



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

NOTICE OF ACTIONS – ACCREDITATION STATUS (8.8.2023)

The ARC-PA took the actions displayed below at its **September 21-23, 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 <http://www.arc-pa.org/accreditation/accreditation-types-review-cycle/>.

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

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
University of California San Diego, CA	Provisional ²	TBD
<i>Report due February 1, 2024:</i>		
<ul style="list-style-type: none"><i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i><i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i>		
<i>No report required:</i>		
<ul style="list-style-type: none"><i>Standard D1.03 (lacked evidence that prior to the ARC-PA provisional comprehensive evaluation site visit, the program had a complete and institution-approved curriculum and established evaluation methods for all didactic and clinical components of the program.)</i>		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
<ul style="list-style-type: none"> Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 		
Austin College, TX	Provisional ²	TBD
Report due May 15, 2024:		
<ul style="list-style-type: none"> Standard B3.07g (lacked evidence Supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care) Standard B4.04b (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students) 		
Franklin Pierce University-Round Rock, TX	Provisional ²	TBD
Report due December 4, 2023:		
<ul style="list-style-type: none"> Standard A2.02b (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently certified) Standard B2.08a (lacked evidence the program includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly) Standard B2.08b (lacked evidence the program includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters) Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner) 		
No report required:		
<ul style="list-style-type: none"> Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 		

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
A.T. Still University of Health Sciences-Central Coast, CA	Provisional ²	September 2025
<p><i>Report due February 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>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 implementing retention strategies)</i> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard B2.19b (lacked evidence the curriculum includes instruction in academic integrity)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury areas of social and behavioral sciences and their application to clinical practice)</i> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
California State University-Monterey Bay, CA	Probation ³	N/A
<p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>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)</i> • <i>Standard A3.12b (lacked evidence the 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)</i> • <i>Standard A3.17d (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 of remediation efforts and outcomes)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)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)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Dominican University of California, CA	Continued	March 2032
<i>No reports required</i>		
Colorado Mesa University, CO	Continued	September 2033
<i>Report due November 10, 2023:</i> <ul style="list-style-type: none"> Update PANCE pass rate data in Program Management Portal <i>Report due February 1, 2024:</i> <ul style="list-style-type: none"> Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care) Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner) <i>Report due May 15, 2025:</i> <ul style="list-style-type: none"> Standard C1.02b modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data) <i>No report required:</i> <ul style="list-style-type: none"> 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 implementing retention strategies) 		
Quinnipiac University, CT	Probation ³	September 2025 (Probation Review)
<i>Report due February 1, 2024:</i> <ul style="list-style-type: none"> 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 A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program) Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis) Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents) Standard A3.13a (lacked evidence the 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 (if applicable)) Standard B1.03e (lacked evidence that for each didactic and clinical 		

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<p><i>course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i></p> <ul style="list-style-type: none"> • <i>Standard B2.08b (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)</i> • <i>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)</i> • <i>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)</i> • <i>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])</i> • <i>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)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>Report due February 6, 2025:</i></p> <ul style="list-style-type: none"> • <i>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)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.12b (lacked evidence the 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)</i> • <i>Standard A3.12d (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)</i> • <i>Standard A3.12e (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students</i> 		

