

NOTICE OF ACTIONS - ACCREDITATION STATUS (8.8.2023)

The ARC-PA took the actions displayed below at its **June 22-23**, **2023** meeting. The accreditation decisions were based on the programs' compliance with the accreditation *Standards* or adherence to ARC-PA policies for accredited programs.

All accredited programs are required to file annual and periodic reports to document continuing compliance with the accreditation *Standards* throughout the accreditation cycle. Programs that received citations¹ from the commission are required to submit a report describing the manner in which the citation(s) have been addressed or resolved.

For definitions of accreditation statuses see <u>http://www.arc-pa.org/accreditation/accreditation-types-review-cycle/.</u>

For a complete listing of all accredited programs or for information about specific programs, see <u>http://www.arc-pa.org/accreditation/accredited-programs/</u>.

The programs, grouped by the purpose of the commission review, are listed in alphabetical order by state.

THE FOLLOWING LIST REFLECTS RESULTS OF ACCREDITATION ACTIONS FOR NEW PROGRAMS APPLYING FOR ACCREDITATION - PROVISIONAL² INCLUDING COMMENTARY REGARDING PROGRAM-SPECIFIC REPORTS TO THE COMMISSION DESCRIBING THE CITATION(S)¹ THAT MUST BE ADDRESSED OR RESOLVED.

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
Notre Dame of Maryland University, MD	Provisional ²	TBD
Report due October 1, 2023:		
 Standard A1.09 (lacked evidence sponsoring institution provides the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice) Standard A3.17b (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements) 		
 Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly) 		
 Standard B4.01a (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught) 	2	
 Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and 		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)		
No report required:		
 Standard A1.07 (lacked evidence sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students) 	ne	
 Standard E1.03 (the program did not submit documents as required by the ARC-PA) 	d	

THE FOLLOWING LIST REFLECTS RESULTS OF ACCREDITATION ACTIONS FOR CURRENTLY ACCREDITED PROGRAMS INCLUDING COMMENTARY REGARDING PROGRAM-SPECIFIC REPORTS TO THE COMMISSION DESCRIBING THE CITATION(S)¹ THAT MUST BE ADDRESSED OR RESOLVED.

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
South University-West Palm Beach, FL	Provisional ²	June 2025
 Report due January 31, 2024: Standard A1.11a (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion) Standard A1.11b (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies) Standard A1.11c (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies) 		
retention strategies) Brenau University, GA	Provisional ²	June 2025
Report due October 1, 2023:	FIUVISIUIIdi	Julie 2023
 Standard A3.13a (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups) Standard A3.14 (lacked evidence program makes student admission decisions in accordance with clearly defined and published practices of the institution and program) Standard B1.03d (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including course goal/rationale) Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) No report required: Standard E1.03 (the program did not submit documents as required by the ARC-PA) 		
Concordia University-Ann Arbor, MI	Provisional ²	June 2025
Report due October 1, 2023:		
 Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program) Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner) No report required: 		

PA Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
•	Standard A2.06b (lacked evidence program director be a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program) Standard A3.12i (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC- PA, no later than April first each year) Standard E1.03 (the program did not submit documents as required by the ARC-PA)		
Univer	sity of Michigan-Flint, MI	Probation ³	June 2025 (Probation Review)
Report	due October 1, 2023:		
۰	Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)		
•	Standard A2.09b (lacked evidence program director is knowledgeable about and responsible for program administration)		
٠	Standard A2.16 (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)		
۰	Standard A3.12f (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuitions, fees, etc.] related to the program)		
٠	Standard A3.17b (lacked evidence student academic records kept by the sponsoring institution or program are readily accessible to authorized program personnel and includes documentation that the student has met institution and program health screening and immunization requirements)		
٠	Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)		
Report	t due February 1, 2024:		
•	Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)		
۰	Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)		
۰	Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and		

PA Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	gynecologic care])		
٠	Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post operative care)		
٠	Standard B3.03e (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)		
٠	Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)		
٠	Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)		
۰	Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)		
٠	Standard B4.01a (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)		
٥	Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any		
	student deficiencies in a timely manner)		
	ort required:		
٠	Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)		
٠	Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)		
٠	Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)		
•	Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans		
•	Standard C1.03 (lacked evidence program prepares 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)		
٠	Standard E1.03 (the program did not submit documents as required by the ARC-PA)		
Saint L	ouis University, MO	Continued	June 2033
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Report due October 1, 2023:

• Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
 instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner) Standard C1.03 modified Self-Study Report (lacked evidence program prepares 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) Standard C2.01a (lacked evidence program defines and maintains effective processes and document the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities) 		
Mississippi State University-Meridian, MS	Provisional ²	June 2025
 Report due February 1, 2024: Standard A3.11 (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflects the program offered) Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to syllabi including methods of student assessment/evaluation) 		
 Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner) 		
No report required: • Standard E1.03 (the program did not submit documents as required by the ARC-PA)		
Pfeiffer University, NC	Probation ³	September 2024
No report due:		
 Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment) 		
 Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership) 		
• Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)		
 Standard A1.02g (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs) 		
• Standard A1.07 (lacked evidence sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill		

Prog	gram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	obligations to matriculating and enrolled students)		
•	Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the		
٠	complexity of the program) Standard A2.09g (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)		
٠	Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)		
•	Standard A2.14 (lacked evidence that in addition to the principal faculty there are sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)		
•	Standard A2.16 (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)		
•	Standard A2.18b (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)		
•	Standard B3.01 (lacked evidence program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)		
•	Standard B3.04a (lacked evidence supervised clinical practice experiences occur in the emergency department setting)		
•	Standard B3.04d (lacked evidence supervised clinical practice experiences occur in the operating room setting)		
•	Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)		
•	Standard B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)		
•	Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)		
•	Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)		
•	Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)		
•	Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)		
•	Standard B3.07g (lacked evidence supervised clinical practice		

PA Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental healthcare)		
٠	Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)		
٠	Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)		
٠	Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)		
Univer	rsity of Nevada-Reno, NV	Continued	June 2033
•	due October 1, 2023: Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) Standard B4.01a (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught) Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner) ort required: Standard E1.03 (the program did not submit documents as appring hut the ABC DA)		
Caniai	required by the ARC-PA)	5 · · · · · · · · · · · · · · · · · · ·	
	us College, NY	Provisional ²	June 2025
•	due October 1, 2023: Standard A3.14 (lacked evidence program makes student admission decisions in accordance with clearly defined and published practices of the institution and program) ort required:		
•	Standard C1.03 (lacked evidence program prepares 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)		
٠	Standard E1.03 (the program did not submit documents as		

required by the ARC-PA)

PA Program at:		Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Long Is	sland University, NY	Probation ³	June 2025 (Probation Review)
Report •	due August 15, 2023: Standard E1.05 (lacked evidence the program demonstrates active recruitment to permanently fill vacated or interim		
Report	positions) due October 1, 2023:		
٠	Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)		
٠	Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)		
۰	Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)		
•	Standard A1.03a (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for maintenance of certification and licensure)		
٠	Standard A1.07 (lacked evidence sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)		
٠	Standard A1.11a (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)		
٠	Standard A1.11b (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies)		
۰	Standard A1.11c (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in retention strategies)		
٠	Standard A2.01 (lacked evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)		
٠	Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)		
٠	Standard A2.04 (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution)		
٠	Standard A2.06b (lacked evidence program director be a PA and is assigned to the program on a 12-month full time basis with at		

PA Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	least 80% of that time devoted to academic and administrative		
	responsibilities in support of the program)		
•	Standard A2.09b (lacked evidence program director is		
	knowledgeable about and responsible for program		
	administration)		
•	, Standard A2.09d (lacked evidence program director is		
	knowledgeable about and responsible for continuous		
	programmatic review and analysis)		
•	Standard A2.09h (lacked evidence program director is		
	knowledgeable about and responsible for adherence to the		
	Standards and ARC-PA policies)		
•	Standard A2.18b (lacked evidence administrative support for the		
	program is sufficient in number to manage the administrative		
	responsibilities consistent with the organizational complexity		
	and total enrollment of the program)		
•	Standard A3.04 (lacked evidence the program defines, publishes,		
	makes readily available and consistently applies a policy that PA		
	students must not be required to work for the program)		
•	Standard A3.05a (lacked evidence the program defines,		
	publishes, makes readily available and consistently applies a		
	policy that PA students must not substitute for or function as		
	instructional faculty)		
•	Standard A3.07a (lacked evidence the program defines,		
	publishes, makes readily available and consistently applies a		
	policy on immunization and health screening of students based		
	on the current Centers for Disease Control and Prevention		
	recommendations for health professionals and state specific		
	mandates)		
•	Standard A3.08a (lacked evidence the program defines,		
	publishes, makes readily available and consistently applies		
	policies, including methods of prevention, addressing student		
	exposure to infectious and environmental hazards before students undertake any educational activities which would place		
	them at risk. Those polices must:		
٠	Standard A3.12b (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students		
	general program information to include evidence of its		
	effectiveness in meeting its goals)		
•	Standard A3.12f (lacked evidence program defines, publishes and		
	makes readily available to enrolled and prospective students		
	general program information to include estimates of all costs		
	[tuitions, fees, etc.] related to the program)		
•	Standard A3.14 (lacked evidence program makes student		
	admission decisions in accordance with clearly defined and		
	published practices of the institution and program)		
•	Standard A3.15f (lacked evidence program defines, publishes,		
	consistently applies and makes readily available to students upon		
	admission, policies and procedures for allegations of student		
	mistreatment)		
٠	Standard B1.03e (lacked evidence that for each didactic and		
	clinical course (including required and elective rotations), the		
	program defines and publishes for students in syllabi or		

