



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

**NOTICE OF ACTIONS – ACCREDITATION STATUS (7.15.25)**

The ARC-PA took the actions displayed below at its **February 26-March 1, 2025** 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 citations<sup>1</sup> 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.

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THE FOLLOWING LIST REFLECTS RESULTS OF ACCREDITATION ACTIONS FOR NEW PROGRAMS APPLYING FOR ACCREDITATION - PROVISIONAL<sup>2</sup> INCLUDING COMMENTARY REGARDING PROGRAM-SPECIFIC REPORTS TO THE COMMISSION DESCRIBING THE CITATION(S)<sup>1</sup> THAT MUST BE ADDRESSED OR RESOLVED.

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
Berry College, GA	Provisional <sup>2</sup>	TBD
<i>No report required:</i>		
<ul style="list-style-type: none"> <li>Standard D1.01c (lacked evidence that based on the qualifications outlined in the Standards, the program has 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit)</li> </ul>		
Taylor University, IN	Provisional <sup>2</sup>	TBD
<i>Report due September 1, 2025:</i>		
<ul style="list-style-type: none"> <li>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 documented in a manner signifying agreement by the involved institutions)</li> <li>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)</li> </ul>		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program define and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i></li> <li>• <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></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <i>Standard D1.04e (lacked evidence the program provides detailed information for each course and rotation offered in the program that the learning outcomes and instructional objectives)</i></li> <li>• <i>Standard D1.05 (lacked evidence the program has signed agreements from prospective clinical sites participating in the supervised clinical practice experiences sufficient in number to meet the needs of the maximum class size)</i></li> </ul>	Provisional <sup>2</sup>	TBD
<p><b>Concord University, WV</b></p> <p><i>Report due July 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		

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)<sup>1</sup> THAT MUST BE ADDRESSED OR RESOLVED.

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Faulkner University, AL	Continued	March 2035
<i>No report related to Standards</i>		
Franklin Pierce University Hybrid Program, AZ	Probation <sup>3</sup>	March 2027 (Probation Review)
<i>Report due September 8, 2025:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> <li>• <i>Standard A1.06 (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program’s obligations to matriculating and enrolled students)</i></li> <li>• <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></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.12 (lacked evidence the medical director is an active participant in the program and support the development of the program competencies to meet current practice standards as they relate to the PA role.</i></li> <li>• <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></li> <li>• <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 include documentation of remediation efforts and outcomes)</i></li> <li>• <i>Standard A3.17e (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 include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student)</i></li> <li>• <i>Standard A3.19 (lacked evidence student health records are</i></li> </ul>		

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<p><i>confidential and are not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.</i></p> <ul style="list-style-type: none"> <li>• <i>Standard B2.10c (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)</i></li> <li>• <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></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <i>Standard C1.01a (lacked evidence 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></li> <li>• <i>Standard C1.01b (lacked evidence 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></li> <li>• <i>Standard C1.01f (lacked evidence 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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>Commission observation<sup>5</sup> no report required:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard E1.04b (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 medical director (or interim) within 30 days of the vacancy)</i></li> <li>• <i>Standard E1.05 (lacked evidence the program demonstrates active recruitment to permanently fill vacated or interim positions and provides quarterly updates to the ARC-PA on progress filling vacated or interim positions)</i></li> </ul>		
<i>No report required:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i></li> <li>• <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></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)Standard A2.02a (lacked evidence the program has program faculty that include the program director, principal faculty, medical director, and instructional faculty)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> <li>• <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.</i></li> <li>• <i>Standard A2.11a (lacked evidence the medical director is a currently licensed allopathic or osteopathic physician)</i></li> <li>• <i>Standard A2.11b (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)</i></li> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		

