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

COMPLIANCE MANUAL

FOR

ENTRY-LEVEL PA PROGRAMS

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Compliance Manual 6th Edition Standards
for Entry Level PA Programs

Accreditation Standards for
PA Education
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Disclaimer: This manual is provided strictly as an informational resource for physician assistant/ physician associate (PA) *program faculty* and staff. Adherence to any suggestion is completely voluntary and does not guarantee compliance with any accreditation standard(s). The suggestions provided should not be considered exhaustive of all proper methods and procedures necessary to achieve a successful accreditation outcome. The institution, program director, and faculty are expected to apply their professional skills and experience to determine the applicability of any suggestion to their program.

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Change Notifications:

8/15/2025 - Minor changes made to these Standards: A2.07, A3.07, B1.03e, B1.03f, B1.03h, B2.01, B2.12, B3.05, B3.06b, C1.01; Glossary changes to: Advanced Practice Nurses, Harassment, Learning Outcomes, Medical Director.

10/9/2025 – Minor change to Standard C1.02. Rescinded Standard C1.03.

11/5/2025 - Updated evidence for C1.01 and C1.02 to match the new application.

2/27/2026 – Updated evidence for A1.01, A1.04, A1.12, A2.14, A3.11f, A3.16a-f, B3.01, B3.02a-c, B3.05, B4.03a-e, C1.02, Section D Introduction, and E1.04a-c.

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Demonstrating Compliance with the Standards

PA programs are expected to be in compliance with the ARC-PA Accreditation Standards at all times. The purpose of the Compliance Manual is to improve program understanding of the various ways to demonstrate compliance with the Standards.

Responsibility for Demonstrating Compliance

It is the responsibility of the Institution and the PA program to demonstrate compliance with each of the Standards. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases, the ARC-PA is prescriptive about what it needs to review; that is, specific materials are listed in the application, appendices, and required materials for review at the site visit. However, the ARC-PA does not generally address process issues, thereby allowing programs and institutions to develop processes best suited to their program. Examples of process topics include the number of credits or hours assigned, format for curriculum and courses (for example, lecture vs. problem-based), and delivery methods. While the ARC-PA may require specific information to clarify process issues that may affect accreditation, it is the program's responsibility to address these in detail as specified in the Standards. For example, programs using a problem-based approach are still required to demonstrate their compliance with standards related to breadth and depth of curriculum, those that relate to *instructional objectives* and guiding student achievement of *learning outcomes,* and program-required *competencies* for entry-level practice.

Focused Questions

To assist in writing the report narrative, this manual includes focused questions designed to illustrate the essential components of each standard. These questions can be used to guide faculty as they consider and evaluate the program's compliance with each standard. The focused questions in this guide should not be the only lens through which the Standards are evaluated and explored, as they are not all-inclusive; program leaders need to consider their program and write the report accordingly. However, the focused questions provide some guidance for ensuring that the minimum aspects of each standard are considered when *program faculty* evaluate the program's compliance with the Standards. Focused questions can also be shared with program personnel to assist in their preparation for interviews during an accreditation visit.

Essential Evidence

The essential evidence included in this manual is based on evidentiary sources that are commonly used and, unless otherwise noted, required documentation considered as evidence of compliance with each standard. Essential evidence should be maintained by programs as an objective means of documenting and/or recording a program's compliance with the Standards. Programs are encouraged to demonstrate their creativity and innovation by going beyond the minimum requirements for each standard. Some evidence boxes include an "Of note" section to provide

additional information and/or examples of various means and materials that programs can use to demonstrate compliance with individual standards.

SECTION A: ADMINISTRATION

Section A addresses issues related to sponsorship, personnel, and operations. Much of the evidence pertaining to this section can be found in institutional and program documents, such as catalogs and brochures, policy and procedure manuals, student orientation materials and handbooks, websites, program files, and records addressing the content areas identified in the Standards.

A1. Institution

STANDARD	
A1.01a-d	When more than one institution is involved in the provision of academic and/or clinical education, terms are clearly described and documented in a manner signifying agreement by the involved institutions. Signed affiliation agreement(s): a) define the rights and responsibilities of each party related to the educational program for students b) specify whose policies govern the student, including if certain program policies will be superseded by those at the clinical site c) include the terms of participation for the PA program students d) are signed by an authorized individual(s) of each participating entity
FOCUSED QUESTIONS	
Which other institutions are involved in didactic education? In clinical education (listed in the portal as *SCPE* sites)? • If more than one institution is involved in the provision of PA student education, what are the rights and responsibilities of each institution? • If more than one institution is involved in the provision of PA student education, whose policies govern the student? When do the program policies supersede those at the clinical site? • What are the terms of participation for PA students included in the affiliation agreements? • Are all affiliation agreements signed by someone with the authority to sign on behalf of the institution?	
ESSENTIAL EVIDENCE	
• Copy of current and signed written agreement(s) (in the Portal for *SCPE* sites and attached for didactic agreements) clearly document the rights and responsibilities between the sponsoring institution and other institution(s), whose policies govern the student(s), and the terms	

of participation for the PA program students. This may include an affiliation agreement, an addendum to an affiliation agreement, or a business agreement.

- While other students may be mentioned, agreements must specifically name PA students (in general, not by student name) and/or the PA program as included in the agreement.

Of note:

- This standard applies to all institutions used for didactic education and *supervised clinical practice experiences.* For example, beyond the *SCPE* sites, if the program contracts with an outside simulation center or anatomy lab facility, those agreements will be governed by this Standard.
- *SCPE* affiliation agreements must be signed by the participating entities, one of which must be the clinical site. Agreements between the PA Program and a third party only, where the third party is responsible for developing *SCPE* sites, are not acceptable unless signed by the clinical site.
- For institutions with more than one PA program, affiliation agreements must clearly identify the specific PA program to which the agreement applies.
- INITIAL PROVISIONAL APPLICANT PROGRAMS: Programs applying for Initial Provisional accreditation are expected to demonstrate that they have established sufficient, appropriate, and vetted clinical sites and preceptors to support their proposed curriculum and requested maximum class size. The Commission's review at the time of Initial Provisional is based on evidence that the program is prepared to implement its clinical education component as proposed, not on plans or projections alone. At the time of the Initial Provisional review, the program must provide evidence of executed affiliation agreements for clinical sites in accordance with Standard A1.01. In addition, the program must demonstrate that it has secured an adequate number of clinical placements at each site to accommodate the requested maximum class size, consistent with Standard B3.01a-e. This includes separate documentation (not part of the affiliation agreement) that clearly shows how the total number of placements across sites is sufficient to support all required supervised clinical practice experiences.

A1.02a-h	The sponsoring institution is responsible for: a) complying with ARC-PA Accreditation Standards and policies

FOCUSED QUESTIONS

- Can institutional officials speak to the specific standards where the program is struggling?
- What steps have the sponsoring institutional officials taken to ensure compliance with the Standards?
- How have institutional officials supported the program in adhering to the ARC-PA Accreditation Standards and policies?

ESSENTIAL EVIDENCE

- Evidence of institutional support of the program (documented procedures, meetings, and allocated/utilized resources).
- Evidence of institutional actions to ensure compliance with the Standards.
- Discussions with institutional officials demonstrate their knowledge of, and responsibility for, complying with the Accreditation Standards and policies.

Of note:

- Overall, if the program fails to demonstrate compliance with a substantial number of standards, compliance with this Standard may be further evaluated.
- Examples may include: A dean's (or other upper administrator's) review of the ARC-PA Standards at recurring meetings, resulting in the program being in compliance with most or all of the Standards; institutional resources, departments, or personnel utilized by the program to ensure compliance with specific Standards; the provost assisting with achieving compliance with specific Standards (e.g., *SCPE* sites); etc.

