



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

**Recommended <sup>1</sup>Site Visit Schedule Template for Clinical Postgraduate Continuing Visit**

(To be completed by the program and emailed to [accreditationservices@arc-pa.org](mailto:accreditationservices@arc-pa.org) and the site visit team chair **eight (8) weeks** prior to the site visit)

**NOTE:** The content below is to show detail that must be provided to the members of the site visit team for each event and **represents the recommended sequence and timing that programs are expected to follow** as they prepare to discuss the schedule with the site visit team chair.

**This template is best reviewed in conjunction with the Site Visit Protocol document, the Rationale for Site Visit Sessions which provides a description and rationale for each session of the visit, and the Organizing Materials document. Those documents are available on the ARC-PA website.**

Enter hospital name

Enter clinical postgraduate program name

**ARC-PA Clinical Postgraduate Continuing Site Visit Schedule**

Enter dates (month, days, year)

Evaluators: Enter name of evaluator

<p><b>Hotel:</b> Enter hotel  Enter street address  Enter city, state, zip  <b>Phone:</b> Enter phone #  <b>Website:</b> Enter web address</p>	<p>Enter clinical postgraduate PA program name  Enter street address  Enter city, state, zip  <b>Phone:</b> Enter phone #  <b>Fax:</b> Click here to enter text.  <b>PD Cell Phone:</b> Enter cell #  <b>PD home phone:</b> Enter home #</p>
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Hotel Confirmation # Enter CF#

Select date

7:00 AM      TRANSPORT TO PROGRAM OFFICES  
Enter name of person picking up visitor

7:30 AM      MEETING with PROGRAM DIRECTOR  
**Room:** Enter room #  
Enter name and title of program director

<sup>1</sup> This recommended agenda may be altered by programs only if approved by the site visit team chair.



**ARC-PA Clinical Postgraduate Continuing Site Visit**

Insert program name and dates

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Select date

- 7:00 AM      TRANSPORT TO PROGRAM OFFICES  
Enter name of person picking up visitor
- 7:30 AM      MEETING with PROGRAM DIRECTOR & MEDICAL DIRECTOR  
Room: Enter room #  
Enter name and title of Program Director  
Enter name and title of Medical Director
- 7:45 AM      MEETING WITH KEY SENIOR INSTITUTIONAL OFFICIALS  
Room: Enter room #
- 9:00 AM      INTERVIEWS WITH PRECEPTORS (provide names and titles of those involved)  
Room: Enter room #  
Enter name and title, Practice type/rotations involved  
Enter name and title, Practice type/rotations involved
- 10:00 AM     INTERVIEWS WITH GRADUATES  
Room: Enter room #  
Graduates  
Enter name  
Enter name  
Enter name  
Enter name  
Enter name
- 11:00 AM     REVIEW OF DOCUMENTS CONTINUES/PREPARE REPORT  
Room: Enter room #
- 12:00 PM     LUNCHEON AND PREPARATION OF REPORT  
(Program director should be available if needed by team)
- 1:15 PM      TEAM MEETS WITH PROGRAM DIRECTOR, PROGRAM FACULTY TO CLOSE VISIT
- 1:30 PM      TEAM DEPARTS