PA Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required compatancies)		
•	guide student acquisition of required competencies) Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)		
•	Standard B2.04 (lacked evidence the curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals)		
۰	Standard B2.11c (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)		
•	Standard B2.11d (lacked evidence the curriculum includes instruction in patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)		
٠	Standard B2.11e (lacked evidence the curriculum includes instruction in patient response to stress area of social and behavioral sciences and its application to clinical practice)		
٠	Standard B2.15b (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)		
۰	Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)		
•	Standard B4.01a (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)		
٠	Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)		
۰	Standard C1.01a (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing administrative aspects of the program and institutional resources)		
۰	Standard C1.01b (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the didactic curriculum)		
٠	Standard C1.01c (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement,		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
including addressing effectiveness of the clinical curriculum)		
 Standard C1.01d (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing preparation of graduates to achieve program define competencies) 		
 Standard C1.01e (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing PANCE performance) 		
 Standard C1.01f (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff) 		
 Standard C1.01g (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing success in meeting program's goals) 		
 Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision) 		
Report due December 1, 2024:		
• Standard C1.02b-c.iii, C1.03 modified SSR (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data and applying the results leading to conclusions that identify program strengths, areas in need of improvement and action plans; lacked evidence program prepares 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)		
No report required:		
 Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection) 		
 Standard E1.03 (the program did not submit documents as required by the ARC-PA) 		
 Standard E1.04a (lacked evidence program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its position of program director [or interim] within two business days of the vacancy) 		
St. Bonaventure University, NY	Provisional ²	June 2025

• Standard A1.11b (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in

PA Prog	ram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
1	recruitment strategies)		
(Standard A1.11c (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in retention strategies)		
	Standard A3.15c (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)		
(Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)		
•	Standard B4.01a (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)		
	Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)		
•	t required: Standard C1.03 (lacked evidence the program's self-study report accurately and succinctly documents the application and results of ongoing program self-assessment) Standard E1.03 (the program did not submit documents as required by the ARC-PA)		
Arcadia	University, PA	Probation ³	June 2025 (Probation Review)
Report dı	ie October 1, 2023:		
	Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)		
i j i	Standard A1.07 (lacked evidence sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)		
•	Standard A1.11a (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)		
(Standard A1.11b (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in recruitment strategies)		
	Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)		

Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
•	Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous		
•	programmatic review and analysis) Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)		
•	Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)		
٠	Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)		
•	Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])		
•	Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)		
•	Standard B3.06b (lacked evidence supervised clinical practice		
•	experiences occur with NCCPA certified PAs) Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)		
•	Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)		
•	Standard B4.01a (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components aligns with what is expected and taught)		
•	Standard B4.01b (lacked evidence evaluation of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components identifies and addresses any student deficiencies in a timely manner)		
•	Standard C1.01c modified self-study report (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the clinical curriculum)		
•	Standard C1.01f (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)		
	Standard C2 01h (lacked evidence the program defines and		