A1.02b	The sponsoring institution is responsible for: b) supporting the *program faculty* in effective program self-assessment

FOCUSED QUESTIONS

- What specific resources are provided by the sponsoring institution that support the program's self-assessment?
- How does the sponsoring institution provide oversight to ensure the *effectiveness* of the program's self-assessment?
- How does the program gain access to institutional resources related to program self-assessment and the self-study report (SSR)?
- How often does this support and review occur? Is it ongoing?
- Which institutional personnel are designated or dedicated to supporting, reviewing, and revising the program's self-assessment plan?

ESSENTIAL EVIDENCE

- Meeting minutes that document sponsoring institutional support of program assessment.
- Discussions with institutional officials about what was written in the application narrative.

Of note:

- To demonstrate support for program assessment, the sponsoring institution may allocate a dedicated personnel position to the program.
- Institutional support must go beyond delegating authority to the program. It must be *active* support.
- Examples may include: a listing of institutional assessment resources (both departments and personnel) and records of program utilization.
- Overall, if the program fails to implement an effective self-assessment process, compliance with this Standard may be further evaluated.

A1.02c	The sponsoring institution is responsible for: c) ensuring effective leadership by the program director

FOCUSED QUESTIONS
• How does the sponsoring institution ensure the *effectiveness* of the program director's leadership (as defined by the program)? • What measures does the sponsoring institution have in place to ensure that the program director provides effective leadership? • What steps will the sponsoring institution take to fill a vacancy in the program director position? Is this plan written?
ESSENTIAL EVIDENCE
• Documents indicating the institutional process for and evidence of evaluating the program director's leadership of the program. • Discussions with institutional officials, the program director, faculty, *preceptor*s, and students to verify the description in the application. Of note: • For both interim and new program directors, it is important to describe how leadership *effectiveness* was initially evaluated upon selection, as well as in an ongoing manner. • Continuity of leadership is easier to ensure when the program has other faculty members who meet the qualifications outlined in the Standards to serve as program director and who could step into the role of interim program director within the five (5)-day timeframe (see also Standard E1.07). • A written *succession plan* can serve as a clear demonstration of the program's commitment to ensuring the continuity of leadership. It focuses on ensuring an interim and then a permanent program director. Plans may include the addition of *instructional faculty* to offset immediate teaching demands, hiring of personnel to fill vacancies created by promotions, national searches, and recruitment details for outside hires. • Documentation of leadership development and mentorship opportunities provided to the program director could be used to support compliance. • Evidence of the program director's *effectiveness* is aligned with Standard A2.09 and the program's self-study report (SSR).

A1.02d	The sponsoring institution is responsible for: d) supporting the *program faculty* in curriculum design
FOCUSED QUESTIONS	
• How does the institution support the initial and ongoing design/re-design of the curriculum? • What resources has the institution provided in support of the *program faculty* in curriculum design? • What is the process for curricular design and revisions?	
ESSENTIAL EVIDENCE	

- Evidence of institutional support of the program (documented procedures, meetings, resources for curricular design).
- Discussions with institutional officials and *program faculty* demonstrate that institutional support is *readily available*.

Of note:

- Evidence may include program records demonstrating the utilization of institutional resources for curriculum/course design (e.g., institutional officials, curriculum committees, education specialists, or instructional designers).

A1.02e	The sponsoring institution is responsible for: e) documenting security and personal safety measures for PA students, faculty, and staff in all locations where instruction occurs

FOCUSED QUESTIONS

- What security measures does the sponsoring institution utilize? What personal safety measures does the sponsoring institution provide?
- How are safety and security measures documented? How do the security and personal safety measures apply to PA students, faculty, and staff?
- How are the security and personal safety measures documented at all sites where the PA program didactic and clinical instruction and activities occur?
- How are the security and personal safety measures documented at all *supervised clinical practice experiences* (*SCPE)* sites?

ESSENTIAL EVIDENCE

- Evidence of defined and documented security and personal safety measures for all locations used for didactic instruction, including *distant campus*es if applicable, and at sites used for *SCPE*s.
- List of security and personal safety measures documented at each site where students, faculty, or staff may be required to visit or work for the purposes of instruction.

Of note:

- This standard applies to all instructional locations, including international *SCPEs*.
- Examples include inclusion in affiliation agreements, institutional safety measures, university safety office activities, campus police, etc.

A1.02f	The sponsoring institution is responsible for: f) defining, publishing, making *readily available,* and consistently applying to faculty and staff its policies and procedures for processing faculty and staff grievances and allegations of *harassment*

FOCUSED QUESTIONS
• What is the institution's policy on faculty and staff grievances? Policy on faculty and staff allegations of *harassment*? • What are the procedures for faculty and staff members to file a grievance? Procedures to file allegations of *harassment*? • Where are these *published* and available to faculty and staff? • How does the institution demonstrate that it is consistently following its policies and procedures for the processing of grievances and allegations of *harassment* for both faculty and staff?
ESSENTIAL EVIDENCE
• A copy of, or link to, institutional policies and procedures for faculty and staff grievances and allegations of *harassment* ar**e** available in an easily accessible manual, handbook, or webpage. • Discussions with faculty and staff support policies and procedures are *readily available* and consistently applied. Of note: • Policies and procedures for processing faculty and staff allegations of *harassment* should be available for any type of *harassment* and not be limited to Title IX issues.

A1.02g	The sponsoring institution is responsible for: g) defining, publishing, making *readily available,* and consistently applying to students its policies and procedures for processing student allegations of *harassment* and *mistreatment*

FOCUSED QUESTIONS
• What is the institution's policy on student allegations of *harassment*? • What is the institution's policy on student *mistreatment*? • What are the procedures for a student to file allegations of *harassment*? Procedures to file allegations of *mistreatment*? • Where are the policies and procedures *published* and made *readily available* for students? • How does the institution ensure that it is consistently applying its policies and procedures for processing allegations? • How does this apply to students in the didactic phase? In the clinical phase?
ESSENTIAL EVIDENCE
• A copy of, or link to, the institution's policies and procedures for student allegations of *harassment* is available in an easily accessible manual, handbook, or webpage.

- A copy of, or link to, the institution's policies and procedures for student allegations of *mistreatment* is available in an easily accessible manual, handbook, or webpage.
- Discussions with students to determine if policies and procedures are *readily available* and consistently applied.

Of note:

- Policies and procedures for processing student allegations of *harassment* should be available for any type of *harassment* and not be limited to Title IX issues.

A1.02h	The sponsoring institution is responsible for: h) defining, publishing, making *readily available*, and consistently applying to students its policies and procedures for refunds of tuition and fees

FOCUSED QUESTIONS

- What is the institution's policy for the refund of tuition? What is the policy for refund of fees (to include program-specific fees)?
- What procedures would a student follow to obtain a refund of tuition and fees related to all allowable situations?
- Where does the institution publish its policy and procedures for obtaining a refund of tuition and fees?
- How does the institution ensure the policy and procedures are consistently applied?

ESSENTIAL EVIDENCE

- Institution policies and procedures are presented in a *readily available* format so students can determine when, how, and in what amount (in dollars, percentage, or other unit of measure) tuition and fees are refunded.

A1.03a-c	The sponsoring institution provides resources in support of the *program director* and *principal faculty*, as applicable to their program role, for: a) full payment for their relevant professional and board certification(s) and licensure b*) sufficient* release time and financial resources for professional development specific to their PA *program faculty* role c*) sufficient* release time and financial resources for continuing medical education (CME)

FOCUSED QUESTIONS

- What sponsoring institutional resources are available for the full payment of relevant professional and board certifications and licensure?
- How much annual funding does the institution allocate for the program director and each *principal faculty* member to cover expenses such as certification or recertification fees and state licensure fees?