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<p><i>general program information to include academic credit offered by the program)</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
University of Bridgeport, CT	Continued	September 2033
<p><i>Report due November 15, 2023:</i></p> <ul style="list-style-type: none"> • <i>Update PANCE pass rate data in Program Management Portal</i> <p><i>Report due February 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for allegations of student mistreatment)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>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 implementing recruitment strategies)</i> 		
George Washington University, DC	Continued	September 2033
<p><i>Report due November 10, 2023:</i></p> <ul style="list-style-type: none"> • <i>Update PANCE pass rate data on program website</i> <p><i>Report due February 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>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)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine) <p>No report required:</p> <ul style="list-style-type: none"> Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 		
Gannon University-Ruskin, FL	Continued	September 2033
<p>Report due February 1, 2024:</p> <ul style="list-style-type: none"> 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 A2.18b (lacked evidence administrative support for the is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program) Standard B2.12a (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients adhere to treatment plans) Standard B2.12b (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients modify their behaviors to more healthful patterns) <p>No report required:</p> <ul style="list-style-type: none"> Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner) Standard C1.03 (lacked evidence the 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 E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 		
University of Florida, FL	Continued	September 2027
<p>Report due October 1, 2024:</p> <ul style="list-style-type: none"> Standard C1.02c.i, C1.03 modified Self-Study Report (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths; 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) 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Morehouse School of Medicine, GA	Continued	September 2033
Report due December 1, 2023:		
<ul style="list-style-type: none"> Standard A3.12b (lacked evidence the 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 B1.04b (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students) 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 B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught) Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner) 		
Report due May 31, 2024:		
<ul style="list-style-type: none"> 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) 		
No report required:		
<ul style="list-style-type: none"> Standard B1.03e (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 learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies) 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 C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data) 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 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>improvement)</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
Indiana State University, IN	Probation ³	September 2025 (Probation Review)
Report due November 10, 2023:		
<ul style="list-style-type: none"> • <i>Update Personnel tab of Program Management Portal</i> 		
Report due December 1, 2023:		
<ul style="list-style-type: none"> • <i>Update attrition table on program website and submit required report</i> 		
Report due February 1, 2024:		
<ul style="list-style-type: none"> • <i>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)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>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)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)</i> • <i>Standard A2.01 (lacked evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)</i> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>effectiveness in meeting its goals)</i></p> <ul style="list-style-type: none"> • <i>Standard A3.12g (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)</i> • <i>Standard A3.13c (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)</i> • <i>Standard A3.13e (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment)</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i> • <i>Standard A3.15c (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> <p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>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 that includes course goal/rationale)</i> • <i>Standard B1.03e (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 that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>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)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i></p> <ul style="list-style-type: none"> • <i>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])</i> • <i>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)</i> • <i>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)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>Report due February 1, 2025:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.01a, C1.02c.i., C1.03 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 and addresses administrative aspects of the program and institutional resources; lacked evidence program implements its ongoing self-assessment process by performing critical analysis of data and applying the results leading to conclusions that identify program strengths; 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)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	September 2025 (Probation Review)
<p><i>Report due November 10, 2023:</i></p> <ul style="list-style-type: none"> • <i>Update PANCE pass rate data in Program Management Portal and program website and update attrition table on program website</i> <p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>curriculum design, course selection, and program assessment)</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>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)</i> • <i>Standard A1.10a (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)</i> • <i>Standard A2.02b (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty must be PAs who are currently NCCPA-certified)</i> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)</i> • <i>Standard A2.10 (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)</i> • <i>Standard A2.13a (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)</i> • <i>Standard A2.13b (lacked evidence instructional faculty are knowledgeable in course content and effective in teaching assigned subjects)</i> • <i>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)</i> • <i>Standard A2.17a (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>practice experiences, the program informs the student which principal or instructional faculty member is designated by the program to assess and supervise the student's progress in achieving the learning outcomes it requires of students and how to contact this faculty member)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.17b (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students)</i> • <i>Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)</i> • <i>Standard B2.11e (lacked evidence the curriculum includes instruction in the patient response to stress area of social and behavioral sciences and its application to clinical practice)</i> • <i>Standard B2.12c (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)</i> • <i>Standard B3.01 (lacked evidence the 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)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)</i> • <i>Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)</i> • <i>Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>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)</i> • <i>Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>health care)</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> <p><i>Report due February 1, 2025:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02b-c.iii, C1.03 modified Self-Study Report (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)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
<p>Frostburg State University, MD</p> <p><i>Report due November 10, 2023:</i></p> <ul style="list-style-type: none"> • <i>Update Personnel tab of Program Management Portal</i> <p><i>Report due February 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> 	<p>Probation³</p>	<p>September 2025 (Probation Review)</p>