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<ul style="list-style-type: none"> <li>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</li> </ul>		
<p>Keck Graduate Institute, CA</p>	Provisional <sup>2</sup>	March 2027
<i>Report due May 17, 2025:</i>		
<ul style="list-style-type: none"> <li>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</li> <li>Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)</li> <li>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 and that allow the program to identify and address any student deficiencies in a timely manner)</li> </ul>		
<p>West Coast University-California, CA</p>	Provisional <sup>2</sup>	March 2027
<i>Report due May 23, 2025:</i>		
<ul style="list-style-type: none"> <li>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 and that align with what is expected and taught)</li> <li>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 and that allow the program to identify and address any student deficiencies in a timely manner)</li> </ul>		
<i>Report due July 7, 2025:</i>		
<ul style="list-style-type: none"> <li>Standard A3.02 (lacked evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)</li> <li>Standard A3.15d (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)</li> <li>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)</li> <li>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 and that align with what is expected and taught)</li> <li>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</li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i></p> <p><i>Commission observation<sup>5</sup> response due July 7, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard B1.01b (lacked evidence the curriculum is consistent with program competencies)</i></li> <li>• <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></li> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <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></li> </ul>		
<p><b>Western University of Health Sciences, CA</b></p> <p><i>Report due September 29, 2025 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> <li>• <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></li> </ul>	Continued	March 2033
<p><b>Nova Southeastern University-Fort Lauderdale, FL</b></p> <p><i>Report due June 15, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard A3.15d (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)</i></li> <li>• <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, that guide student acquisition of required competencies)</i></li> </ul>	Continued	March 2035

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard B4.01b (lacked evidence the program conduct 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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul> <p><i>Report due April 1, 2027 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul> <p><i>Commission observation<sup>5</sup> response due June 15, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> </ul>	Continued	March 2035
<p><i>No report related to Standards</i></p>		
<p>Trine University, IN</p>	Continued	March 2033

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>Report due July 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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 documented in a manner signifying agreement by the involved institutions)</i></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> </ul> <p><i>Report due April 1, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> </ul> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i></li> </ul> <p><i>Commission observation<sup>5</sup> response due May 9, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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, that guide student acquisition of required competencies)</i></li> </ul>	Continued	March 2035
<p><i>No report related to Standards</i></p>		
<p><b>Northeastern University, MA</b></p>	Continued	March 2035
<p><i>Report due June 15, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <i>Standard C1.02a narrative (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> </ul> <p><i>Report due April 5, 2027 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> </ul>	Continued	March 2033
<p><b>Wayne State University, MI</b></p> <p><i>Report due May 14, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is</i></li> </ul>	Continued	March 2033

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>responsible complying with ARC-PA accreditation Standards and policies)</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <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></li> </ul> <p><i>Report due October 15, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <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></li> </ul> <p><i>Commission observation<sup>5</sup> response due May 14, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> </ul>		
<p><b>Touro University-Nevada, NV</b></p> <p><i>Report due May 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Update goals on website</i></li> </ul> <p><i>Report due October 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i></li> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> <li>• <i>Standard A3.14 (lacked evidence the program makes student</i></li> </ul>	<p><b>Probation<sup>3</sup></b></p>	<p><b>March 2027</b> <b>(Probation Review)</b></p>

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>admission decisions in accordance with clearly defined and published practices of the institution and program.</i></p> <ul style="list-style-type: none"> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <i>Standard B2.08b (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <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></li> </ul> <p><i>Report due August 3, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.01a (lacked evidence 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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard C1.01d (lacked evidence 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></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul> <p>No report required:</p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.</i></li> </ul>	<p>Probation<sup>3</sup></p>	<p>March 2027 (Probation Review)</p>
<p>Report due May 12, 202:</p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> <li>• <i>Standard A2.01 (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard A2.05h (lacked evidence principal faculty and the program director are responsible for, and actively participate in the processes of evaluating the program)</i></li> <li>• <i>Standard A2.08a (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)</i></li> <li>• <i>Standard A2.08b (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)</i></li> <li>• <i>Standard A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)</i></li> <li>• <i>Standard A3.13d (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)</i></li> <li>• <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 include documentation of remediation efforts and outcomes)</i></li> </ul> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i></li> <li>• <i>Standard A2.09a (lacked evidence the program director is knowledgeable about and responsible for program organization)</i></li> <li>• <i>Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)</i></li> <li>• <i>Standard A2.09c (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)</i></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <i>Standard E1.07a (lacked evidence the appointment of the IPD position occurred within five business days of the vacancy caused by the resignation/termination of the program director)</i></li> </ul> <p><i>Commission observation<sup>5</sup> response due May 12, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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></li> </ul>	Continued	March 2035
<p><i>Report due September 1, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <i>Standard C1.02c.ii. (lacked evidence the program implements its</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> </ul> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard E1.05 (lacked evidence program demonstrates active recruitment to permanently fill vacated or interim positions and provides quarterly updates to the ARC-PA on progress filling vacated or interim positions)</i></li> </ul> <p><i>Commission observation<sup>5</sup> response due May 15, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i></li> <li>• <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></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> </ul>		
<p><b>St. John’s University, NY</b></p> <p><i>Report due May 18, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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, that guide student acquisition of required competencies)</i></li> </ul> <p><i>Report due October 9, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> </ul>	Continued	March 2033
<p><b>University of Mount Saint Vincent, NY</b></p> <p><i>Report due August 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A2.04 (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.)</i></li> </ul>	Probation <sup>3</sup>	March 2027