- How much funding and release time are available for the program director and each *principal faculty* member to obtain professional development specific to their PA program role?
- How much funding and release time are available for the program director and each *principal faculty* member to obtain the continuing medical education (CME) needed to maintain their license and certification?
- How does the institution ensure that both the release time and financial support outlined for certification, licensure, professional development, and CME are deemed *sufficient* for the program director and *principal faculty*?

ESSENTIAL EVIDENCE

- Budget line evidence that the institution provides resources to fully fund relevant professional and board certification(s) and professional state licensure for the program director and *principal faculty*.
- Description of how the institution derived the per-person/per-year amount for certification and licensure identified in the budget.
- Consistency is demonstrated between what is described in the application and the self-study report and verified during the site visit.
- Discussions with the program director and *principal faculty* to verify that the institution provides *sufficient release time and financial resources*.

Of note:

- One way to demonstrate compliance is for the sponsoring institution to ensure that the program director's or *principal faculty* members' individual clinical practice sites provide full payment for certifications and licensure.
- The standard does not require payment of licensure specifically in the state where the program resides, because clinicians may choose to maintain licensure in other states. It provides resources for full payment for the licenses relevant to the person's position in the PA program.
- Evidence may include documentation in the program director and *principal faculty* files indicating completion of professional development, including CME for maintenance of certification.
- "Relevant" includes those related to or required by the person's job description or role in the program.
- In (b), the term "PA *Program faculty* role" refers to the role within the PA program that the program director and *principal faculty* hold.
- *Sufficient* faculty should be employed with the program to allow faculty to take time to attend CME seminars and professional development (see Standard A1.07).
- See also Standard A1.06 that the program receives *sufficient* financial resources from the sponsoring institution.

A1.04	The sponsoring institution provides academic support and *student services* to PA students that are *equivalent* to those services provided to other *comparable* students of the institution.

FOCUSED QUESTIONS

- What academic support services are available from the sponsoring institution for PA students? Are these the same for all other students, or at least the *comparable* students?
- What *student services* are available to PA students? Are these services *equivalent* to the services available for other *comparable* students?

ESSENTIAL EVIDENCE

- Institutional documentation or evidence regarding access to academic support and *student services equivalent* to those of *comparable* students enrolled at the sponsoring institution.
- Discussions with the faculty, students, and administration to support academic and *student services* are *equivalent*.

Of note:

- Examples of academic support services may include group or individual tutoring, academic accommodations, support personnel and facilities, an academic resource center for study skills, a writing center, career services, medical library, or learning specialists.
- Web pages listing *student services* and detailing availability to all students at the institution would be considered documentation. Examples of student services include student health, disability services, and financial aid services.
- "*Comparable* students of the institution" refers to the students at the same campus as the PA program (including distant campuses, if applicable) whom the program deems most similar to PA students with respect to the service being considered (e.g., all other graduate students, all students at the institution, all professional program students, etc.).

A1.05	The sponsoring institution provides PA students and faculty at geographically *distant campus* locations with access to services and resources that help students achieve their academic and career *goals* that are *comparable* to those available to PA students and faculty on the main campus.

FOCUSED QUESTIONS

If there is a *distant campus*:

- What services are available for students and faculty? How are they determined to be *comparable* to the main campus?
- What resources are available for students and faculty? How are these resources determined to be *comparable* to those on the main campus?
- Are there any *student services* or resources that students cannot access compared to students on the main campus? Are there any faculty services or instructional resources that faculty cannot access compared to those on the main campus?

ESSENTIAL EVIDENCE

- Documents, comparison tables, and/or a webpage from each campus site listing *student services* and resources for both students and faculty, displayed in a way that demonstrates equivalency.
- Comparison of service utilization and/or access between groups.
- Comparison between groups is supported by the program's evidence related to the sufficiency outlined in the self-study report (SSR).

- Discussions with students and faculty to determine if the academic and *student services* are *comparable* between campus locations.

Of note:

- This standard only applies to programs with one or more *distant campus*es.
- The types of services and resources that help students reach their academic and career *goals* typically include academic advising, tutoring, career services, financial aid, computing, and library resources and access.
- The instructional resources available at the main campus and the *distant campus* provide *comparable* experiences.
- Faculty services and resources include those available to faculty at the main campus, such as computing and technology resources, library resources and access, etc., that would assist students in achieving their academic and career *goals*.
- The program is expected to inform students and faculty if certain services are only available to them on the main campus.

A1.06	The sponsoring institution provides the program with *sufficient* financial resources to operate the educational program and fulfill obligations to matriculating and enrolled students.

FOCUSED QUESTIONS

- Is the current budget *sufficient* to operate the program? How does the institution determine budgetary sufficiency?
- What is the budgetary process to request additional funding?
- What resources has the program needed and requested, but have not been provided by the institution?
- Is there a process for mid-year emergency funding to be made available if needed?
- Are salaries *sufficient* to retain and recruit personnel?

ESSENTIAL EVIDENCE

- Four-year budget indicating that resources are assured for current classes (four (4)-year budget table template that includes two (2) previous years, current year, and projected next year).
- Budget spreadsheet demonstrating stability of budget over time – last two (2) years, current year, and one (1) future year that includes annual enrollment, all tuition and fees paid by students per year, all revenue by source and all expenditures (*instructional faculty* expenditures, staff salary and benefits, faculty salary and benefits, operational expenses, and faculty development).
- Discussions with institutional officials and *program faculty*.

Of note:

- Additional considerations for program evidence include:
  - Up-to-date and appropriate quantity of equipment and supplies purchased from the program budget.
  - *Analysis* of student and faculty *attrition* demonstrated that resources were not a primary cause for *attrition*.
  - *Analysis* of the program *goals* demonstrates that *sufficient* resources were available to meet the program's *goals*.

- The program's description in the application is supported by the program's evidence related to the sufficiency of financial resources outlined in the self-study report (SSR).
- See also E1.11b for reporting requirements related to substantive decreases in fiscal support.

A1.07a-b	The sponsoring institution *provides* the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including *sufficient*: a) *program faculty* b) administrative staff

FOCUSED QUESTIONS

- How many FTE faculty did the program's self-assessment determine to be *sufficient* (SSR)? How many FTE for administrative staff?
- How does the sponsoring institution determine whether the current number of faculty and staff employed in the program is *sufficient*?
- How well is the program able to comply with all of the Standards at its current staffing level?
- When students need faculty or staff, are they available within a reasonable time frame?
- How does the institution determine the expected workload for the PA program's faculty and staff? What is included in the workload estimates? Are there faculty expectations/responsibilities that are not included in the workload estimates? (e.g., service/committees, research, clinical work, general administration, recruitment?)

ESSENTIAL EVIDENCE

- Description and explanation of how many *program faculty* and staff the program considers *sufficient* to fulfill obligations to all students.
- Describe policies and procedures that determine the faculty workload and the staff workload, including expectations and responsibilities not included in workload considerations.
- Provide evidence that the faculty and staff workloads are within the defined institutional and program workload expectations.

Of note:

- Human resources include the faculty and staff needed on a daily and ongoing basis, as well as those needed for specific program-related activities such as maintaining records and processing admission applications.
- Student-workers may be used, but they do not substitute for faculty or *administrative* staff.
- Examples of evidence may include: Faculty duties do not include those typically completed by administrative or technical support staff, and vice versa**;** workload estimates; personnel-to-student ratio comparisons to other programs or *published* data; survey data from students/faculty/staff/graduates indicating each type of personnel was *sufficient* to meet its needs.
- Sufficiency of the human resources is supported by the self-study report (SSR).

A1.08	The sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students.

FOCUSED QUESTIONS

- Does the program have *sufficient* space and physical facilities (to include classrooms, offices, labs, etc.) to operate the program?
- Are the physical facilities in functional and working conditions for their intended use?
- For the physical facilities shared with other programs and/or departments, what is the process for dividing and reserving space to ensure the PA program is allocated appropriate space to meet its needs?
- How often are class or lab sessions canceled or rescheduled due to a lack of available classroom space?
- Do faculty and staff have access to private rooms for counseling students and other sensitive meetings?
- Are there any concerns from student or faculty surveys, or other forms of feedback related to facilities, that have not been addressed?