• Standard C2.01b (lacked evidence the program defines and

PA Program at:		Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)		
Thiel (College, PA	Probation ³	June 2025 (Probation Review)
No rep	ort required:		
٠	Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)		
٠	Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)		
٠	Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)		
٠	Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)		
•	Standard A2.02a (lacked evidence program has program faculty that include the program director, principal faculty, medical director, and instructional faculty)		
٠	Standard A2.06b (lacked evidence the program director is a PA and is assigned to the program on a 12-month full time basis with at least 80% of that time devoted to academic and administrative responsibilities in support of the program)		
٠	Standard A2.08a (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)		
٠	Standard A2.08b (lacked evidence the program director provides effective leadership by strong communication skills)		
٠	Standard A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)		
٠	Standard A2.09a (lacked evidence program director is knowledgeable about and responsible for program organization)		
٠	Standard A2.09b (lacked evidence program director is knowledgeable about and responsible for program administration)		
۰	Standard A2.09c (lacked evidence program director is knowledgeable about and responsible for fiscal management of the program)		
٠	Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)		
٠	Standard A2.09e (lacked evidence program director is knowledgeable about and responsible for program planning)		
•	Standard A2.09f (lacked evidence program director is knowledgeable about and responsible for program development)		
٠	Standard A2.09g (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
required documents)Standard A2.09h (lacked evidence program director is		
 Standard A2:091 (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies) 		
• Standard E1.04a (lacked evidence program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its position of program director [or interim] within two business days of the vacancy)		
 Standard E1.05 (lacked evidence program demonstrates active recruitment to permanently fill vacated or interim positions) 		
 Standard E1.07a (lacked evidence the appointment of the IPD position occurred within five business days of the vacancy caused by the resignation/termination of the program director) 		
University of Mary Hardin-Baylor, TX	Provisional ²	June 2025
Report due December 31, 2023:		
 Standard A2.13a (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects) 		
 Standard A3.13b (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience) 		
 Standard A3.13c (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for 		
awarding or granting advanced placement) No report required:		
 Standard A3.14 (lacked evidence program makes student admission decisions in accordance with clearly defined and published practices of the institution and program) 		
West Coast University, TX	Provisional ²	March 2024
Report due December 31, 2023:		
 Standard A2.13a (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects) 		
 Standard A3.13b (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience) 		
 Standard A3.13c (lacked evidence program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement) 		
No report required:		
 Standard A3.14 (lacked evidence program makes student admission decisions in accordance with clearly defined and published practices of the institution and program) 		
Marshall University, WV	Probation ³	June 2025 (Probation Review)

PA Pr	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Report due October 1, 2023:			
•	Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)		
٠	Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)		
٠	Standard A1.11c (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in retention strategies)		
٠	Standard A2.05h (lacked evidence principal faculty and the program director are responsible for, and actively participate in, the processes of evaluating the program)		
٠	Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)		
٠	Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)		
٠	Standard A2.14 (lacked evidence that in addition to the principal faculty there are sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)		
٠	Standard A3.12b (lacked evidence program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)		
۰	Standard A3.15b (lacked evidence program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)		
Repoi	rt due February 1, 2024:		
٠	Standard B1.01e (lacked evidence the curriculum of sufficient breadth and depth to prepare the student for the clinical practice of medicine)		
•	Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, and that		
•	guide student acquisition of required competencies) Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)		
۰	Standard B2.09 (lacked evidence the curriculum includes instruction in clinical and technical skills, including procedures based on the current professional practice)		

PA Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
٠	Standard B2.11c (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)		
٠	Standard B3.03e (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)		
No rep	ort required:		
٠	Standard A2.05a (lacked evidence principal faculty and the program director are responsible for, and actively participate in, the processes of developing, reviewing and revising as necessary the mission statement, goals and competencies of the program)		
•	Standard B1.01b (lacked evidence the curriculum is consistent with program competencies)		
٠	Standard B2.08a (lacked evidence the curriculum includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and the elderly)		
•	Standard B2.08c (lacked evidence the curriculum includes instruction in pre-, intra-, and post-operative care)		
٠	Standard B2.11a (lacked evidence the curriculum includes instruction in the death, dying and loss areas of social and behavioral sciences and their application to clinical practice)		
٠	Standard B2.11b (lacked evidence the curriculum includes instruction in the human sexuality area of social and behavioral sciences and its application to clinical practice)		
٠	Standard B2.15c (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)		
۰	Standard C1.01a (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing administrative aspects of the program and institutional resources)		
٠	Standard C1.01b (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the didactic curriculum)		
٠	Standard C1.01c (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing effectiveness of the clinical curriculum)		
٥	Standard C1.01d (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing preparation of graduates to achieve program define competencies)		
•	Standard C1.01e (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement,		

A Pro	ogram at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
	including addressing PANCE performance)		
٠	Standard C1.01f (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing sufficiency and effectiveness of principal and instructional faculty and staff)		
٠	Standard C1.01g (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement, including addressing success in meeting program's goals)		
•	Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)		
•	Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)		
۰	Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)		
٠	Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans		
۰	Standard C1.03 (lacked evidence program prepares 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)		
٠	Standard E1.03 (the program did not submit documents as required by the ARC-PA)		

The following lists reflect actions for programs which applied for program changes or had required Reports due to the Commission.

