experience</i> required for program completion. Create a composite document identifying each <i>clinical experience</i> in the program curriculum and listing the specific <i>learning outcomes</i> for each <i>clinical experience</i>.</p> <p>c) Blank copies of forms used by <i>preceptors</i> to evaluate PA trainees during <i>clinical experiences</i>.</p>
Appendix 9 (Curriculum)	<p><i>Instructional Objectives</i> as required in body of application supporting evidence of compliance.</p> <p>Create separately named documents or folders (clearly labeled by standard) including <u>only</u> the relevant (as related to the standard) <i>instructional objectives</i>, supporting compliance with the standard. These documents <i>must</i> be a composite of all relevant instructional objectives (whatever the source: course syllabi, individual lectures or other) <b>organized by and labeled with the standard</b> they address.</p> <p>Providing copies of program course syllabi in the application of record <b>does not</b> negate the need for programs to append evidence of compliance in appendices as required throughout the application.</p>
Appendix 10 (Self-Study Report)	<p>a) SSR Document, using ARC-PA provided document</p> <p>b) <b>Timeline for Data Gathering and Analysis TEMPLATE</b></p>
Appendix 11 (Clinical Site Evals)	Forms used to evaluate clinical sites and <i>preceptors</i> used for <i>clinical experiences</i> in relation to C2.01
Appendix 12	<p>Copies of handbooks/manuals containing policies</p> <p>Providing copies of handbooks/manuals in the application of record does not negate the need for programs to <b>append evidence of compliance in appendices</b> as required throughout the application. The site visitors will NOT search this appendix for evidence of compliance.</p> <p>The syllabi and manuals appended to the program's application may be used by the commission, as needed, as evidence of compliance with the <i>Standards</i>.</p>
Appendix 13	<p>Zip file containing syllabi used for <b>ALL</b> courses in the <i>curriculum</i> that <i>must</i> include at a minimum:</p> <ul style="list-style-type: none"> <li>• course name,</li> <li>• course description,</li> <li>• course goal/rationale,</li> <li>• outline of topics to be covered,</li> <li>• <i>learning outcomes and instructional objectives</i>,</li> <li>• faculty instructor of record if known,</li> <li>• methods of PA trainee assessment/evaluation, and</li> <li>• plan for grading.</li> </ul>

APPENDIX	CONTENT
	<p>Providing copies of course syllabi in the application of record does not negate the need for programs to <b>append evidence of compliance in appendices</b> as required throughout the application. The site visitors will NOT search this appendix for evidence of compliance.</p> <p>The syllabi and manuals appended to the program's application may be used by the commission, as needed, as evidence of compliance with the <i>Standards</i>.</p>
Appendix 14	<b>Multiple Postgraduate Programs TEMPLATE</b>
Use space below to attach other documents in subsequently numbered appendices as needed to support responses	
Enter text	Enter text
Enter text	Enter text
Enter text	Enter text
Enter text	Enter text

### Statements and Signatures for Clinical Postgraduate Provisional Accreditation Application

Enter institution name and Enter program name (collectively, “the Program”); I hereby apply to the **Accreditation Review Commission on Education for the Physician Assistant (“ARC-PA”)** for accreditation of the Program as a Clinical Postgraduate Educational Program for the Physician Assistant in accordance with and subject to the procedures and regulations of the **ARC-PA**. On behalf of the Program, I have read and agree to the conditions set forth in the **ARC-PA’s** most current edition of the Clinical Postgraduate *Standards* and other materials describing accreditation and the accreditation process. I authorize the **ARC-PA** to make whatever inquiries and investigations it deems necessary to verify the contents of this application.

The Program understands that this application and any information or material received or generated by the **ARC-PA** in connection with the accreditation process will be kept confidential and will not be released unless the Program has authorized such release or such release is required by law. However, the fact that the Program is or is not, or has or has not been accredited is a matter of public record and may be disclosed. Finally, the **ARC-PA** may use information from this application for the purpose of statistical analysis and education, provided that the Program’s identification with that information has been deleted.

The Program hereby agrees to hold the **ARC-PA**, its officers, commissioners, employees, and agents harmless from any and all actions, suits, obligations, complaints, claims, or damages including, but not limited to, reasonable attorneys’ fees, arising out of any action or omission by any of them in connection with this application; the application process; the denial or withdrawal of the Program’s accreditation or eligibility for accreditation; or any other action by the **ARC-PA**.

Notwithstanding the above, *should* the Program file suit against the **ARC-PA**, the Program agrees that any such suit shall be brought in a federal or state court in Cook County, Illinois and shall be governed by, and construed under, the laws of the *United States* and the State of Illinois without regard to conflicts of law. The Program consents to the jurisdiction of such courts in Cook County and agrees that venue in such courts is proper. The Program further agrees that the **ARC-PA** shall be entitled to all costs, including reasonable attorneys’ fees, incurred in connection with the litigation.

**THE PROGRAM UNDERSTANDS THAT THE DECISION AS TO WHETHER IT QUALIFIES FOR ACCREDITATION AND ALL OTHER DECISIONS OF THE ARC-PA IN CONNECTION WITH THE ACCREDITATION PROCESS REST SOLELY AND EXCLUSIVELY WITH THE ARC-PA AND THAT THE DECISION OF THE ARC-PA IS FINAL.**

**I HAVE THE AUTHORITY TO ENTER INTO THIS AGREEMENT ON BEHALF OF THE PROGRAM.**

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.

The signatures also acknowledge that the program may not exceed the maximum numbers of PA trainees as identified in this application.