ESSENTIAL EVIDENCE

- The program's description of physical facilities as provided in the application is verified at the time of the visit.
- Space is appropriate for the number of students, faculty, and staff to meet the needs of the program activity occurring in the space.
- Description of how shared space is allocated or reserved to meet the program's needs (if applicable).

Of note:

- Physical facilities relate to offices, classrooms, and other educational spaces. This includes space for confidential academic counseling of students by the program director and *principal faculty*, as well as space for program conferences and meetings, and secure storage for student files and records.
- Appropriate classroom and laboratory spaces are conducive to student learning.
- For Initial Provisional Programs, it is expected that the program will have *sufficient* physical facilities in place at the time of the site visit. If construction is ongoing, the program must provide evidence that construction will be completed before matriculation of the first cohort of students and have a plan to accommodate any potential delays.

A1.09	The sponsoring institution provides the program with access to instructional and reference materials needed to operate the educational program and support evidence-based practice.

FOCUSED QUESTIONS

- What instructional and reference materials does the institution provide to faculty and students?
- Are there any books, journals, or other reference materials that students or faculty need but do not have access to?
- Are there *sufficient* instructional materials for faculty to develop educational content for their courses?

ESSENTIAL EVIDENCE
• The program's description (list of materials) as provided in the application is verified. • List of materials provided by the sponsoring institution that support the program instruction. • List of materials provided by the sponsoring institution that support program instruction for evidence-based practice. • Discussions with administrative officials, faculty, and students confirm access to the materials listed above. Of note: • Examples of instructional resources may include computer and audio/visual equipment in classrooms and labs; instructional materials like PowerPoints or study guides; technological resources that provide access to the internet, medical information, and current literature; reference materials include the full text of current books, journals, periodicals, online resources, and other reference materials related to the curriculum and support evidence-based practice.

A1.10a-b	The sponsoring institution*:* a) secures clinical sites and *preceptors sufficient* in number to allow all students to meet the program's *learning outcomes* for *supervised clinical practice experiences* b) ensures that clinical sites and *preceptor*s located outside of the *United States* are only used for *elective rotation*s.

FOCUSED QUESTIONS
• How does the sponsoring institution secure *sufficient* sites and *preceptor*s to enable each student to attend the *required supervised clinical practice experiences (SCPE*s) and meet the *learning outcomes*? • What is the sponsoring institution doing to help recruit *preceptor*s? • What does the sponsoring institution do to help retain *preceptor*s? • Are the *rotation*s located outside of the *United States* limited to *elective rotation*s?

ESSENTIAL EVIDENCE
• Clinical documents (*SCPE* schedule) listing *sufficient* clinical sites/*preceptor*s for the current clinical year cohort for each *required SCPE*. • Discussions with institutional officials, *program faculty*, and support personnel demonstrate *active* involvement by the sponsoring institution. • Consistency is demonstrated between what is described in the application and self-study report, what is presented in the program portal, and what is verified during the site visit. • Discussions with institutional officials, faculty, and students. Of note:

- Review of program committee minutes and budget, as appropriate, provides evidence that the institution recruits and retains *preceptors* and clinical sites in the *United States*, including assessing sites and *preceptors* for appropriateness in terms of meeting program *learning outcomes* and the Standards.
- Clearly stated and implemented strategies that entail specific institutional involvement and support for recruiting sites and *preceptors*, maintaining existing sites and *preceptors,* and collaborating with the PA program to forecast potential clinical site shortages due to internal and external stressors. These steps go beyond hiring PA program personnel to manage the clinical phase.
- Examples of institutional support could include offering *preceptor*s faculty status, access to campus resources, access to campus events, funding CME, recruiting events hosted by institutional officials, institutional officials meeting with physician groups or hospitals to recruit for entire systems, etc.
- A program may satisfy the requirement of *SCPEs* through medical facilities located in the *United States* and through a limited number of medical facilities that are accredited by the *United States* Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.
- Overall, if the program fails to demonstrate compliance with B3.01a, compliance with this Standard may be further evaluated.

A1.11a-d	The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty, and staff *diversity, equity,* and *inclusion* by: a) supporting the program in having a documented PA program action plan for *diversity, equity,* and *inclusion* ENFORCEMENT OF THIS STANDARD IS ON HOLD

FOCUSED QUESTIONS

- What is the PA program's action plan for DEI for faculty, for staff, and for students?
- How does the program's action plan differ from, and align with, the institution's action plan?
- What parts of the action plan are complete, and what is the timeline for implementation of the action plan?
- Which components of the PA program's action plan support *diversity* for faculty, for staff, and for students? How does the sponsoring institution support each of these?
- Which components of the PA program's action plan support *equity* for faculty, for staff, and for students? How does the sponsoring institution support each of these?
- Which components of the action plan support *inclusion* for faculty, for staff, and for students? How does the sponsoring institution support each of these?

ESSENTIAL EVIDENCE

- The program has its own written action plan for *equity*, *diversity*, & *inclusion* that includes all three (3) groups: students, faculty, and staff.

- Evidence of institutional support for the PA program's created action plan (e.g., resources, funding, professional development, allocation of time for implementation, etc.)
- Meeting minutes document the collaboration between institutional officials and the PA program in developing the action plan.
- Evidence that the action plan has begun implementation by the program.
- Discussions with administrative officials, faculty, staff, and students.

Of note:

- Publication of the action plan on the program's website or its *inclusion* in the program's *published goals* is not required.
- The institution may also have an action plan, but it does not replace the need for the PA program to have its own action plan.

A1.11b	The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty, and staff *diversity*, *equity*, and *inclusion* by: b) supporting the program in implementing *diversity*, *equity*, and *inclusion*-focused recruitment strategies ENFORCEMENT OF THIS STANDARD IS ON HOLD

FOCUSED QUESTIONS

- What student recruitment strategies are related to *diversity*? For faculty? For staff?
- What student recruitment strategies are related to *equity*? For faculty? For staff?
- What student recruitment strategies are related to *inclusion*? For faculty? For staff?
- What does the institution do to support these recruitment strategies?
- If the recruitment strategies are at an institutional level, how are they specifically utilized by the PA Program?

ESSENTIAL EVIDENCE

- The program demonstrates how the sponsoring institution is supporting, or has supported, the implementation of each of the recruitment strategies specific to the PA program (e.g., funding, personnel, guidance, professional development, etc.).
- Recruitment strategies are defined and encompass all three (3) groups: students, faculty, and staff.
- Recruitment strategies are defined and encompass all three (3): *diversity*, *equity*, and *inclusion*.
- Evidence that the strategies have been implemented.