Reports and program changes considered at the meeting

PA Program at:	Accepted/Not Accepted/Approved/ Defer Decision /Not Approved/Acknowledged/Not Acknowledged/Reviewed, More Information Requested	Next Comprehensive Review
University of Michigan-Flint, Ml ³	Not Accepted*	June 2025
Western Michigan University, Ml ³	Accepted	March 2024
Pfeiffer University, NC ³	Accepted/ Reviewed, More Information Requested*/ Reviewed, More Information Requested*	September 2024
Bethel University, TN	Acknowledged	March 2024

*Program is required to submit a follow up report to the ARC-PA

Reports considered via expedited process

PA Program at:	Next Validation Review
Samford University, AL ²	March 2024
Franklin Pierce University Hybrid, AZ ²	March 2025
California Baptist University, CA	September 2030
Southern California U of Health Sciences, CA *	September 2030
AdventHealth University, FL	June 2029
South University – Tampa, FL	March 2027
Augusta University, GA	June 2029
Dominican University, IL*	September 2030
Sullivan University, KY	March 2028
Louisiana State University, LA	March 2027
MCPHS Boston University, MA [*]	September 2032
Springfield College, MA	September 2026
The College of St. Scholastica, MN	September 2031
Wake Forest University, NC*	September 2032
MCPHS University- Manchester/Worchester, NH	September 2027
Thomas Jefferson East Falls & New Jersey, NJ	March 2028
University of St. Francis - New Mexico, NM ³	March 2025
	(Probation Review)
Touro University Nevada, NV	March 2025
Cedarville University, OH ²	March 2025
Miami University, OH ^{2, *}	March 2025
Elizabethtown College, PA ^{2,*}	September 2024
Marywood University, PA*	March 2026
Marywood University, PA	March 2026
Temple University, PA	June 2030
North Greenville University, SC*	September 2030
University of South Carolina, SC	June 2031
Bethel University, TN [*]	March 2024
Lincoln Memorial University, TN	March 2025
Army Medical Center of Excellence, TX	September 2025
University of Texas Rio Grande Valley, TX *	September 2023

PA Program at:	Next Validation Review
West Virginia University, WV	March 2024
West Virginia University, WV	March 2024

*Program is required to submit a follow up report to the ARC-PA

ADDITIONAL ACTIONS

The following programs provided informational actions for which no commission action was required.

PA Program at:	Next Validation Review
Chapman U - Crean College, CA	September 2030
Marshall B. Ketchum University, CA	March 2029
Samuel Merritt University, CA	June 2029
Colorado Mesa University, CO	September 2023
University of Bridgeport, CT	September 2023
South University – Tampa, FL	March 2027
Morehouse School of Medicine, GA ²	September 2023
Springfield College, MA	September 2026
Towson - CBBC Essex, MD	September 2023
Grand Valley State, MI	September 2024
University of Missouri - Kansas City, MO	September 2027
University of Missouri - Kansas City, MO	September 2027
Mississippi State University Meridian, MS ²	June 2025
St. Bonaventure University, NY ²	June 2025
Mercy College of Ohio, OH ²	September 2023
U of South Carolina SOM, SC	June 2031
Hardin-Simmons University, TX	March 2032

¹A **citation** is a formal statement referenced to a specific standard noting the area in which the program failed to provide evidence demonstrating that it meets the standard, or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

²Accreditation-**Provisional** is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA *Standards* or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the *Standards* as it prepares for the graduation of the first class (cohort) of students. Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class. Accreditation-Provisional remains in effect until the program achieves Accreditation-Continued after its third review, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the *Standards*.

³Accreditation-**Probation** is a temporary accreditation status initially of not less than two years. However, that period may be extended by the ARC-PA for up to an additional two years if the ARC-PA finds that the program is making substantial progress toward meeting all applicable standards but requires additional time to come into full compliance. Accreditation-Probation is granted when a program holding an accreditation status of Accreditation-Provisional or Accreditation-Continued does not, in the judgement of the ARC-PA meet the *Standards* or when the capability of the program to provide an acceptable educational experience for its students is threatened. Once placed on probation, a program that fails to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and is subject to having its accreditation withdrawn.

⁴Accreditation-**Administrative Probation** is a temporary status granted when a program has not complied with an administrative requirement, such as failure to pay fees or submit required reports. Once placed on administrative probation, a program that fails to comply with administrative requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having its accreditation withdrawn.