**ON BEHALF OF THE PROGRAM, I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND I INTEND FOR THE PROGRAM TO BE LEGALLY BOUND BY THEM.**

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.*

--



### On-Site Material List for Provisional Accreditation Validation Visits

While not all materials listed will necessarily be reviewed by site visitors, the following materials **must** be available for review during the site visit, even if submitted in the appendices of the application. Site visitors may not need to review all these materials and may request additional materials/documents during the visit.

1. ***Paper copy of complete application submitted by the program electronically 12 weeks prior to the site visit. The hardcopy must be IDENTICAL to the electronic copy, with no edits and/or updates.***
2. *Copies of each document that support the program's compliance with the Standards must be readily available for site visitors at the time of the site visit and as requested by the commission.*
3. *Complete web addresses for web pages designed in support of compliance with the Standards must be readily available for site visitors at the time of the site visit and as requested by the commission.*
4. *Copies of each course syllabus supporting compliance must be readily available for site visitors at the time of the site visit and as requested by the commission.*
5. *Copies of ALL signed agreements with other entities providing didactic or clinical experiences must be readily available for site visitors at the time of the site visit and as requested by the commission.*
6. *Data and activities presented in ARC-PA TEMPLATES and program-designed graphic presentations must be verifiable. Documents and materials in support of entries must be available for review during the site visit and as requested by the commission.*

- 1) Program promotional materials and catalogs, access to the program's web site
- 2) Minutes from program committee meetings to include faculty, curriculum, self-assessment/planning, etc.
- 3) Completed affiliation agreements with other institutions involved in the program
- 4) List of required texts/resources for PA trainees
- 5) Line item operational program budget
- 6) PA trainee handbooks/manuals containing policies
- 7) Written policies re: program faculty and PA trainee grievance and appeals process
- 8) Completed PA trainee contracts / appointment letters
- 9) PA trainee records maintained by program
- 10) Program faculty records to include written job descriptions and CVs for all program faculty assigned to the program as 0.25 FTE or more
- 11) Current CV for each course director
- 12) The complete schedule of didactic sessions for the past year and as far as planned into the future, with names of presenters, topics, and when presented.
- 13) Syllabi to include expected PA trainee learning outcomes for all didactic and clinical courses or components in the program
- 14) PA trainee evaluation instruments (written exams, OSCEs, patient logs, preceptor completed performance evaluations etc.) used to evaluate PA trainee progress throughout the program
- 15) Tabulated composite data from trainee evaluation of courses and instructors.

- 16) List of *preceptors* their specialties, and their practice sites who regularly and currently provide *PA trainee* supervision on *clinical experiences*
- 17) Assignment schedule for current *PA trainees* completing clinical experiences
- 18) Individual *PA trainee* documentation of clinical experiences completed
- 19) Completed graduate *trainee* evaluations of *curriculum* and program effectiveness
- 20) Completed *preceptor* evaluations of *PA trainee* performance and suggestions for *curriculum* improvement

## Glossary

**NOTE:** Where terms are not defined, their definitions are at the discretion of the ARC-PA.

TERM	DEFINITION
<b>ABMS</b>	American Board of Medical Specialties
<b>Accurately</b>	Free from error
<b>Administrative support (staff)</b>	Those individuals providing administrative, secretarial or clerical help to the program. Administrative support staff does 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.
<b>Advanced placement</b>	A waiver of required coursework/clinical experiences included in the curriculum for applicants to the program and/or a waiver of required coursework included in the curriculum for currently enrolled PA trainees in the program which results in the PA trainee advancing in the curriculum without completing required curriculum components at the sponsoring institution.
<b>Analysis</b>	Study of compiled or tabulated data interpreting cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement.
<b>Annotation(s)</b>	Annotations are paragraphs that clarify the operational meaning of the standards to which they refer. Considered an integral component of the standards to which they refer, they may be changed over time to reflect current educational or clinical practices.
<b>AOA</b>	American Osteopathic Association
<b>Clinical postgraduate PA program</b>	Clinical postgraduate PA programs are formal educational programs in a medical or surgical specialty that offer structured curricula, including didactic and clinical components, to educate graduate PAs who are NCCPA-eligible or who holds current NCCPA certification and current state licensure (unless exempted by federal or state law)/ Programs typically involve full time study of 12-24 months duration.
<b>Clinical experiences</b>	Supervised clinical practice experiences involving direct patient care provided by a PA trainee. At the discretion of the program or sponsoring institution, this term may be recognized as rotations or clerkships.
<b>Comparable</b>	Similar but not necessarily identical.
<b>Competencies</b>	The knowledge; interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice specific to the specialty of the program.
<b>Curriculum</b>	A planned educational experience. This definition encompasses a breadth of educational experiences, from one or more sessions on a specific subject, to a clinical experience, to the entire educational program.
<b>Deceleration</b>	The loss of a PA trainee from the entering cohort, who remains matriculated in the program.