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard A2.13b (lacked evidence instructional faculty is knowledgeable in course content and effective in teaching assigned subjects)</i></li> <li>• <i>Standard A2.14 (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)</i></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		
<p><i>Commission observation<sup>5</sup> response due August 1, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i></li> <li>• <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, that guide student acquisition of required competencies)</i></li> </ul>		
<p><i>No report required:</i></p>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard C1.01a (lacked evidence 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></li> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i></li> </ul>	Continued	March 2033
<p><b>Weill Cornell Medicine, NY</b></p> <p><i>Report due May 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Update NCCPA PANCE Pass Rate Summary Report on website.</i></li> </ul> <p><i>Report due March 1, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <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></li> </ul>		
<p><b>Yeshiva University, NY</b></p> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A3.02 (lacked evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)</i></li> <li>• <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></li> <li>• <i>Standard A3.15a (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission any required academic standards)</i></li> <li>• <i>Standard A3.15b (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)</i></li> <li>• <i>Standard A3.15d (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)</i></li> <li>• <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</i></li> </ul>	Probation <sup>3</sup>	March 2026 (Probation Review)

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>some students)</i></p> <ul style="list-style-type: none"> <li>• <i>Standard B3.04a (lacked evidence supervised clinical practice experiences occur in the emergency department setting)</i></li> <li>• <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></li> </ul>		
<p><b>South College-Asheville, NC</b></p>	<p>Provisional<sup>2</sup></p>	<p>March 2027</p>
<p><i>Report due June 15, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		
<p><i>No report required:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i></li> </ul>		
<p><i>Commission observation<sup>5</sup> response due June 15, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard A1.02a (lacked evidence the sponsoring institution is</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i></p> <p><b>Cedarville University, OH</b></p>	Provisional <sup>2</sup>	March 2027
<p><i>Report due April 29, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <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 documented in a manner signifying agreement by the involved institutions)</i></li> <li>• <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></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		
<p><b>Ursuline College, OH</b></p>	Provisional <sup>2</sup>	March 2027
<p><i>Report due October 1, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i></li> </ul>		
<p><b>Northeastern State University, OK</b></p>	Probation <sup>3</sup>	March 2027 (Probation Review)
<p><i>Report due May 15, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Update SCPE data and attrition data in the Program Management Portal</i></li> </ul>		
<p><i>Report due May 15, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard A1.02f (lacked evidence the sponsoring institution is responsible for ensuring that all PA personnel and student policies are consistent with federal, state, and local statutes, rules and regulations)</i></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i></li> </ul>		
<p><i>Report due August 1, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard A2.01 (lacked evidence all program faculty possess the educational and experiential</i></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> <li>• <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.</i></li> <li>• <i>Standard A2.14 (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)</i></li> <li>• <i>Standard A2.16 (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)</i></li> <li>• <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></li> </ul>		
<p><i>Report due October 1, 2025:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard B3.04b (lacked evidence supervised clinical practice experiences occur in the inpatient setting)</i></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <i>Standard B4.03e (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 professional behaviors)</i></li> </ul>		
<p><i>Report due August 3, 2026 modified self-study report:</i></p>		
<ul style="list-style-type: none"> <li>• <i>Standard C1.01b (lacked evidence 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></li> <li>• <i>Standard C1.01d (lacked evidence 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></li> <li>• <i>Standard C1.01e (lacked evidence program defines its ongoing self-assessment process that is designed to document program</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>effectiveness and foster program improvement and addresses PANCE performance)</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.01f (lacked evidence 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></li> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		
<p><b>George Fox University, OR</b></p> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> </ul>	Continued	March 2035
<p><b>Commonwealth University, PA</b></p> <p><i>Report due August 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> <li>• <i>Standard A1.03a (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, maintenance of certification and licensure)</i></li> <li>• <i>Standard A1.03b (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for professional development directly relevant to PA education)</i></li> <li>• <i>Standard A1.06 (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program’s obligations to matriculating and enrolled students)</i></li> </ul>	Probation <sup>3</sup>	March 2027 (Probation Review)