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity and inclusion supporting the program in defining its goal(s) for diversity, equity and inclusion)</i> • <i>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)</i> • <i>Standard A2.09a (lacked evidence program director is knowledgeable about and responsible for program organization)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>Standard A3.10 (lacked evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)</i> • <i>Standard A3.11 (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)</i> • <i>Standard A3.12b (lacked evidence the 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)</i> • <i>Standard A3.13a (lacked evidence the 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 [if applicable])</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i> 		
Report due May 15, 2024:		
<ul style="list-style-type: none"> • <i>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)</i> • <i>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)</i> • <i>Standard B2.11c (lacked evidence the curriculum includes</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>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 that students are able to fulfill program learning outcomes with access to supervision)</i> <p><i>Report due February 1, 2025:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02b-c.iii, C1.03 modified Self-Study Report (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)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include estimates of all costs [tuition, fees, etc.] related to the program)</i> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 		
Towson University, MD	Probation ³	September 2025 (Probation Review)
<p><i>Report due February 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.10a (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws,</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)</i> • <i>Standard A2.09a (lacked evidence the program director is knowledgeable about and responsible for program organization)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible adherence to the Standards and ARC-PA policies)</i> • <i>Standard A3.12b (lacked evidence the 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)</i> • <i>Standard B1.01d (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)</i> • <i>Standard B1.03c (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 that includes faculty instructor of record)</i> • <i>Standard B1.03e (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 that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B1.03f (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 that includes outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>Standard B1.03h (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 that includes plan for grading)</i> • <i>Standard B1.04b (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)</i> • <i>Standard B3.01 (lacked evidence the 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)</i> • <i>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</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>care])</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>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)</i> • <i>Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.03a (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)</i> • <i>Standard B4.04b (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students)</i> <p>Report due February 6, 2025:</p> <ul style="list-style-type: none"> • <i>Standard C1.02b-c.iii., C1.03 full Self-Study Report (lacked evidence program implements its ongoing self-assessment process by performing critical analysis of data and applying the results leading to conclusions that identify program strengths, program areas in need of improvement, and by applying the results leading to conclusions that identify 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)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A3.13a (lacked evidence the 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 (if applicable))</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i></p> <ul style="list-style-type: none"> Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 		
College of Saint Mary, NE	Provisional ²	June 2025
<p>Report due December 15, 2023:</p> <ul style="list-style-type: none"> Update goals on program website <p>Report due February 1, 2024:</p> <ul style="list-style-type: none"> Standard A2.02b (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty must be PAs who are currently NCCPA-certified) Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program) 		
Monmouth University, NJ	Probation ³	September 2025 (Probation Review)
<p>Report due December 15, 2023:</p> <ul style="list-style-type: none"> 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 A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis) <p>Report due February 6, 2025:</p> <ul style="list-style-type: none"> Standard C1.03 modified Self-Study Report (lacked evidence the 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) 		
Pace University-Lenox Hill Hospital, NY	Probation ³	September 2025 (Probation Review)
<p>Report due February 1, 2024:</p> <ul style="list-style-type: none"> Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies) Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a 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 A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration) <p>Report due February 6, 2025:</p> <ul style="list-style-type: none"> 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 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>process, application and results of ongoing program self-assessment)</i></p> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
Ashland University, OH	Provisional ²	September 2025
<i>No reports required</i>		
Mercy College of Ohio, OH	Provisional ²	June 2024
<i>Accreditation decision deferred</i>		
Oklahoma State University Center for Health Sciences, OK	Provisional ²	September 2025
<p><i>Report due February 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)</i> • <i>Standard B2.11c (lacked evidence the curriculum includes instruction in normal and abnormal development across the life span and the application to clinical practice)</i> • <i>Standard B2.12c (lacked evidence the curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)</i> • <i>Standard B2.15a (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)</i> • <i>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)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 		
Thiel College, PA	Probation ³	June 2025
<p><i>Report due November 10, 2023:</i></p> <ul style="list-style-type: none"> • <i>Update accreditation status on program website</i> <p><i>Report due December 1, 2023:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>curriculum design, course selection, and program assessment)</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>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)</i> • <i>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)</i> • <i>Standard A1.09 (lacked evidence the sponsoring institution provides the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)</i> • <i>Standard A1.11b (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)</i> • <i>Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies)</i> • <i>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)</i> • <i>Standard A2.06a (lacked evidence the program director is a PA and possesses at least three years of full-time higher education experience at the time of appointment)</i> • <i>Standard A2.06c (lacked evidence the program director is a PA and holds current or emeritus NCCPA certification status)</i> • <i>Standard A2.08a (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)</i> • <i>Standard A2.08b (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)</i> • <i>Standard A2.08c (lacked evidence the program director provides</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>effective leadership by exhibiting proactive problem solving)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.09a (lacked evidence the program director is knowledgeable about and responsible for program organization)</i> • <i>Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)</i> • <i>Standard A2.09c (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09e (lacked evidence the program director is knowledgeable about and responsible for program planning)</i> • <i>Standard A2.09f (lacked evidence the program director is knowledgeable about and responsible for program development)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for allegations of student mistreatment)</i> • <i>Standard A3.20a (lacked evidence faculty records, including program director, medical director and principal faculty must include current job descriptions that include duties and responsibilities specific to each faculty member)</i> 		
<p><i>Report due February 1, 2024:</i></p>		
<ul style="list-style-type: none"> • <i>Standard B1.03e (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 learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B1.03f (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 outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>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 the syllabi methods of student assessment/evaluation)</i> • <i>Standard B2.11c (lacked evidence the curriculum includes instruction in normal and abnormal development across the life span and their application to clinical practice)</i> • <i>Standard B3.01 (lacked evidence the program secures clinical sites)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)</i></p> <ul style="list-style-type: none"> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard C1.01a (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)</i> • <i>Standard C1.01b (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)</i> • <i>Standard C1.01c (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)</i> • <i>Standard C1.01d (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)</i> • <i>Standard C1.01e (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i> • <i>Standard C1.01f (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)</i> • <i>Standard C1.01g (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard A2.02a (lacked evidence the program has program faculty</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>that includes the program director, principal faculty, medical director, and instructional faculty)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.06b (lacked evidence the program director is a PA and is assigned to the program on a 12-month full-time basis and at least 80% of that time is devoted to academic and administrative responsibilities in support of the program)</i> • <i>Standard A2.17b (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program must orient all instructional faculty to specific learning outcomes it requires of students)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>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)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> • <i>Standard E1.04c (lacked evidence the 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 positions of principal faculty within 30 days of the vacancy)</i> 		
West Chester University, PA	Provisional ²	September 2025
Report due November 10, 2023:		
<ul style="list-style-type: none"> • <i>Update personnel tab of Program Management Portal</i> 		
Report due February 1, 2024:		
<ul style="list-style-type: none"> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.15c (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration,)</i> • <i>Standard B1.03b (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, course description)</i> • <i>Standard B1.03d lacked evidence that for each didactic and</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>clinical course [including required and elective rotations]), the program defines and publishes for students in syllabi or appendix to the syllabi, course goal/rationale)</i></p> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard C1.03 (lacked evidence the 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)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
<p>Presbyterian College, SC</p> <p>Report due February 1, 2024:</p> <ul style="list-style-type: none"> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Continued	September 2033
<p>The University of Texas Rio Grande Valley, TX</p> <p>Report due February 1, 2024:</p> <ul style="list-style-type: none"> • <i>Standard A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs [tuition, fees, etc]) related to the program)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>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)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 	Continued	September 2033
<p>Carroll University, WI</p> <p>Report due November 10, 2023:</p> <ul style="list-style-type: none"> • <i>Update PANCE pass rate data in Program Management Portal and update attrition table on program website</i> <p>Report due February 1, 2024:</p> <ul style="list-style-type: none"> • <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and</i> 	Continued	September 2033