TERM	DEFINITION
<b>Didactic course</b>	Organized instructional content on a specific topic or general content area provided in a defined and pre-established format over an extended period of time, such as a series of lectures seminars or workshops.
<b>Equivalent</b>	Resulting in the same outcome or end result.
<b>Formative evaluation</b>	Intermediate or continuous evaluation that may include feedback to help in achieving goals.
<b>Goals</b>	The end toward which effort is directed.
<b>Health record(s)</b>	The primary legal record documenting the health care services provided to a person in any aspect of the healthcare 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.) The ARC-PA does not consider needle stick/sharp reports, results of drug screening, or criminal background checks a part of the health record.
<b>Instructional faculty</b>	Individuals providing didactic or clinical supervision during the program, regardless of length of time of instruction or professional background of the instructor. This includes but is not limited to physicians, physician assistants, nurse practitioners and other members of the health care team.
<b>Instructional objectives</b>	Statements that describe observable actions or behaviors the PA trainee will be able to demonstrate after completing a unit of instruction.
<b>Learning outcomes</b>	The 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 or supervised clinical experience.
<b>Maximum class size</b>	Maximum potential number of PA trainees enrolled for each admission cycle.
<b>Moonlighting</b>	Professional and patient care activities that are external to the educational program.
<b>Must</b>	A term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.
<b>NCCPA</b>	National Commission on Certification of Physician Assistants
<b>PA trainee(s)</b>	Graduate PA who is NCCPA-eligible or who holds current NCCPA certification and current state licensure (unless exempted by federal or state law) and is enrolled in a clinical postgraduate PA program. At their discretion the program or sponsoring institution may recognize this trainee under the title of resident or fellow.
<b>Preceptor</b>	A licensed and appropriately credentialed physician (MD or DO) or other licensed medical professional serving to supervise the patient care activities of the PA trainee, which can include didactic and clinical instruction.
<b>Program faculty</b>	Health care professionals assigned to work with the clinical postgraduate PA program as a major component of their work assignment. This includes the program director and medical director at a minimum.
<b>Prospective PA trainees</b>	Any individuals who have requested information about the program or submitted information to the program.
<b>Published</b>	Presented in written or electronic (Web) format.
<b>Readily available</b>	Made accessible to others in a <i>timely</i> fashion via defined program or institution procedures.
<b>Recognized regional or specialized and professional accrediting agencies</b>	Accreditation Association for Ambulatory Health Care (AAAHC) American Osteopathic Association (AOA) Commission on Accreditation of Rehabilitative Facilities (CARF)

TERM	DEFINITION
	<p>The Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations)</p> <p>Liaison Committee on Medical Education (LCME)</p> <p>Middle States Association of Colleges and Schools</p> <p>New England Association of Schools and Colleges</p> <p>North Central Association of Colleges and Schools</p> <p>Northwest Association of Schools and Colleges</p> <p>Southern Association of Colleges and Schools</p> <p>Western Association of Schools and Colleges</p>
<b>Remediation</b>	The program's defined process for addressing deficiencies in a PA trainee's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
<b>Should</b>	The term used to designate requirements that are so important that their absence must be justified. (The onus of this justification rests with the program; it is the program's responsibility to provide a detailed justification why it is not able to comply with any standards including the term should.)
<b>Sufficient</b>	Enough to meet the needs of a situation or proposed end.
<b>Syllabus</b>	A written document that includes the content name, description, goals; outline of topics to be covered; expected learning outcomes; ; method(s) of PA trainee assessment/evaluation; and plan for determining successful completion of expected competencies.
<b>Teaching Out</b>	Allowing PA trainees already in the program to complete their education or assisting them in enrolling in an ARC-PA accredited post graduate program, if one exists, in which they may continue their education.
<b>Technical standards</b>	Non-academic 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.
<b>Timely</b>	Without undue delay; as soon as feasible after giving considered deliberation.
<b>Written</b>	On paper or available in electronic format.
<b>United States</b>	<p>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.</p> <p>A program may satisfy the requirement of <i>supervised clinical practice experiences</i> through medical facilities located in the <i>United States</i> and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.</p>

## Saving and Submission of Postgraduate Provisional Accreditation Application and Appendices

After you have completed the application and each appendix, use the “Save” or “Save As” command under the File menu. The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program’s name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

The application must include all appendices as required and be completed according to the instructions provided. Failure to complete all components of the application exactly as instructed (narratives, templates, program-created documents, etc.) and/or failure to submit a complete application as required in the instructions may result in one or more of the following actions by the ARC-PA:

- Removal of the program from the current ARC-PA agenda
- Requirement for application resubmission
- Placement of the program on administrative probation
- Reconsideration of the program’s current accreditation status

Determination of the appropriate action(s) is solely at the discretion of the ARC-PA and is not subject to appeal.

The program must submit an electronic copy of the application to include:

- Complete application and all appendices.
- Completed institutional signature page. (Electronically signed is acceptable.)

The program will submit the application electronically. The ARC-PA will contact the program approximately one month prior to the due date of the application with instructions on how to submit.

Contact the ARC-PA offices at [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org) if unclear about the directions.

Place the following program-created documents for **Appendix 1** in this folder:

a) **Clinical Postgraduate Program Datasheet TEMPLATE**

b) **Clinical Postgraduate Program Budget TEMPLATE**

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.



*Accreditation Review Commission on Education  
for the Physician Assistant, Inc.*

## **Appendix 1** for Clinical Postgraduate Provisional Accreditation Application

### **Clinical Postgraduate Program Datasheet**

#### **Institutional Information**

**Official program name:** (To be listed on Certificate of Accreditation)

Enter program name

**Address:**

Enter address including city, state and zip

**Program phone #:**

Enter phone #

**Program fax #:**

Enter fax #

**Program web site address:**

Enter web site address

**E-mail address:**

Enter email address

**Institutional sponsor:** (A1.01)

Enter sponsor

**Type of institution:** Choose institution type

**Institution description:** Choose description

**Financial type:** Choose financial type

**Institutional accreditation:** Recognized Regional or Specialized/Professional accrediting agency

If Regional or Specialized/Professional accreditation, provide title:

Enter name of accreditation

**Date of most recent institutional accreditation award:** Click or tap to enter a date.

**Date for next institutional accreditation review:** Click or tap to enter a date.

**Comment:** Click or tap here to enter text.

#### **Program Information**

**Program begins (list month/day/year):** Enter month/day/year

**Length of the entire clinical postgraduate program (months):** Enter # months

**Maximum class size\* (number of PA trainees per class):** Enter number

**Number of entering cohorts per year:** Enter number

**Maximum aggregate PA Trainee Enrollment\*\*:** Enter number



Number of *PA trainees* currently enrolled in Year 1

Enter number

Number of *PA trainees* currently enrolled in Year 2

Enter number

Number of *PA trainees* currently enrolled in Year 3

Enter number

**Degree or credential to be awarded upon completion of program (Complete name of degree & acronym):**

Indicate NA if not applicable.