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A3.11 (lacked evidence the sponsoring institution and program’s announcements and advertising accurately reflect the program offered)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard C1.01a narrative (lacked evidence 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></li> <li>• <i>Standard C1.01b narrative (lacked evidence 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></li> <li>• <i>Standard C1.01c narrative (lacked evidence 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></li> <li>• <i>Standard C1.01d narrative (lacked evidence 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></li> <li>• <i>Standard C1.01e narrative (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i></li> <li>• <i>Standard C1.01f narrative (lacked evidence 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></li> </ul>		
<p>Report due August 3, 2026 modified self-study report:</p>		
<ul style="list-style-type: none"> <li>• <i>Standard C1.01a (lacked evidence 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></li> <li>• <i>Standard C1.01b (lacked evidence 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></li> <li>• <i>Standard C1.01c (lacked evidence 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></li> <li>• <i>Standard C1.01d (lacked evidence 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></li> <li>• <i>Standard C1.01e (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i></li> <li>• <i>Standard C1.01f (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>sufficiency and effectiveness of principal and instructional faculty and staff)</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> </ul> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <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></li> </ul> <p><i>Commission observation<sup>5</sup> response due May 16, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		
<p><b>Saint Joseph’s University, PA</b></p>	<p>Probation<sup>3</sup></p>	<p>March 2027 (Probation Review)</p>
<p><i>Report due October 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i></li> <li>• <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></li> <li>• <i>Standard A2.18b (lacked evidence administrative support for the program is sufficient in number to manage the administrative</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>responsibilities consistent with the organizational complexity and total enrollment of the program)</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul> <p><i>Report due June 1 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <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></li> <li>• <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></li> </ul> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i></li> </ul> <p><i>Commission observation<sup>5</sup> response due June 1, 2026:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.01b (lacked evidence 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></li> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Seton Hill University, PA	Probation <sup>3</sup>	March 2026 (Probation Review)
<i>No report related to Standards</i>		
Lincoln Memorial University-Harrogate, TN	Continued	March 2035
<i>Report due May 23, 2025:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard A2.01 (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.</i></li> <li>• <i>Standard A2.14 (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)</i></li> </ul>		
<i>Report due October 1, 2026 modified self-study report:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i></li> </ul>		
<i>No report required:</i>		
<ul style="list-style-type: none"> <li>• <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 include documentation of remediation efforts and outcomes)</i></li> </ul>		
<i>Commission observation<sup>5</sup> response due May 23, 2025:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> </ul>		
Lincoln Memorial University-Knoxville, TN	Continued	March 2035
<i>Report due June 1, 2025:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard A3.11 (lacked evidence the sponsoring institution and program’s announcements and advertising accurately reflect the program offered)</i></li> </ul>		
<i>Commission observation<sup>5</sup> response due June 1, 2025:</i>		
<ul style="list-style-type: none"> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Trevecca Nazarene University, TN	Probation <sup>3</sup>	March 2027 (Probation Review)