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>documented in a manner signifying agreement by the involved institutions)</i></p> <ul style="list-style-type: none"> • <i>Standard A3.12b (lacked evidence the 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)</i> • <i>Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)</i> • <i>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)</i> • <i>Standard B1.03e (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 learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>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)</i> • <i>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])</i> • <i>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)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> 		
Report due May 15, 2024:		
<ul style="list-style-type: none"> • <i>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)</i> 		
No report required:		
<ul style="list-style-type: none"> • <i>Standard A3.12a (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the program's ARC-PA accreditation status as provided to the program by the ARC-PA)</i> • <i>Standard A3.13a (lacked evidence the program defines, publishes,</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 		
Marquette University, WI	Probation ³	September 2025 (Probation Review)
<p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)</i> • <i>Standard B1.01b (lacked evidence the curriculum is consistent with program competencies)</i> • <i>Standard B1.03b (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 that includes course description)</i> • <i>Standard B1.03e (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 that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>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)</i> • <i>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])</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard B3.01 (lacked evidence the 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)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i></p> <ul style="list-style-type: none"> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>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)</i> • <i>Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)</i> <p><i>Report due February 6, 2025:</i></p> <ul style="list-style-type: none"> • <i>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)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
Alderson Broaddus University, WV	N/A	N/A
<p><i>No report required</i></p> <p><i>Institution closed September 2023</i></p>		

