**Change in Program Sponsorship**

(standard E1.09)

August 2021

Accredited Clinical Postgraduate PA programs are required to report changes in their programs to the ARC-PA as detailed in Section E of the accreditation *Standards*, 3rd edition. **Proposed changes in program sponsorship must be submitted to the ARC-PA as soon as the program begins considering such a change (standard E1.09).**

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

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

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

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

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

# Request to Transfer Sponsorship

For the ARC-PA to process a request for the transfer of accreditation status for a currently accredited clinical postgraduate PA program, the proposed new sponsor, along with the predecessor sponsor MUST complete and submit the transfer of sponsorship form with this additional information:

1. An organizational chart identifying the program’s position within the organizational structure for the current sponsor and proposed new sponsor
2. A listing of all key program personnel by name and title for the current and proposed new sponsor, to include the program director, medical director, program faculty and administrative staff.
3. Curriculum vitae of program director, medical director, and PA program faculty if changed from most recent comprehensive review by the ARC-PA. Use forms available on ARC-PA web site on the Change Forms/Required Reports page.
4. A narrative detailing the resources that the new sponsor provides for the PA Program (refer to *Standards* sections on Institution Resources)
5. A statement of the budgetary commitment from the new sponsor for the PA Program addressing any changes in the operating budgets from one sponsor to the other.
6. A narrative detailing any other significant changes to the curriculum, resources or policies that will occur as a result of the transfer of sponsorship. Refer to Institution Resources section of the *Standards*.
7. For both the current and proposed new sponsoring institution, documentation of institutional (include letter or approval from dean or senior institutional official) and/or regional accreditation approval (copy of approval correspondence) for this change.

Name of **PA Program** seeking transfer: Enter program name

Name of **Current** Sponsoring Institution: Enter institution name

Name of new **Applicant** Sponsoring Institution: Enter institution name

Please complete the following information for the **sponsoring Institution applying to accept the PA program in transfer.**

**Program Name:** Enter program name

Address: Enter address

City : Enter city

State: Enter state Zip: Enter zip

Program phone: Enter phone #

Program fax: Enter fax #

Program website address: Enter website

Program email: Enter email address

**Name of New Institutional Sponsor:** Enter institution name

**Type of Institution:**

school of allopathic or osteopathic medicine

college/university affiliated with appropriate clinical teaching facilities

medical education facility of the federal government

hospital, medical center or ambulatory clinic

other: **Describe**

**Institutional Accreditation:**

a recognized Regional[[1]](#footnote-1) or specialized and professional accrediting agency.

Name of Accrediting Agency: Select an agency

the Accreditation Association for Ambulatory Health Care (AAAHC),

the Commission on Accreditation of Rehabilitative Facilities (CARF) or,

the Joint Commission as a hospital/medical center or ambulatory clinic.

**Chief Administrative Officer of the New Sponsoring Institution:**

(to receive copies of accreditation correspondence)

|  |  |
| --- | --- |
| Name: | Enter name |
| Title: | Enter title |
| FTE %: | Enter FTE% |
| Address: street, city, state, zip | Enter address |
| Phone: | Enter phone # |
| Fax: | Enter fax # |
| Email: | Enter email address |

**List any personnel changes as noted below. If there is no change, leave that section blank.**

**New Program Director:**

|  |  |
| --- | --- |
| Name: | Enter name |
| Title: | Enter title |
| FTE %: | Enter FTE% |
| Address: street, city, state, zip | Enter address |
| Phone: | Enter phone # |
| Fax: | Enter fax # |
| Email: | Enter email address |

**New Medical Director (s):**

|  |  |
| --- | --- |
| Name: | Enter name |
| Title: | Enter title |
| FTE %: | Enter FTE% |
| Address: street, city, state, zip | Enter address |
| Phone: | Enter phone # |
| Fax: | Enter fax # |
| Email: | Enter email address |

**New Program Faculty**:

|  |  |
| --- | --- |
| Name: | Enter name |
| Title: | Enter title |
| FTE %: | Enter FTE% |
| Address: street, city, state, zip | Enter address |
| Phone: | Enter phone # |
| Fax: | Enter fax # |
| Email: | Enter email address |

|  |  |
| --- | --- |
| Name: | Enter name |
| Title: | Enter title |
| FTE %: | Enter FTE% |
| Address: street, city, state, zip | Enter address |
| Phone: | Enter phone # |
| Fax: | Enter fax # |
| Email: | Enter email address |

|  |  |
| --- | --- |
| Name: | Enter name |
| Title: | Enter title |
| FTE %: | Enter FTE% |
| Address: street, city, state, zip | Enter address |
| Phone: | Enter phone # |
| Fax: | Enter fax # |
| Email: | Enter email address |

### **New administrative support staff assigned to program:**

Enter name, title, phone, FTE%

Enter name, title, phone, FTE%

Enter name, title, phone, FTE%

Enter name, title, phone, FTE%

Enter name, title, phone, FTE%

Specify the following for the program effective **after it is transferred to the new sponsor:**

Program begins (list month or months): Enter month

Number of cohorts admitted per calendar year: Enter #

Maximum class size :(*Maximum class size is the maximum potential number of students enrolled for each admission cycle and may not exceed currently approved maximum entering class size)* Enter #

Number of PA trainees currently enrolled in Year 1: Enter #

Number of PA trainees currently enrolled in Year 2: Enter #

Number of PA trainees currently enrolled in Year 3: Enter #

**Total current aggregate enrollment** Enter #

Degree or credential to be awarded upon completion of the program (Complete Name of Degree & Acronym): Enter degree

Length of accredited program (months): Enter length

Estimated total tuition & fees that each PA trainee will incur for the entire Program:

$ Enter amount

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

**Additional Comments:**

Click here to enter text

**SIGNATURES**

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

I understand and agree that the Program will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted response are false or in the event that the Program violates any of the policies governing accredited programs.

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

*As listed in the Program Management Portal*

Enter name Enter date

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

**Program Director:** Enter name Enter date

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

**SUBMISSION INSTRUCTIONS**

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

The program should submit this form by uploading it as a Change in Program Sponsorship document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.”

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

1. |  |
   | --- |
   | Middle States Commission on Higher Education (MSCHE)  New England Commission of Higher Education (NECHE)  The Higher Learning Commission (HLC)  Northwest Commission on Colleges and Universities (NWCCU)  Southern Association of Colleges and Schools- Commission on Colleges (SACS)  Western Association of Schools and Colleges- Senior College and University Commission (WASC-ACSCU) |

   [↑](#footnote-ref-1)