Of note:

- Recruitment strategies could include outreach resources (e.g., ads, flyers), university admissions presentations, human resources department engagement, institutional recruiting office initiatives, and advertising open positions specifically to attract diverse candidates. The program should explain how any of these resources effectively recruit students/faculty/staff on the basis of *diversity*, *equity*, or *inclusion.*

A1.11c	The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff *diversity*, *equity*, and *inclusion* by: c) supporting the program in implementing *diversity*, *equity*, and *inclusion*-focused retention strategies ENFORCEMENT OF THIS STANDARD IS ON HOLD
FOCUSED QUESTIONS	
• What student retention strategies are related to *diversity*? For faculty? For staff? • What student retention strategies are related to *equity*? For faculty? For staff? • What student retention strategies are related to *inclusion*? For faculty? For staff? • What does the institution do to support these retention strategies? • If the retention strategies are at an institutional level, how does the PA program specifically utilize them? • How is each retention strategy specifically relevant to DEI?	
ESSENTIAL EVIDENCE	
• The program demonstrates how the sponsoring institution is supporting, or has supported, the implementation of each of the retention strategies specific to the PA program (e.g., funding, personnel, guidance, professional development, etc.). • Retention strategies are defined and encompass all three (3) groups: students, faculty, and staff. • Retention strategies are defined and encompass all three (3): *diversity*, *equity*, and *inclusion*. • Evidence that the strategies have been implemented. Of note: • Retention strategies could include faculty and staff professional development and opportunities for advancement; student support services; efforts to foster a sense of belonging; early intervention for at-risk students, clubs, or other social groups representing diverse populations; etc. The program should explain how any of these resources effectively retain students, faculty, or staff on the basis of *diversity*, *equity*, or *inclusion*.	
A1.11d	The sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty, and staff *diversity*, *equity*, and *inclusion* by: d) making available resources which promote *diversity, equity,* and *inclusion* ENFORCEMENT OF THIS STANDARD IS ON HOLD
FOCUSED QUESTIONS	

- Which institutional *diversity* resources does the program utilize? *Equity* resources? *Inclusion* resources?
- How are the students, faculty, and staff made aware of these resources?

ESSENTIAL EVIDENCE

- A listing of the institutional resources that specifically promote *diversity*, *equity*, and *inclusion* (DEI) and are available to all three groups: students, faculty, and staff, with clear designations indicating whom the resources are intended for (students, faculty, and/or staff). The listing clearly indicates which resources are for *diversity*, which are for *inclusion*, and which are for *equity*.
- Discussions with administrative officials, faculty, and students confirm access to available resources.

Of note:

- Resources may include, but are not limited to, inclusive pedagogy, professional development in DEI strategies and cultural competence, an office of *diversity* or personnel, affinity groups/clubs, specific programming or activities related to DEI (list individually), etc. The program should explain how any of these resources effectively relate to *diversity*, *equity*, or *inclusion*.

A1.12	The sponsoring institution provides the program with effective technical support.

FOCUSED QUESTIONS

- What technical support does the sponsoring institution provide?
- How does the sponsoring institution determine *effectiveness*? Are the current technical support services effective?
- When students, faculty, and staff need technical support, is it available?

ESSENTIAL EVIDENCE

- The program demonstrates that technical support is available to effectively assist and ensure program compliance with the established Standards.
- Description of technical support provided by the institution with evidence of *effectiveness*.
- Discussions with faculty, staff, and students confirm technical support services are available and effectively assist in ensuring compliance with this standard.
- Consistency is demonstrated between what is documented in the application and what is verified during the site visit.

Of note:

- Examples of technical support could include simulation staff, learning management system support, IT support, etc.
- *Effectiveness* could be measured by support ticket response times, customer satisfaction surveys, student/faculty surveys, learning management system satisfaction surveys, etc.

A2. Personnel

A2.01a-b	All *program faculty*, including didactic and clinical *instructional faculty*: a) meet program-defined academic and experiential qualifications to teach in their assigned instructional areas b) are evaluated for *effectiveness* in their assigned instructional areas

FOCUSED QUESTIONS

- What are the educational or academic qualifications required for the *instructional faculty*? (Is it the same for didactic and clinical *instructional faculty*?) For *principal faculty*? For the program director? For the *medical director*?
- What are the experiential and other qualifications required for the *instructional faculty*? (Is it the same for the didactic and clinical *instructional faculty*?) For *principal faculty*? For the program director? For the *medical director*?
- How are *instructional faculty* members evaluated to ensure that they have the program-defined academic qualifications? For *principal faculty*? For the program director? For the *medical director*?
- How are *instructional faculty* members evaluated to ensure that they have the program-defined experiential qualifications? For *principal faculty*? For the program director? For the *medical director*?
- How are *instructional faculty* members evaluated to ensure their *effectiveness*? For *principal faculty*? For the program director? For the *medical director*?

ESSENTIAL EVIDENCE

- Program-determined educational and experiential qualifications are documented for *instructional faculty* (IF), *principal faculty*, program director, and *medical director* (i.e.,., the *program faculty*) in their job description (or other documentation) that is specific to the position.
- Current CVs or program forms document the education and experience required of each *program faculty* member.
- Description of *the program faculty* vetting process, including evaluation of academic degree and experience in relation to the qualifications set forth by the program.
- Evidence that *program faculty* have been vetted and meet the (a) academic preparation and experience requirements of the program prior to instructing students.
- Evidence that *program faculty* are (b) evaluated for *effectiveness* following their instruction.

Of note:

- This standard encompasses didactic and clinical *instructional faculty* (*preceptor*s) as part of *program faculty*.
- The evaluation questions, depth, and timing may differ between faculty depending on their role and utilization. (For example, a didactic *instructional faculty* member providing an occasional three (3)-hour class session may be evaluated using a two (2)-question student

survey at the end of the session, rather than the longer end-of-semester instructor evaluation completed for other faculty who participated more extensively).

- Evidence could include, but is not limited to, individual forms completed for each *program faculty* member, a master spreadsheet of academic preparation and/or experience for all *program faculty*, or a combination of processes that may differ for didactic versus clinical faculty.

A2.02	The program has *program faculty* members, including a program director*, principal faculty, medical director*, and *instructional faculty*.

FOCUSED QUESTIONS

- Who fills each of these roles: the program director, *medical director*, each *principal faculty* member (including FTE), and *instructional faculty*?

ESSENTIAL EVIDENCE

- List of program director, *medical director*, *principal faculty*, *instructional faculty*, roles, and FTE within the program portal.
- Consistency is demonstrated between what is provided in the Program Portal, the submitted CVs, and the job descriptions.
- Discussions with *program faculty* during the site visit.

Of note:

- During the site visit, faculty will be asked to describe their position/role at the PA program.
- If the *medical director* has a portion of their FTE as *medical director*, and a portion of their FTE as a *principal faculty* member, staff member, or clinician outside of the PA program, the FTE delineation between *medical director* and other role(s) must be made clear on the CV, job description, and in the application.
- See also Standard B3.01a listing of clinical *instructional faculty.*

A2.03	The program has at least three (3.0) FTE *principal faculty* members, of which at least two (2.0) FTE *principal faculty* members are PAs who are currently *NCCPA* certified or emeritus.

FOCUSED QUESTIONS

- Does the program have at least three FTE (3.0 FTE) *principal faculty* employed and working at the time of the site visit?
- Are there at least two FTE (2.0 FTE) PA *principal faculty* that are currently *NCCPA-certified* or hold an *NCCPA* emeritus status?

ESSENTIAL EVIDENCE

- List of *principal faculty*.
- Faculty CVs are current, on ARC-PA templates, and indicate at least three FTE (3.0 FTE) *principal faculty*.

- Faculty files include evidence of current *NCCPA* certification or *NCCPA* emeritus status for two FTE (2.0 FTE) PA *principal faculty.*
- Faculty files contain fully executed appointment letters or contracts verifying faculty appointments.
- Discussions with senior institutional officials and *program faculty.*
- Information about the personnel and FTE is consistent throughout the submitted CVs and job descriptions, the program portal, and verified during the site visit.

Of note:

- Each *principal faculty* member must hold a faculty appointment at the university (not staff or administration). Only the percentage of effort that is designated as faculty at the institution, not staff or administrative, will count toward the *principal faculty* position.
- Several individuals with partial appointments (all meeting the definition of *principal faculty*) may be combined to equal the required number of FTEs. For example, four (4) *principal faculty* who each have a 0.8 FTE would be *equivalent* to 3.2 FTE.
- If the *principal faculty* member also has a role elsewhere, such as a practicing PA in the University clinic, that reports to someone other than the program director, then the FTE portion for that other role does NOT count toward the required number of FTE for *principal faculty* in the program (see glossary definition of *principal faculty*). However, if the program designates the faculty's clinical practice time and the *principal faculty* reports to the program for 100% of their time, then the time does count toward the *principal faculty* total. For example: If a *principal faculty* member has 20% of their 1.0 program FTE allocated to service and uses that 20% to perform one (1) day per week of clinical practice- while still reporting to the program director for 100% of their time- that individual would still be considered a 1.0 FTE *principal faculty* member. Evidence should be provided through a faculty appointment letter that indicates 1.0 FTE to the program.
- See also Standard A1.07 that requires *sufficient* faculty.