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
Faulkner University, AL ³	Accepted/ Reviewed, More Information Requested*	March 2025
Dominican University of California, CA	Accepted	March 2032
University of LaVerne, CA ³	Accepted	June 2024
Western University of Health Sciences, CA ³	Accepted	March 2025 (probation review)
Florida State University, FL ³	Reviewed, More Information Requested *	September 2024 (probation review)
Nova Southeastern University-Jacksonville, FL ³	Accepted	September 2024 (probation review)
Indiana State University, IN ³	Not Accepted*	September 2025 (probation review)
University of Detroit Mercy, MI ³	Not Accepted	September 2025 (probation review)
Pfeiffer University, NC ³	Reviewed, More Information Requested*/Reviewed, More Information Requested*	September 2024
University of North Carolina at Chapel Hill, NC	Not Accepted*	March 2030
Monmouth University, NJ ³	Not Accepted* (See details in previous section)	September 2025 (probation review)
Pace University-Lenox Hill Hospital, NY ³	Not Accepted*	September 2025 (probation review)
St. John's University, NY ³	Accepted	March 2025 (probation review)
Lincoln Memorial University-Knoxville, TN ³	Accepted	March 2025
Trevecca Nazarene University, TN	Accepted	March 2025 (probation review)

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

Reports considered via expedited process

PA Program at:	Next Validation Review
University of South Alabama, AL	September 2024
Northern Arizona University, AZ*	September 2025
Stanford University, CA*	September 2032
University of the Pacific, CA	March 2031
Miami Dade College, FL	September 2025
Miami Dade College, FL	September 2025
Emory University, GA*	March 2033
Rosalind Franklin University, IL	March 2033
Kansas State University, KS ²	June 2024
University of the Cumberlands – Northern Kentucky, KY ²	June 2024
Concordia University Ann Arbor, MI ²	June 2025
University of Detroit – Mercy, MI*	June 2029
Mayo Clinic of Medicine and Science, MN ^{2,*}	September 2024
Drury University, MO ²	March 2026
Monmouth University, NJ*	March 2029
Daemen University, NY	March 2033
New York Institute of Technology, NY	September 2029
Marietta College, OH	March 2028
Marietta College, OH	March 2028
Northeastern State University, OK	March 2025
Oklahoma City University, OK	March 2030
Duquesne University, PA*	September 2032
Slippery Rock University, PA	March 2030
University of Pittsburgh – Hybrid, PA ²	September 2024
Medical University of South Carolina, SC*	March 2033
North Greenville University, SC	September 2030
University of South Dakota, SD	March 2033
Lipscomb University, TN	March 2033
Milligan University, TN	June 2032
South University – Austin, TX ²	March 2025
University of Texas Medical Branch – Galveston, TX*	June 2027
James Madison University, VA	September 2026
University of Wisconsin – Madison, WI	September 2025

PA Program at:	Next Validation Review
University of Charleston, WV	September 2026
West Liberty University, WV	March 2025

*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
Dominican University of California, CA	March 2032
Dominican University of California, CA	March 2032
University of La Verne, CA ³	June 2024
Western University of Health Sciences, CA ³	March 2025 (probation review)
University of Florida, FL	September 2027
University of South Florida, FL	March 2031
Midwestern University - Downer's Grove, IL	March 2033
Northwestern University, IL	March 2033
Rosalind Franklin University, IL	March 2033
Wayne State University, MI ³	March 2025 (probation review)
Pfeiffer University, NC ³	September 2024
Daemen University, NY	March 2033
St. John's University, NY ³	March 2025 (probation review)
Weill Cornell University, NY ³	March 2025 (probation review)
Pacific University, OR	June 2027
St. Joseph's University, PA	March 2025
St. Joseph's University, PA	March 2025
Charleston Southern University, SC	March 2032
Medical University of South Carolina, SC	March 2033
Middle Tennessee State University, TN ²	September 2024
Trevecca Nazarene University, TN ³	March 2025 (probation review)
Trevecca Nazarene University, TN ³	March 2025 (probation review)
University of Tennessee Health Science Center, TN	March 2027
University of Tennessee Health Science Center, TN	March 2027
Texas Tech University, TX	March 2033
Texas Tech University, TX	March 2033
University of Texas Southwestern Medical Center, TX	March 2033

Next

Validation Review

PA Program at:

UT Southwestern School of Health Professions, TX

March 2028

¹ A **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.

² Accreditation-**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*.

³ Accreditation-**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.

⁴ Accreditation-**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.