*Report due May 1, 2025:*

- *Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on the program’s website*

*Report due September 1, 2025:*

- *Standard A3.11 (lacked evidence the sponsoring institution and program’s announcements and advertising accurately reflect the program offered)*
- *Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)*
- *Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women’s health including prenatal and gynecologic care)*
- *Standard B4.01a (lacked evidence 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 and 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 and that allow the program to identify and address any student deficiencies in a timely manner)*
- *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)*

*Report due August 3, 2026 modified self-study report:*

- *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)*

*No report required:*

- *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)*

*Commission observation<sup>5</sup> response due September 1, 2025:*

- *Standard B1.01d (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)*
- *Standard B3.03c (lacked evidence supervised clinical practice*

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>experiences enable all students to meet the program’s learning outcomes for women’s health [to include prenatal and gynecologic care])</i>		
South University-Austin, TX	Provisional <sup>2</sup>	March 2027
<i>No report related to Standards</i>		
Weber State University, UT	Provisional <sup>2</sup>	March 2027
<p><i>Report due January 9, 2026:</i></p> <ul style="list-style-type: none"> <li>• <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 documented in a manner signifying agreement by the involved institutions)</i></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A3.12e (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></li> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		
Radford University, VA	Continued	March 2033
<p><i>Report due May 18, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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, that guide student</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>acquisition of required competencies)</i>                      Report due October 1, 2026 modified self-study report:</p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <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></li> </ul>		
<p><b>Randolph-Macon College, VA</b></p>	<p>Provisional<sup>2</sup></p>	<p>March 2027</p>
<p>Report due May 31, 2025:</p> <ul style="list-style-type: none"> <li>• <i>Update Student tab in Program Management Portal</i></li> <li>• <i>Update Attrition Table on the program’s website.</i></li> </ul> <p>Report due December 17, 2025:</p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <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></li> <li>• <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i></li> <li>• <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></li> <li>• <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 and that align with what is expected and taught)</i></li> <li>• <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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> </ul>		
<p><b>Shenandoah University, VA</b></p>	<p>Continued</p>	<p>March 2035</p>
<p>Report due May 18, 2025:</p> <ul style="list-style-type: none"> <li>• <i>Update budget data and credit hours data in Program Management Portal</i></li> </ul> <p>Report due July 1, 2025:</p>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)</i></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>Report due September 21, 2026 modified self-study report:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul> <p><i>Commission observation<sup>5</sup> response due July 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> </ul>		
<p><b>University of Washington WA</b></p>	<p>Probation<sup>3</sup></p>	<p>September 2026 (Probation Review)</p>
<p><i>Report due April 5, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) and Attrition Table on program website</i></li> </ul> <p><i>Report due June 1, 2025:</i></p> <ul style="list-style-type: none"> <li>• <i>Update SCPE data in Program Management Portal</i></li> </ul> <p><i>Report due October 15, 2025:</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i></li> <li>• <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Standard A2.08a (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard A2.08b (lacked evidence the program director provides effective leadership by exhibiting strong communication skills)</i></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> <li>• <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.)</i></li> <li>• <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></li> <li>• <i>Standard A3.15b (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)</i></li> <li>• <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, that guide student acquisition of required competencies)</i></li> <li>• <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 in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)</i></li> <li>• <i>Standard B1.04a (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is conducted at geographically separate locations)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard B4.01a (lacked evidence the program conduct 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 and that align with what is expected and taught)</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard B4.01b (lacked evidence the program conduct 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 and that allow the program to identify and address any student deficiencies in a timely manner)</i></li> <li>• <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></li> </ul> <p>Report due March 2, 2026 modified self-study report:</p> <ul style="list-style-type: none"> <li>• <i>Standard C1.01a (lacked evidence 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></li> <li>• <i>Standard C1.01b (lacked evidence 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></li> <li>• <i>Standard C1.01c (lacked evidence 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></li> <li>• <i>Standard C1.01d (lacked evidence 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></li> <li>• <i>Standard C1.01e (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i></li> <li>• <i>Standard C1.01f (lacked evidence 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></li> <li>• <i>Standard C1.01g (lacked evidence 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></li> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>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)</li> </ul>		
Marshall University, WV	Probation <sup>3</sup>	June 2025
<i>No report related to Standards</i>		
West Liberty University, WV	Continued	March 2035
<i>Report due May 19, 2025:</i>		
<ul style="list-style-type: none"> <li>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 and that align with what is expected and taught)</li> <li>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 and that allow the program to identify and address any student deficiencies in a timely manner)</li> </ul>		