Enter degree

\**Maximum class size* is the maximum potential number of *PA trainees* enrolled for each admission cycle.\*\* *Maximum Aggregate PA Trainee Enrollment* is the maximum potential number of *PA trainees* enrolled simultaneously at any point in time in the program.**Yearly Stipend/salary that each *PA trainee* is paid while in the program:**

\$ Enter amount

**Cost of yearly benefits (housing, insurance, meals, etc.) paid for each *PA trainee*:**

\$ Enter amount

**Identify the physical resources available for the program within the institution:**

Resource	Dedicated	Shared	Capacity
Classrooms	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount
Lab (wet) space	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount
Sleeping rooms for "call"	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount
Program faculty offices	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Enter text	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount
Enter text	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount
Enter text	<input type="checkbox"/>	<input type="checkbox"/>	Enter amount

Respond to the following, explaining all "No" answers

There is a medical library in the sponsoring institution

Yes ☐No ☐

The program has its own meeting/conference room

Yes ☐No ☐The program has space for confidential academic counseling of *PA trainees* by *program faculty*Yes ☐No ☐The program has secure storage for *PA trainee* filesYes ☐No ☐**Comment:** Click or tap here to enter text.**Chief Administrative Officer of the Sponsoring Institution:** (to receive copies of accreditation correspondence)\*\***Notify the ARC-PA regarding any changes immediately via email to [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org)** \*\***Name prefix:** Choose an item**First name:** Enter first name**Middle name (or initial):** Enter middle name**Last Name:** Enter last name

<b>Academic credentials:</b>	Enter credentials
<b>Institution title:</b>	Choose an item or enter new title
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

**Program Director Reports To:**

**\*\*Notify the ARC-PA regarding any changes immediately via email to [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org) \*\***

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Institution title:</b>	Choose an item or enter new title
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

**Program Director:**

A3.08 The program director *should* be a PA with requisite experience in the specialty of the program. If the program director is not a PA, then the program director *must* be a physician.

- a) If the program director is a PA, s/he *must* hold current NCCPA certification and current licensure in the state in which the program exists (unless exempt under state or federal law.)
- b) If the program director is a physician, s/he *must* hold current licensure as an allopathic or osteopathic physician in the state in which the program exists and *must* be certified by an ABMS- or AOA-approved specialty board. (unless exempt under state or federal law.)

**\*\*Notify the ARC-PA regarding any changes immediately via email to [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org) \*\***

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

**Medical Director(s):**

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name

<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip

**Program Faculty:**

A3.01 *Program faculty must* include healthcare professionals who have the necessary education, specialty qualifications and expertise to provide didactic or clinical instruction and oversight for the *PA trainees*.

A3.04 The program *must* have a *sufficient* number of *program faculty* to provide *PA trainees* with the supervision, education and evaluation necessary to achieve advanced *competencies* safely.

Program faculty are defined as: Health care professionals assigned to work with the clinical postgraduate PA program as a major component of their work assignment.

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

<b>Name prefix:</b>	Choose an item
<b>First name:</b>	Enter first name
<b>Middle name (or initial):</b>	Enter middle name
<b>Last Name:</b>	Enter last name
<b>Academic credentials:</b>	Enter credentials
<b>Program title:</b>	Enter title
<b>FTE% with program:</b>	Enter %
<b>Address:</b>	Enter address Enter city, Enter state Enter zip
<b>Phone #:</b>	Enter phone #
<b>Fax #:</b>	Enter fax #
<b>E-mail address:</b>	Enter email address

**Administrative Support Staff:**

A2.03 The sponsoring institution *must* provide the program with the human resources to operate the educational program and to fulfill obligations to matriculating and enrolled PA trainees.

ANNOTATION: Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program related activities. They include *sufficient* technical and *administrative support* staff to support faculty in accomplishing their assigned tasks.

<b>Name prefix:</b>	Choose an item
<b>Name:</b>	Enter name
<b>Program title:</b>	Enter title
<b>Phone #:</b>	Enter phone #
<b>E-mail address:</b>	Enter email address
<b>FTE% with program:</b>	Enter %

<b>Name prefix:</b>	Choose an item
<b>Name:</b>	Enter name
<b>Program title:</b>	Enter title
<b>Phone #:</b>	Enter phone #
<b>E-mail address:</b>	Enter email address
<b>FTE% with program:</b>	Enter %

<b>Name prefix:</b>	Choose an item
<b>Name:</b>	Enter name
<b>Program title:</b>	Enter title
<b>Phone #:</b>	Enter phone #
<b>E-mail address:</b>	Enter email address
<b>FTE% with program:</b>	Enter %

**Other relevant Institutional or program data that you wish to include:**

Enter text

SAMPLE NOV. 2021



# Appendix 1 for Clinical Postgraduate Provisional Accreditation Application

## Clinical Postgraduate Program Budget TEMPLATE

Program Name:

Identify major sources of financial support and expenditures for the program by completing the table.