A2.04	*The principal faculty* and the program director hold academic appointments and privileges *comparable* to other faculty with similar academic responsibilities within the institution.

FOCUSED QUESTIONS

- Are there university privileges that are provided for some faculty, but not all?
- Are the promotion and tenure guidelines *comparable* or applicable to all faculty equally?
- Within the institution, are opportunities for university committee appointments *comparable* for all faculty with similar academic responsibilities?

ESSENTIAL EVIDENCE

- A listing of the academic appointments and privileges available to the program director and *principal faculty*.
- Institutional faculty manuals, policies, and collective bargaining agreements -if applicable- related to employment; university privileges such as committee membership; and classification, rank, promotion, and tenure guidelines apply to all faculty, including PA *principal faculty* and the program director. Some may be college-specific but are *comparable* across the institution.

- Discussions with institutional officials and *program faculty*.

Of note:

- The PA profession recognizes a master's degree as the terminal degree for PAs, as it relates to faculty or promotion guidelines that reference holding a terminal degree.

A2.05a-h	*Program faculty* maintain responsibility for the following: a) developing, reviewing, and revising as necessary the program's mission statement, *goals,* and *competencies*

FOCUSED QUESTIONS

- Which *program faculty* member(s) is/are responsible for each of these:
  - Developing the program's mission?
  - Developing the program's *goals*?
  - Developing the program's *competencies*?
  - Reviewing and revising the program's mission?
  - Reviewing and revising the program's *goals*?
  - Reviewing and revising the program's *competencies*?

ESSENTIAL EVIDENCE

- Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member.
- Program meeting/retreat minutes that demonstrate evidence of review and any needed revisions related to each of these three (3) aspects: mission, *goals*, *competencies* (e.g., retreats or committee meetings for curriculum, student progress, program assessment, etc.).
- Discussions with *program faculty*.
- Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit.

Of note:

- This standard does not mandate participation from every *program faculty member individually*. Furthermore, it does not restrict participation solely to the *program faculty*.

A2.05b	*Program faculty* maintain responsibility for the following: b) selecting applicants for admission to the PA program

FOCUSED QUESTIONS

- Which *program faculty* member(s) is/are responsible for selecting applicants for admission?

ESSENTIAL EVIDENCE

- Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member.
- Evidence of faculty responsibility for the selection of applicants for admission (e.g., admission meeting minutes, admissions documents, interview day schedules, etc.)
- Discussions with *program faculty*.
- Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit.

Of note:

- This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*.
- Admissions may include recruitment, screening applications, interviews, and final selection.

A2.05c	*Program faculty* maintain responsibility for the following: c) providing student instruction

FOCUSED QUESTIONS

- Which *program faculty* member(s) is/are involved in providing student instruction?

ESSENTIAL EVIDENCE

- Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member.
- Evidence that *program faculty* are responsible for providing student instruction (e.g., curriculum committee meeting minutes, course listings with primary instructors identified, course syllabi indicating the instructor of record, academic schedules listing instructors, etc.).
- Discussions with *program faculty*.
- Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit.

Of note:

- This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*.

A2.05d	*Program faculty* maintain responsibility for the following: d) evaluating student performance

FOCUSED QUESTIONS

- Which *program faculty* member(s) is/are responsible for evaluating student performance?

ESSENTIAL EVIDENCE

- Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member.
- Evidence that the *program faculty* are evaluating student performance.
- Discussions with *program faculty*.
- Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit.

Of note:

- This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*.

A2.05e	*Program faculty* maintain responsibility for the following: e) academic counseling of students

FOCUSED QUESTIONS

- Which *program faculty* member(s) is/are responsible for the academic counseling of students?

ESSENTIAL EVIDENCE

- Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member.
- Documentation of faculty-student academic counseling sessions and academic counseling referrals when needed.
- Discussions with *program faculty* and students.
- Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit.

Of note:

- This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*.

A2.05f	*Program faculty* maintain responsibility for the following: f) assuring the availability of remedial instruction
FOCUSED QUESTIONS	
• Which *program faculty* member(s) is/are responsible for assuring the availability of remedial instruction?	
ESSENTIAL EVIDENCE	
• Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member. • Evidence that the *program faculty* are responsible for assuring the availability of remedial instruction. • Discussions with *program faculty*. • Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit. Of note: • This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*. • This Standard does not limit the actual remedial instruction coming from any designated and qualified individual, including other *instructional faculty*, tutors, adjuncts, etc.	
A2.05g	*Program faculty* maintain responsibility for the following: g) designing, implementing, coordinating, and evaluating the curriculum
FOCUSED QUESTIONS	
• Which *program faculty* member(s) is/are responsible for each of the four (4) aspects of the substandard?	
ESSENTIAL EVIDENCE	
• Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member. • Meeting minutes or other evidence of the *program faculty* responsible for and involved in curricular design/redesign and implementation of changes, coordination, and evaluation of the *effectiveness* of the curriculum. • Discussions with *program faculty*. • Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit. Of note:	

• This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*.	
A2.05h	*Program faculty* maintain responsibility for the following: h) evaluating the program
FOCUSED QUESTIONS	
• Which *program faculty* member(s) is/are responsible for evaluating the program?	
ESSENTIAL EVIDENCE	
• Completion of the Personnel Responsibilities Template provided in the application for each *program faculty* member. • Meeting minutes or other evidence of the *program faculty* responsible for program evaluation. • Discussions with *program faculty*. • Consistency is demonstrated between the documented evidence, individual job descriptions, the application, and what is verified during the site visit. Of note: • This standard does not mandate participation from every *program faculty* member individually. Furthermore, it does not restrict participation solely to the *program faculty*.	
A2.06	The program director had at least three years of full-time higher education experience at the time of appointment.
FOCUSED QUESTIONS	
• How many years of higher education experience did the program director possess at the time of their appointment to the position? Were at least three (3) of these years in full-time position(s) in higher education?	
ESSENTIAL EVIDENCE	
• Current CV documenting higher education experience totaling a minimum of three (3) years in full-time positions at the time of appointment to the position. • The Program Portal includes the program director's hiring date and the date that the program director's role began. • Consistency is demonstrated between the information provided in the Program Portal and what is documented in the program director's CV and job description. • Discussions with institutional officials and the program director.	

Of note:

- Program directors appointed prior to this edition of the Standards meet the required qualifications of the Standards in place at their time of hire. Program directors appointed after the publication date of this edition of the Standards meet the qualifications stated in this edition.
- When a program director resigns from the role, the new program director is subject to this standard. The former director cannot resume the role after officially resigning unless they meet this standard, except in the case of a sabbatical or other leave of absence that does not count as a resignation from the role.
- The intention is to appoint individuals who have experience in all aspects of a PA Program, including but not limited to curriculum development/revision, classroom instruction, student assessment, academic advising, program administration, accreditation compliance, program self-assessment, and faculty collaboration. This is to ensure that the appointed individual possesses a comprehensive understanding of the functions of a PA program, enabling them to contribute effectively to program quality and improvement.
- See also Standard E1.06, an interim program director must meet the same qualifications as the program director.

A2.07	The program director is hired by the institution at 1.0 FTE and assigned to the program on a 12-month, full-time basis, and at least 50% of that time is devoted to administrative responsibilities for the program.