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**

<b>PA Program at:</b>	<b>Accepted/Not Accepted/Approved/ Defer Decision /Not Approved/Acknowledged/Not Acknowledged/Reviewed, More Information Requested</b>	<b>Next Comprehensive Review</b>
Faulkner University, AL	Reviewed, More Information Requested*/Acknowledged	March 2035
Arizona School of Health Sciences, AZ <sup>3</sup>	Reviewed, More Information Requested*	March 2026 (probation review)
Samuel Merritt University, CA	Reviewed, More Information Requested*	June 2029
Quinnipiac University, CT <sup>3</sup>	Reviewed, More Information Requested*/Acknowledged	September 2025 (probation review)
Yale Online Physician Assistant Program, CT <sup>3</sup>	Reviewed, More Information Requested*/ Reviewed, More Information Requested*	N/A
Nova Southeastern University-Orlando, FL <sup>3</sup>	Reviewed, More Information Requested*	March 2026 (probation review)
Emory University, GA	Reviewed, More Information Requested*	March 2033
Trine University, IN	Reviewed, More Information Requested*/Acknowledged	March 2033
Kansas State University, KS <sup>3</sup>	Reviewed, More Information Requested*	June 2026
University of the Cumberlands, Northern Kentucky, KY <sup>3</sup>	Not Accepted*	June 2026 (probation review)
Franciscan Missionaries of our Lady University, LA <sup>3</sup>	Accepted	September 2025 (probation review)
Frostburg State University, MD <sup>3</sup>	Accepted/Accepted/Accepted	September 2025 (probation review)
Central Michigan University, MI <sup>3</sup>	Reviewed, More Information Requested*	March 2026 (probation review)
University of Michigan-Flint, MI <sup>3</sup>	Reviewed, More Information Requested*	June 2025
Wayne State University, MI	Deferred	March 2033
St. Louis University, MO	Accepted	June 2033
College of St. Mary, NE <sup>4</sup>	Not Accepted	March 2035
Saint Elizabeth University, NJ	Reviewed, More Information	March 2027

	Requested*/Not Accepted	(Probation Review)
University of St. Francis, New Mexico, NM <sup>3</sup>	Not Accepted/Not Accepted	N/A
Long Island University, NY <sup>3</sup>	Accepted/Accepted/Accepted	June 2025 (probation review)
Pace University-Lenox Hill Hospital, NY <sup>3</sup>	Accepted	September 2025 (probation review)
Weill Cornell Medicine, NY	Accepted	March 2033
Saint Joseph's University, PA <sup>2</sup>	Not Accepted/Accepted	March 2027 (Probation Review)
Seton Hill University, PA <sup>3</sup>	Accepted	March 2026 (probation review)
Thiel College, PA <sup>3</sup>	Reviewed, More Information Requested*/ Reviewed, More Information Requested*	June 2025
Medical University of South Carolina, SC	Not Accepted*	March 2033
Bethel University, TN <sup>3</sup>	Reviewed, More Information Requested*	March 2026 (probation review)
Lincoln Memorial University, Harrogate, TN	Not Accepted*	March 2035
Middle Tennessee State University, TN <sup>2</sup>	Not Accepted*	September 2026
Emory and Henry College, VA	Not Accepted/Not Accepted	September 2031
Radford University, VA	Reviewed, More Information Requested*	March 2033
Marquette University, WI <sup>3</sup>	Reviewed, More Information Requested*	September 2025 (probation review)