Enter whole dollars only.

Be sure to enter the FYs.

Month FY Begins:	Past FY	Current FY	Projected Next FY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Source of Funds

Tuition and Fees assigned to the program	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Appropriation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sponsoring Institution	<input type="text"/>	<input type="text"/>	<input type="text"/>
State Grants/Contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Federal Grants/Contracts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Private Foundation Specify below:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Indirect Cost Recovery	<input type="text"/>	<input type="text"/>	<input type="text"/>
Endowment	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gifts	<input type="text"/>	<input type="text"/>	<input type="text"/>
**	<input type="text"/>	<input type="text"/>	<input type="text"/>
**	<input type="text"/>	<input type="text"/>	<input type="text"/>
**	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	\$ -	\$ -	\$ -

### Expenditures

Faculty* Salaries and Benefits. List the number of FTE Faculty below:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff* Salaries and Benefits. List the number of FTE Staff below:	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Operations	<input type="text"/>	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>	<input type="text"/>
Institution Tax	<input type="text"/>	<input type="text"/>	<input type="text"/>
**	<input type="text"/>	<input type="text"/>	<input type="text"/>
**	<input type="text"/>	<input type="text"/>	<input type="text"/>
**	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	\$ -	\$ -	\$ -

\*Faculty and Staff salaries and benefits must reflect the total for all program faculty/staff assigned to the program and whose salary lines are listed in the program budget. If an individual is a part-time FTE with the program, only the percentage of the salary and benefits included on the program budget should be included in the total.

\*\*Other sources may be specified in these marked boxes.

Place the following program-created documents for **Appendix 2** in this folder:

One signed agreement between the clinical postgraduate program and other institution involved in providing training of *PA trainees*, if applicable

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following documents for **Appendix 3** in this folder:

- a) **Postgraduate Personnel Responsibilities TEMPLATE**
- b) *Written* job descriptions **AND** Curricula Vitae, using **ARC-PA CV TEMPLATE**, for:
  - Program director
  - Medical director
  - *Program faculty* (Job descriptions include duties and responsibilities specific to each program faculty member)

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

## Appendix 3 for Clinical Postgraduate Provisional Accreditation Application

### Personnel Responsibilities **TEMPLATE**

List below the program director, *medical director*, *program faculty* and *administrative support staff*. Identify their responsibilities by the list provided.

Responsibilities	Individual Name and Title (use abbreviations)															
	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title
Accreditation Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alumni Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical site development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical site monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordination of instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Curriculum evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program committee service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Responsibilities	Individual Name and Title (use abbreviations)															
	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title	Enter name and title
PA trainee advising/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA trainee evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA trainee selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching and instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remedial instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: [Click here to enter text](#)



### Appendix 3 for Clinical Postgraduate Provisional Accreditation Application

<b>Last Name:</b> Last name	<b>MI:</b> MI	<b>First Name:</b> First name
<b>Academic Credentials:</b> Credentials		
<b>Position in Program:</b> Position		<b>%FTE:</b> % FTE

<b>Complete Program Office Mailing Address</b>	
Program name	
Institution	
Address 1	
Address 2	
City, State, Zip	
<b>Daytime phone:</b> XXX-XXX-XXXX	
<b>Email at program:</b> Email address	

**Education** Include baccalaureate, professional education (to include PA), and graduate academic education. Please list from most recent to earliest.

[illegible]

**Graduate Medical Education / Postgraduate Clinical PA Program Education** (include all physician or physician assistant residencies and fellowships) Please list from most recent to earliest.

Institution	Specialty	Credential/Degree Earned	Year Awarded
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year
Institution	Specialty	Credential earned	Year

**Academic Appointments** - List the past five positions, beginning with current position.

Start Date	End Date	Institution Name and Description of Position(s)
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description

**Non-Academic Positions** - List the past five positions, beginning with current position

Start Date	End Date	Institution Name and Description of Position(s)
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description
Date	Date	Institution Name and Description

Certifying Body (abbreviation acceptable)	Initial Certification Year	Next Re-Certification Year
Certifying body	Year	Year
Certifying body	Year	Year
Certifying body	Year	Year
Certifying body	Year	Year
Certifying body	Year	Year

**Licensure Information**

Title	State	Date of Expiration
Title	State	Date

Licensure Information		
Title	State	Date of Expiration
Title	State	Date
Title	State	Date
Title	State	Date
Title	State	Date

**Other:** [Click here to enter text](#)



Place the following documents for **Appendix 4** in this folder:

- a) Mission of the institution
- b) Mission of the program

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following documents for **Appendix 5** in this folder:

- a) Electronic copy of program's brochure, if program information is not *published* on program website
- b) **Admission Policies and Procedure TEMPLATE**
- c) Forms to be used to screen *PA trainee* applications or select candidates for class positions
- d) Blinded sample of correspondence provided to those accepted to the program including written conditions of appointment, whether provided to them electronically or by paper
- e) Blinded sample of correspondence provided to those accepted to the program listing conditions and benefits of appointment to include all areas of Standard A4.08, whether provided to them electronically or by paper. (If different from above).