FOCUSED QUESTIONS

- Is the program director hired by the institution at 1.0 FTE?
- Is the program director's contract for a full 12 months, on a full-time basis with the program?
- Is 50% or more of the program director's time devoted to administrative responsibilities for the PA program?
- What is the percentage of other assigned responsibilities of the program director (clinical work, teaching, service, research)?

ESSENTIAL EVIDENCE

- Program Portal is completed and indicates the FTE percent of the program director.
- The program director's CV indicates the FTE percent of their role as program director.
- The job description indicates a 12-month, full-time PA Program position.
- Consistency is demonstrated between the information provided in the Program Portal and what is documented in the program director's CV and job description.
- Discussions with institutional officials and the program director.

Of note:

- Program directors may hold other leadership roles within the institution (e.g., Department Chair) or allocate time to teaching, clinical practice, research, or service. However, it is required that the program director dedicate 50% of their time to administrative responsibilities for the program.

- Administrative responsibilities do not include clinical, teaching, service, or research time.
- All current program directors adhere to this standard regardless of the Standards in place at the time of their appointment.
- See also Standard E1.06, an interim program director must meet the same qualifications as the program director.

A2.08	The program director is a PA who holds current or emeritus *NCCPA* certification status.

FOCUSED QUESTIONS

- Is the program director a PA with active *NCCPA* certification or NCCPA emeritus status?

ESSENTIAL EVIDENCE

- A copy of the current *NCCPA* certification or *NCCPA* emeritus status document.

Of note:

- Program directors who are physicians and were appointed before 9/1/2020 meet the required qualifications of the Standards in place at the time of their hire (hire date as listed in the Program Portal).
- See also Standard E1.06, an interim program director must meet the same qualifications as the program director.

A2.09a-f	The program director provides program leadership through effective: a) program organization

FOCUSED QUESTIONS

- How does the program director demonstrate leadership through effective organization?
- How do institutional officials, faculty, staff, and students perceive the program director's leadership in managing the program's organization?
- How successfully does the program director collaborate with faculty and staff to coordinate course scheduling, academic advising, and other program organization functions?
- How well does the program director foster a culture of accountability and continuous improvement within the program's organizational structure?

ESSENTIAL EVIDENCE

- The program director's job description specifically includes program organization.
- Diagram of institutional reporting and organizational structure as verified by discussions with faculty and institutional officials during the visit.

- Written evaluations of the program director's leadership related to program organization.
- Meeting minutes related to program organization with institutional officials, program committees, retreats, etc.
- Discussions with institutional officials, the program director, faculty, staff, and students.
- Consistency is demonstrated between what is documented in the application, the job description, and what is verified during the site visit.

Of note:

- Program organization encompasses appropriate staffing, effective organizational structure, scheduling, program planning and execution, and program development. Other indicators of *sufficient* organization that are considered include:
  - completeness, organization, and accuracy of the application and SSR submitted.
  - appropriate arrangements for the site visit, including the schedule and all materials prepared for visitors.
  - adherence to the Standards and ARC-PA policies, as well as following directions and guidelines provided by the ARC-PA.
- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.

A2.09b	The program director provides program leadership through effective: b) program administration

FOCUSED QUESTIONS

- How does the program director demonstrate leadership through effective program administration?
- To what extent does the program director oversee the development, implementation, and evaluation of administrative policies and procedures to ensure consistency in the application and compliance with the Standards?

ESSENTIAL EVIDENCE

- The program director's job description specifically includes program administration.
- Written evaluations of the program director's leadership related to program administration.
- Meeting minutes related to program administration with institutional officials, program committees, retreats, etc.
- Discussions with institutional officials, the program director, faculty, staff, and students.
- Consistency is demonstrated between what is documented in the application, the self-study report (SSR), and the job description, and what is verified during the site visit.

Of note:

- When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable.
- Administrative aspects of the program include such tasks as admissions, faculty and staff management related to recruiting, hiring, and evaluation, accreditation compliance, *SCPE* coordination, student support services, etc.

A2.09c	The program director provides program leadership through effective:

	c) fiscal management of the program
FOCUSED QUESTIONS	
• How does the program director demonstrate leadership through effective fiscal management of the program? • To what extent does the program director develop and oversee the annual budget for the program? • How effectively does the program director monitor and manage expenditures to ensure fiscal responsibility and compliance with budgetary constraints? • How effectively does the program director advocate for adequate funding and resources to support the program's needs, both within the institution and externally? • How well does the program director prioritize and allocate resources to address critical issues that arise within the program?	
ESSENTIAL EVIDENCE	
• The program director's job description specifically includes the fiscal management of the program. • Evidence that the program director maintains and manages the program budget and spending. • Written evaluations of the program director's leadership related to fiscal management of the program. • Meeting minutes related to the fiscal management of the program, including interactions with institutional officials, program committees, and retreats. • Discussions with institutional officials, the program director, faculty, and staff. • Consistency is demonstrated between what is documented in the application, the self-study report (SSR), and the job description, and what is verified during the site visit. Of note: • When evaluating program leadership, input from supervisors and subordinates is valuable. • Evidence of maintaining and managing the program budget and spending may include, but is not limited to, development and justification of the program budget, monitoring and overseeing expenditures, allocating program resources, approving/ influencing the operational spending plan for long-term program needs, requesting additional budgetary resources, etc.	
A2.09d	The program director provides program leadership through effective: d) continuous programmatic review and *analysis*
FOCUSED QUESTIONS	
• How does the program director demonstrate leadership through effective, continuous programmatic review and *analysis*? • How does the program director stay informed regarding the Accreditation Standards to ensure that their programmatic review processes and *analysis* remain compliant?	

ESSENTIAL EVIDENCE
• The program director's job description specifically includes continuous program review and assessment. • Written evaluations of the program director's leadership related to continuous programmatic review and *analysis.* • Meeting minutes related to continuous programmatic review and *analysis* of the program with institutional officials, program committees, retreats, etc. • Evidence of a concise self-study report (SSR) that documents the continuous programmatic review and *analysis.* • Discussions with institutional officials, the program director, faculty, and staff. • Consistency is demonstrated between what is documented in the application, the SSR, and the job description, and what is verified during the site visit. Of note: • When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. • Overall, if the program fails to demonstrate compliance with the Standards related to its self-study, compliance with this Standard may be further evaluated.

A2.09e	The program director provides program leadership through effective: e) communication

FOCUSED QUESTIONS
• How does the program director demonstrate leadership through effective communication? • How do institutional officials, faculty, staff, and students perceive the program director's communication skills? • How effectively does the program director communicate with other institutional units to ensure the success of the PA program?

ESSENTIAL EVIDENCE
• The program director's job description specifically includes effective communication. • Written evaluations of the program director's communication skills. • Discussions with institutional officials, the program director, faculty, staff, and students. • Consistency is demonstrated between what is documented in the application, the SSR, and the job description, and what is verified during the site visit. Of note: • Effective communication is demonstrated through written communication, verbal communication, and/or non-verbal communication. • When evaluating program leadership, input from supervisors, subordinates, and sometimes students is valuable. • The program director's written communication is demonstrated in the accuracy and *succinct*ness of the program's application and SSR.

A2.09f	The program director provides program leadership through effective: f) adherence to the Standards and ARC-PA policies

FOCUSED QUESTIONS

- How does the program director demonstrate leadership through effective adherence to the ARC-PA Standards and policies?
- How effectively does the program director assess the program's adherence to the ARC-PA Standards and policies?

ESSENTIAL EVIDENCE

- The program director's job description specifically includes adherence to the ARC-PA Standards and policies.
- Written evaluations of the program director evaluate the program director's adherence to the ARC-PA Standards and policies.
- Meeting minutes or other evidence related to program director adherence to the Standards and ARC-PA policies.
- Discussions with institutional officials, the program director, faculty, staff, and students.
- Consistency is demonstrated between what is documented in the application, the self-study report (SSR), and the job description, and what is verified during the site visit.