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

**Reports considered via expedited process**

<b>PA Program at:</b>	<b>Next Validation Review</b>
Samford University, AL*	March 2034
University of Alabama at Birmingham, AL	March 2034
Northern Arizona University, AZ	September 2025
A.T. Still University of Health Sciences Central Coast, CA <sup>2</sup>	September 2025
Charles R. Drew University, CA	March 2031
Point Loma Nazarene University, CA* <sup>2</sup>	March 2026
Samuel Merritt University, CA	June 2029
Southern California University of Health Sciences, CA	September 2030
Touro University California, CA	September 2029
Touro University California-Los Angeles, CA <sup>2</sup>	September 2027
University of California-Davis, CA	March 2027
University of California, San Diego, CA <sup>2</sup>	September 2026
AdventHealth University, FL	June 2029
Florida Gulf Coast University, FL*	March 2032
Florida International University, FL	March 2030
South University - West Palm Beach, FL <sup>2</sup>	March 2029
University of Florida, FL	September 2027
University of Tampa, FL*	March 2034
University of Tampa, FL*	March 2034
Emory University, GA*	March 2033
Morehouse School of Medicine, GA*	September 2033
Morehouse School of Medicine, GA	September 2033
Morehouse School of Medicine, GA	September 2033
South University – Savannah, GA	September 2033
Hawai'i Pacific University, HI <sup>2</sup>	March 2027
Idaho State University, ID	March 2035
Midwestern University - Downer's Grove, IL	March 2033
North Central College, IL <sup>2</sup>	March 2026
North Central College, IL* <sup>2</sup>	March 2026
University of Saint Francis-Fort Wayne, IN	March 2034
Valparaiso University, IN	September 2032
University of the Cumberlands, KY	March 2029

<b>PA Program at:</b>	<b>Next Validation Review</b>
University of the Cumberlands-Northern Kentucky, KY <sup>3</sup>	June 2026 (probation review)
University of Kentucky, KY	March 2027
Xavier University of Louisiana, LA	June 2034
MGH Institute of Health Professions, MA	June 2029
Mayo Clinic School of Health Sciences, MN	September 2034
Mayo Clinic School of Health Sciences, MN	September 2034
Mississippi College, MS*	March 2034
Mississippi State University – Meridian, MS <sup>2</sup>	June 2025
Campbell University, NC	March 2034
University of North Carolina-Chapel Hill, NC	March 2030
Union Adventist University, NE	March 2027
Franklin Pierce University, NH*	September 2027
Franklin Pierce University, NH*	September 2027
Franklin Pierce University, NH*	September 2027
MCPHS University - Manchester/Worcester, NH	September 2027
Fairleigh Dickinson University, NJ <sup>2</sup>	June 2026
Saint Elizabeth University, NJ*	March 2034
Seton Hall University, NJ	March 2027
University of Nevada, Reno, NV*	June 2033
Canisius University, NY <sup>2</sup>	June 2025
Daemen University, NY	March 2033
Daemen University, NY	March 2033
D'Youville University, NY	September 2029
D'Youville University, NY	September 2029
Ithaca College, NY <sup>2</sup>	March 2026
Ithaca College, NY* <sup>2</sup>	March 2026
Pace University -Pleasantville, NY	March 2032
St. Bonaventure University, NY <sup>2</sup>	June 2025
St. Bonaventure University, NY <sup>2</sup>	June 2025
SUNY Upstate Medical University, NY*	September 2026
Weill Cornell University, NY*	March 2033
Weill Cornell University, NY	March 2033
York College, CUNY, NY	March 2028