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

## Appendix 5 for Clinical Postgraduate Provisional Accreditation Application

### Admission Policies and Procedures **TEMPLATE**

**Complete** the following:

Which of the follow admission screening measures are utilized by the program:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> application                          | <input type="checkbox"/> standardized exams<br>(i.e., GRE) | <input type="checkbox"/> community service                         |
| <input type="checkbox"/> personal statement                   | <input type="checkbox"/> reference letters/forms           | <input type="checkbox"/> PANCE exam                                |
| <input type="checkbox"/> essays submitted with<br>application | <input type="checkbox"/> GPA                               | <input type="checkbox"/> personal interviews                       |
| <input type="checkbox"/> review of transcripts                | <input type="checkbox"/> healthcare experience             | <input type="checkbox"/> narrative writing at<br>time of interview |
| <input type="checkbox"/> Enter other                          | <input type="checkbox"/> Enter other                       | <input type="checkbox"/> Enter other                               |
| <input type="checkbox"/> Enter other                          | <input type="checkbox"/> Enter other                       | <input type="checkbox"/> Enter other                               |

**Complete** the following regarding how individuals participate in the selection process.

Individual	Application Screening	Interviewing	Final selection decision
Program Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Director	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Program faculty</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Didactic instructors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical <i>preceptors</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current <i>PA Trainees</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alumni	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community organizations representatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PA employers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community PAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community MDs/DOs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program admission staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Institutional representatives: (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter institutional reps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter institutional reps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Individual	Application Screening	Interviewing	Final selection decision
Enter other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

[Click here to enter text](#)

Place the following program-created document for **Appendix 6** in this folder:

Policies demonstrating compliance with A4.09a-o, A4.10a-g, A4.11a-b, A4.13, D1.01 as noted in the application

The program is NOT to include an entire manual/handbook in response to a standard about specific policy content, but only the appropriate page(s) labeled with the standard for which the page provides evidence.

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following documents for **Appendix 7** in this folder:

- a) **Curriculum Sequence TEMPLATE**
- b) **International Experiences TEMPLATE**, if applicable.
- c) The program *competencies* (The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice) expected of the *PA trainee* at the completion of the clinical postgraduate program.

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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## Appendix 7 for Clinical Postgraduate Provisional Accreditation Application

### Curriculum Sequence **TEMPLATE**

**Complete** Part A and Part B

#### **PART A**

Present a schematic representation of the program components and their sequences in the horizontal spaces as appropriate using the template below.

- L** Lectures, seminars
- C** Case conferences/grand rounds
- R** Clinical experiences (rotations)
- V** Vacation/Time off

**Note:** Begin the table in the top row with the month your program begins. Be sure to add the month abbreviation. Place the curriculum categories that occur in the boxes for the months and years of the program. (See sample below).

<b>SAMPLE Curriculum (program begins in July)</b>												
YR	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
<b>1</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>C</b>	<b>C</b>	<b>C,R</b>	<b>L,C,R</b>	<b>R</b>	<b>R</b>	<b>R</b>	<b>R</b>
<b>2</b>	<b>R</b>	<b>V</b>	<b>C,R</b>	<b>L,C,E</b>	<b>C,R</b>	<b>R</b>	<b>R</b>					
<b>3</b>												

<b>YOUR PROGRAM'S CURRICULUM</b>												
YR	Mth	Mth	Mth	Mth	Mth	Mth	Mth	Mth	Mth	Mth	Mth	Mth
<b>1</b>	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter
<b>2</b>	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter
<b>3</b>	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter	Enter

Comments: [Click here to enter text](#)

Comments: Enter text



## Appendix 7 for Clinical Postgraduate Provisional Accreditation Application

### International Experiences **TEMPLATE**

**Complete** all questions below:

Are international experiences offered for *required* didactic or clinical experiences?

Select Yes or No

**Explain** as needed:

Click here to enter text

Are international experiences offered for *elective* didactic or clinical experiences?

Select Yes or No

**Explain** as needed:

Click here to enter text

Do you have program-established as well as PA *trainee*-established international experiences?

Select Yes or No

**Explain:**

Click here to enter text

Are international experiences offered to all PA *trainees* enrolled in the program?

Select Yes or No

**Explain** as needed:

Click here to enter text

Do you have affiliation agreements for international experiences offered?

Select Yes or No

**Explain** as needed:

Click here to enter text

Does your program advertise the experiences offered outside the *United States*?

Select Yes or No

**IF YES**, does the information address travel, housing and other expenses?

Select Yes or No

**Explain** as needed:

Click here to enter text

Is the PA *trainee* responsible for any of the above costs?

Select Yes or No

Explain:

Click here to enter text

Describe how *PA trainee competencies*/course objectives are developed for the international experiences.

Click here to enter text

Describe how *PA trainees* are oriented to the role of the PA/mid-level practitioner in the international experience country.

Click here to enter text

Describe how the program evaluates international clinical sites and assures that the sites provide the *PA trainee* access to physical facilities, patient populations and supervision necessary to fulfill the program's expectations of the clinical experience.

Click here to enter text

Describe how the *PA trainee's* performance is assessed during international experiences.

Click here to enter text

Describe how *PA trainees* are covered for liability/malpractice issues on international experiences.

Click here to enter text

Describe measures taken to assure *PA trainee* safety during international experiences.

Click here to enter text

Additional Comments:

Click here to enter text

Place the following documents for **Appendix 8** in this folder:

a) **Clinical Experiences TEMPLATE**

- b) Program *learning outcomes* for each *clinical experience* required for program completion. Create a composite document identifying each *clinical experience* in the program curriculum and listing the specific *learning outcomes* for each *clinical experience*.
- c) Blank copies of forms used by *preceptors* to evaluate students during *clinical experiences*.

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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## Clinical Experiences (Rotations) **TEMPLATE**

**DO NOT** alter the total row at the bottom.

[illegible]

Site Name	ST	Written Agreement	More than 50 miles from program																		

Site Name	ST	Written Agreement	More than 50 miles from program																		







ence"











Family Medicine										
Orthopedic Surgery										

SAMPLE NOV.2021

Family Medicine										
Orthopedic Surgery										

SAMPLE NOV.2021



Family Medicine										
Orthopedic Surgery										

SAMPLE NOV.2021

Family Medicine										
Orthopedic Surgery										

SAMPLE NOV.2021

Place the following documents for **Appendix 9** in this folder:

*Instructional Objectives* as required in body of application supporting evidence of compliance.

Create separately named documents or folders (clearly labeled by standard) including only the relevant (as related to the standard) *instructional objectives*, supporting compliance with the standard. These documents *must* be a composite of all relevant instructional objectives (whatever the source: course syllabi, individual lectures or other) **organized by and labeled with the standard** they address.

Providing copies of program course syllabi in the application of record **does not** negate the need for programs to append evidence of compliance in appendices as required throughout the application.

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following documents in **Appendix 10**:

- a) SSR Document, using ARC-PA provided document
- b) **Timeline for Data Gathering and Analysis TEMPLATE**

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

## SELF-STUDY REPORT<sup>®</sup>

For programs eligible for Clinical Postgraduate Accreditation-Provisional

To be submitted with the application in Appendix 10

November 2021

### TECHNICAL DIRECTIONS FOR COMPLETING THE SELF-STUDY REPORT (SSR)

**This SSR and its appendices were developed for use with Word 2010 or later for PC.** As some features of the documents are NOT compatible with Word for Mac, the use of a Mac for completion is NOT recommended.

Since a program applying for provisional accreditation has limited data, the majority of this report is descriptive.

The SSR and appendices require programs to complete tables, provide narratives and mark text boxes. To complete the tables, left click inside the cells and type the required information. To provide narratives, left click inside the narrative boxes and begin typing. Although the fields may appear small, they will expand to allow as much text as needed. If the text extends beyond the page, the document will automatically repaginate. **DO NOT** insert tables or graphs into the boxes or fields. To mark a check box, left click inside the box.

The **Provide Narrative** sections are to be answered with brief and *succinct* answers. It is essential that programs give careful thought to providing responses that address their plans for the critical *analysis* of data.

The SSR and appendices are “protected.” You will be unable to insert or delete pages or modify anything that is not inside a text or form field. **DO NOT** attempt to unprotect the document. If you unprotect the document, there is a strong possibility that all entered data will be lost.

After you have completed the SSR and each appendix, use the “Save” or “Save As” command under the File menu. The SSR and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program’s name at the end of the document name. For example: App 10b Timeline Prov ABC. **Important Note – Abbreviate as necessary; the title of any document or folder in the application may not exceed 30 characters, including spaces. DO NOT save the document as a PDF.** The document must be saved in the **Appendix 10** folder.

If you have any difficulties or questions, contact the ARC-PA offices at [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org).

## APPENDIX 10

### STANDARDS SECTION C: EVALUATION

#### C1 Ongoing Program Self-Assessment

**For this provisional application, complete** the ARC-PA **Timeline for Data Gathering and Analysis TEMPLATE (Appendix 10b)** showing the planned self-assessment process.

- C1.01 The program *must* define its ongoing self-assessment process that is designed to document program *effectiveness* and foster program improvement. At a minimum, the process *must* address:
- administrative aspects of the program and institutional resources,
  - effectiveness* of the didactic curriculum,
  - effectiveness* of the clinical curriculum,
  - preparation of trainees to achieve program defined *competencies*, and
  - sufficiency and effectiveness of program and instructional faculty* and staff.

**Provide Narrative** describing the program's planned, formal, continuous self-assessment process utilized throughout the program. Indicate how evidence of PA trainee learning, program administrative functions/operations and outcomes will be gathered, critically analyzed, and applied to identify program strengths, program areas in need of improvement, and action plans.

**Include:**

- What and how data (qualitative and quantitative) will be collected.
- Who will be responsible for the analysis.
- How strengths as well as areas in need of improvement will be identified.
- Planned benchmarks with the rationale for choosing that particular level of benchmark.
- How analysis of data will be done to determine relationships and monitor trends, relating the data to the expectations or identified issues or concerns of the program.
- Who will be responsible for implementation of actions to address needed improvements.

Click here to enter text

- C1.02 The program *must* implement its ongoing self-assessment process by:
- conducting data collection,
  - performing critical *analysis* of data leading to conclusions that identify:
    - program strengths,
    - program areas in need of improvement, and
    - action plans to address the areas in need of improvement.

**If accredited**, for future ARC-PA comprehensive reviews, the program will be asked to verify by its self-study report (SSR), how it has implemented its ongoing program self-assessment to identify program strengths, areas in need of improvement and resulting actions.

**As the program director, I am aware of this requirement and responsibility.** Click here to enter name and date

- 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.

**As the program director, I am aware of this requirement and responsibility.** [Click here to enter name and date](#)

- C1.04 (“C1.04” rescinded effective 10/2/21)

- C1.05 (“C1.05” rescinded effective 10/2/21)

## SSR APPENDIX 10B

### Timeline for Data Gathering and Analysis **TEMPLATE**

(To support the process described in response to C1.01)

**Complete the** table below representing the program's planned self-assessment process. The table must include the timing of data collection and analysis (for example: "quarterly", "annually in August", etc.). The timing of data collection and analysis may be listed separately if appropriate for example "Data collected March – April. Analysis annually in May." Indicate who (job title, committee name etc.) will be responsible for study of the data.