<b>PA Program at:</b>	<b>Next Validation Review</b>
York College, CUNY, NY	March 2028
Kettering College, OH	March 2034
Mercy College of Ohio, OH <sup>2</sup>	September 2025
University of Dayton, OH	March 2029
University of Toledo, OH*	September 2027
Oklahoma State University Center for Health Sciences, OK <sup>2</sup>	September 2025
Chatham University, PA*	March 2034
Commonwealth University, PA	TBD
Drexel University, PA	June 2026
Elizabethtown College, PA* <sup>2</sup>	September 2026
Philadelphia College of Osteopathic Medicine, PA	March 2028
Philadelphia College of Osteopathic Medicine, PA	March 2028
Saint Joseph's University, PA <sup>2</sup>	March 2027
Salus University, PA*	March 2034
Thomas Jefferson University-Center City, PA	June 2028
University of Pittsburgh, PA	March 2028
West Chester University, PA <sup>2</sup>	September 2025
Bryant University, RI	June 2028
Charleston Southern University, SC	March 2032
Medical University of South Carolina, SC*	March 2033
Presbyterian College, SC	September 2033
Lipscomb University, TN	March 2033
South College-Nashville, TN	March 2034
The University of Tennessee Health Science Center, TN	March 2027
The University of Tennessee Health Science Center, TN	March 2027
Franklin Pierce Univ Hybrid Program, Round Rock, TX* <sup>2</sup>	March 2026
Texas Tech University, TX*	March 2033
Univ of Texas Health Science Center San Antonio, TX	March 2028
Univ of Texas Health Science Center San Antonio, TX	March 2028
University of Texas Rio Grande Valley, TX	September 2033
UT Southwestern, TX*	March 2033
West Coast University, TX <sup>2</sup>	March 2026
Rocky Mountain University of Health Professions, UT	March 2029

<b>PA Program at:</b>	<b>Next Validation Review</b>
Eastern Virginia Medical School, VA	March 2026
Eastern Virginia Medical School, VA	March 2026
Emory and Henry College, VA*	September 2031
Emory and Henry College, VA*	September 2031
Mary Baldwin University, VA	March 2030
Northwest University, WA* <sup>2</sup>	March 2027
University of Charleston, WV	September 2026
West Liberty University, WV	March 2035
Carroll University, WI*	September 2033

\*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.***

<b>PA Program at:</b>	<b>Next Validation Review</b>
Faulkner University, AL	March 2035
California State University, Monterey Bay, CA	N/A
Loma Linda University, CA	March 2027
Marshall B. Ketchum University, CA	March 2029
Point Loma Nazarene University, CA <sup>2</sup>	March 2026
Touro University California, CA	September 2029
University of La Verne, CA <sup>3</sup>	N/A
Red Rock Community College, CO	March 2027
Red Rocks Community College, CO	March 2027
Yale Online Physician Assistant Program, CT <sup>3</sup>	N/A
Florida International University, FL	March 2029
Rosalind Franklin University of Medicine and Science, IL	March 2033
Wichita State University, KS	March 2028
University of the Cumberlands, KY	March 2029
University of the Cumberlands-Northern Kentucky, KY	June 2026 (probation review)
Springfield College, MA	September 2026
Tufts University School of Medicine, MA	March 2026
Bethel University, MN	March 2034
Mayo Clinic School of Health Sciences, MN	September 2034
Mississippi College, MS	March 2034
Campbell University, NC	March 2034
University of North Carolina-Chapel Hill, NC	March 2030
University of Nebraska, NE	March 2027
University of St. Francis-New Mexico, NM <sup>3</sup>	N/A
University of Nevada, Reno, NV	June 2033
St. John's University, NY	March 2033
Wagner College, NY	September 2029
Marietta College, OH	March 2028
Ohio Dominican University, OH	September 2025
Oklahoma State University Center for Health Sciences, OK <sup>2</sup>	September 2025

PA Program at:	Next Validation Review
Commonwealth University, PA	TBD
Thiel College, PA <sup>3</sup>	June 2025
Thiel College, PA <sup>3</sup>	June 2025
San Juan Bautista School of Medicine, PR <sup>3</sup>	N/A
Christian Brothers University, TN <sup>3</sup>	N/A
Christian Brothers University, TN <sup>3</sup>	N/A
Middle Tennessee State University, TN <sup>2</sup>	September 2026
Utah Valley University, UT <sup>2</sup>	June 2026
Concordia University-Wisconsin, WI <sup>3</sup>	N/A

<sup>1</sup> 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.

<sup>2</sup> 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*.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> A **commission observation** alerts the program that the ARC-PA commission, after thoroughly examining program materials during the review process, identified standard(s) that require further clarification before making a determination on the program’s compliance.