Save this document in the folder labeled **Appendix 10**. Include an abbreviation of the program's name at the end of the document name. For example, App 10b Timeline Prov ABC

**Important Note – Abbreviate as necessary; the title of any document or folder in the application may not exceed 30 characters, including spaces.**

Include other data sources as appropriate.

If any of the data sources listed are not used by the program, leave that row blank.

Relevant Appendix	Data Source	Timing of Data Collection/Analysis	Responsible Party(ies)
Appendix 10C Administrative Aspects of the Program and Institutional Resources	<i>Sufficiency of institutional resources (human, technology, physical)</i>	Click here to enter text	Click here to enter text
	<i>Sufficiency of institutional support resources (financial, faculty development, clinical site development, curriculum design and program assessment)</i>	Click here to enter text	Click here to enter text
	<i>Effectiveness of administrative aspects of the programs: Program policies/procedures</i>	Click here to enter text	Click here to enter text
	Other data sources: Click here to enter text	Click here to enter text	Click here to enter text
Appendix 10D	Trainee/graduate evaluation of didactic components of the program	Click here to enter text	Click here to enter text



Relevant Appendix	Data Source	Timing of Data Collection/Analysis	Responsible Party(ies)
Effectiveness of the Didactic Curriculum	Trainee evaluation of didactic instructional faculty	Click here to enter text	Click here to enter text
	Other data sources: Click here to enter text	Click here to enter text	Click here to enter text
Appendix 10E Effectiveness of the Clinical Curriculum	Trainee/graduate evaluation of clinical components of the program	Click here to enter text	Click here to enter text
	Trainee evaluation of <i>preceptors</i>	Click here to enter text	Click here to enter text
	Other data sources: Click here to enter text	Click here to enter text	Click here to enter text
Appendix 10F PA trainee Evaluations	<i>PA Trainee failure rates</i>	Click here to enter text	Click here to enter text
	PA Trainee remediation	Click here to enter text	Click here to enter text
	PA Trainee deceleration	Click here to enter text	Click here to enter text
	PA Trainee attrition	Click here to enter text	Click here to enter text
	Other data sources: Click here to enter text	Click here to enter text	Click here to enter text
Appendix 10G	Success in meeting program <i>goals</i>	Click here to enter text	Click here to enter text
	Other data sources: Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text	Click here to enter text
Click here to enter text	Click here to enter text	Click here to enter text	Click here to enter text

Comments: Click here to enter text.

Place the following program-created documents for **Appendix 11** in this folder:

Forms used to evaluate clinical sites and preceptors used for clinical experiences in relation to C2.01

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following program-created document for **Appendix 12** in this folder:

Copies of handbooks/manuals containing policies

Providing copies of handbooks/manuals in the application of record does not negate the need for programs to **append evidence of compliance in appendices** as required throughout the application. The site visitors will NOT search this appendix for evidence of compliance.

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

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following program-created document for **Appendix 13** in this folder:

Zip file containing syllabi used for **ALL** courses in the *curriculum* that *must* include at a minimum:

- course name,
- course description,
- course goal/rationale,
- outline of topics to be covered,
- *learning outcomes*,
- faculty instructor of record if known,
- methods of PA trainee assessment/evaluation, and
- plan for grading.

Providing copies of course syllabi in the application of record does not negate the need for programs to **append evidence of compliance in appendices** as required throughout the application. The site visitors will NOT search this appendix for evidence of compliance.

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

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

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The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

Place the following program-created document for **Appendix 14** in this folder:

**Multiple Postgraduate Programs TEMPLATE**

The application and each appendix are to be saved with the same name it was given by the ARC-PA, with the inclusion of an abbreviation of the program's name at the end of the document name. For example: App 1b Postgrad Budget ABC or App 3a PG Pers Resp ABC. **Important Note – Abbreviate as necessary; the title may not exceed 30 characters, including spaces.**

The application and templates provided by the ARC-PA are to be saved in the format in which they were created. **DO NOT SAVE AS PDF.** Program-generated documents can be saved in any format.

The document must be saved in the appropriate folder. For example: App 1b Postgrad Budget ABC is to be saved in the Appendix 1 folder.

## Appendix 14 for Clinical Postgraduate Provisional Accreditation Application

### Multiple Postgraduate Programs **TEMPLATE**

**Complete ONLY** if the institution is applying for accreditation of multiple postgraduate programs.

**IMPORTANT NOTE:** The ARC-PA will only accept applications from THREE (3) clinical postgraduate programs within one institution per Commission agenda.

Each clinical postgraduate program will need to submit a separate application to the ARC-PA. The ARC-PA will determine its ability to visit all three programs within a single site visit on an individual basis. These site visits may be 1 ½ to 2 days in length.

<b>Name of Program:</b> Enter name of program	<b>Clinical Specialty Discipline:</b> Enter specialty discipline
<b>Name of Program Director:</b> Enter name of PD	

Please provide the following information for the additional programs seeking accreditation at this institution at the same time of this program's application.

<b>Name of Second Program:</b> Enter name of program	<b>Clinical Specialty Discipline:</b> Enter specialty discipline
<b>Name of Program Director:</b> Enter name of PD	

<b>Name of Third Program:</b> Enter name of program	<b>Clinical Specialty Discipline:</b> Enter specialty discipline
<b>Name of Program Director:</b> Enter name of PD	

If there is a specific person(s) responsible for the centralized oversight of all clinical postgraduate programs, please list their names and credentials below. If not, please indicate "n/a".

Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

Does the institution currently have any clinical postgraduate programs that have received accreditation from the ARC-PA under the Clinical Postgraduate Standards 3<sup>rd</sup> edition?

☐ **Yes**      ☐ **No**

If yes, please provide their information below:

[illegible]