Of note:

- Overall, if the program fails to demonstrate compliance with multiple standards, compliance with this standard may be further evaluated.
- The program's application, portal entries, and SSR are evidence of adherence to the Standards and policies, including correct and *timely* submission of documents and information to the ARC-PA.

A2.10	The program director supervises all individuals in the roles of *medical director, principal* and *instructional faculty,* and staff in activities that directly relate to the PA program.

FOCUSED QUESTIONS

- Who does the program director supervise within the program?
- Does the program director supervise the *medical director*, *principal* and *instructional faculty*, and staff when they function in their PA program role?

ESSENTIAL EVIDENCE

- The program organizational chart demonstrates program director supervision of the staff, *medical director*, *principal faculty*, clinical and didactic *instructional faculty* for duties related to the PA program.
- The program director's job description includes the supervision of the *medical director*, principal and *instructional faculty*, and staff.
- The *program faculty* job descriptions indicate the program director as the supervisor for duties related to the program.

- Discussions with institutional officials, the program director, the medical director, principal and *instructional faculty*, and staff.
- Consistency is demonstrated between what is documented in the application, the *program faculty* job descriptions, and the organizational chart, and what is verified during the site visit.

Of note:

- Program director supervision includes responsibility for the evaluation and management of all faculty and staff for those duties related to the PA Program.
- When the Dean, Chair, or other superior serves as *instructional faculty* in the program, they are accountable to the program director for their instructional content. Therefore, the organizational chart reflects that the program director supervises all *instructional faculty*. These individuals are evaluated, hired, and dismissed (for their PA program *instructional faculty* role) in the same manner as all other *instructional faculty*.
- See Standard A2.02, the program director cannot also be the *medical director*, *principal faculty*, *instructional faculty*, or staff.

A2.11a-b	The *medical director* is: a) currently or previously licensed PA or osteopathic or allopathic physician b) currently or previously board-certified

FOCUSED QUESTIONS

- Is the *medical director* currently or previously licensed as a physician or PA?
- Is the *medical director* currently or previously board-certified?

ESSENTIAL EVIDENCE

- Current CV
- Licensure information, including expiration date.
- Board-certification information, including expiration date.

Of note:

- The *medical director* may be paid or volunteer, full or part-time, with or without an academic appointment.
- The standard does not require licensure in the state where the program resides but rather just licensure to practice as a physician or PA.

A2.12	The *medical director* is an advocate for the PA program through *active* participation in the program and support of the development and review of the program curriculum and *competencies* to meet current practice standards as they relate to the PA role.

FOCUSED QUESTIONS

- What is your program-specific responsibilities and your role in the didactic and clinical curriculum?
- How does the *medical director* serve as an advocate for the program?
- How does the *medical director* support the program in ensuring that the curriculum and *competencies* meet the current practice standards for the PA role in providing patient care?
- How has the *medical director* supported the development and review of the program *competencies*?

ESSENTIAL EVIDENCE

- The job description for the *medical director* includes requirements for participation in, and the development and routine review of, program's curriculum and *competencies.*
- Program documents and/or meeting minutes demonstrate the *medical director's* participation per the job description.
- Discussions with the institutional officials, the program director, the *medical director*, faculty, and students.

Of note:

- The *medical director* supports the program director in ensuring that both didactic instruction and *supervised clinical practice experiences* (SCPEs) meet current practice standards relevant to the PA role in providing patient care. The *medical director* is *actively* involved in developing and reviewing the program *competencies* and may also participate in activities such as developing the mission statement, providing instruction, evaluating student performance, and designing, implementing, coordinating, and evaluating the curriculum and the program.
- The *medical director* holds a vital role in ensuring the academic quality, clinical relevance, and professional credibility of the program. This position blends clinical leadership, educational oversight, and strategic guidance, helping to shape the next generation of PAs.
- The *Medical Director* of a PA program is a key figure ensuring the program meets high standards of clinical rigor, educational excellence, and professional development. They provide a critical link between the classroom, the clinic, and the evolving demands of the healthcare system.

A2.13	The program *does* not rely primarily on resident physicians for didactic instruction.

FOCUSED QUESTIONS

- Does the program utilize resident physicians for didactic instruction?
- If yes, what percent of the didactic instruction is delivered by resident physician instructors?

ESSENTIAL EVIDENCE

- A listing of all resident physician *instructional faculty* involved in the didactic phase of the program.

Of note:

- Relying “primarily on” means 50% or more of the didactic instruction hours.

A2.14	All *instructional faculty actively* serving as *supervised clinical practice experience preceptors* hold a valid, unrestricted, and unencumbered license to practice.

FOCUSED QUESTIONS

- What is the vetting process for *preceptors*?
- How is verification of licensure completed? By whom? How *frequent*ly?
- How are “unrestricted” and “unencumbered” licenses for active *instructional faculty* reviewed and documented? By whom? How *frequent*ly?

ESSENTIAL EVIDENCE

- Written procedure describing how the program determines and maintains current licensure information for *preceptors.*
- A list of all active *preceptors* that provides evidence of current, unrestricted, and unencumbered licensure to practice.
- Site visit teams may request proof of licensure information for any *preceptor;* therefore, *preceptor* files contain a hard copy, electronic version, or a URL link to verify compliance.

Of note:

- Current licensure information includes any restrictions and encumbrances, along with the expiration date.
- It is the program’s responsibility to verify that the *preceptors* hold valid licenses. Simply indicating there is an affiliation agreement or memorandum with the *supervised clinical practice experience* (*SCPE*) site does not verify that all active *preceptors* hold valid licenses.
- Reliance on a hospital vetting process is not compliant without a recent copy of the vetting that includes license expiration, restrictions, and encumbrances (limitations).
- A "restricted medical license" means a clinician's ability to practice medicine is limited by specific conditions, such as restrictions on prescribing medications or practice areas, while an "unrestricted medical license" allows a clinician to practice medicine fully without any limitations on their scope of practice
- An "unencumbered" medical license means a clinician's license is fully *active* and unrestricted. In contrast, an "encumbered" medical license indicates that the license has limitations or restrictions placed on it due to disciplinary actions, such as probation, practice restrictions, or mandatory continuing education requirements, often resulting from misconduct or violations of medical practice standards.
- The A2 Preceptor License and Certification Template that is part of the application requires a hyperlink to verify the license and certification of each preceptor. That may be a link to a licensing or certification entity that takes the user directly to that provider’s record or a screenshot of such (include the date/time in the bottom right corner of the computer screen to improve tracking) that is stored in an accessible database or LMS.

- INITIAL PROVISIONAL APPLICANT PROGRAMS: While the Commission recognizes that, in limited circumstances—such as placements within large hospital systems—a specific preceptor may not yet be identified for every individual clinical placement, this should represent a small proportion of the program's overall clinical plan. The expectation is that the clinical placements and preceptors have been identified by the time of the site visit. Although additional information may be submitted in response to program observations, the program should not rely on this and should have everything in order to demonstrate compliance at the time of the site visit. **Programs are expected to demonstrate that preceptors have been selected and evaluated in accordance with Standards A2.13 through A2.16. This includes evidence that preceptors are appropriately credentialed, qualified, and oriented to the program and its educational objectives. Reliance on future recruitment or unverified preceptor assignments does not meet the Commission's expectations for Initial Provisional accreditation.** Overall, the Commission expects that Initial Provisional applicants can demonstrate a realistic, well-developed, and adequately documented clinical education infrastructure that is sufficient to support the proposed program and its requested class size from the outset.

A2.15	The majority of the *SCPE* experiences for any individual student must occur with PAs and Physicians.

FOCUSED QUESTIONS

- How does the program monitor to ensure that for each individual student, at least 50% of their *SCPE* experiences occur with PA and physician *preceptor*s?

ESSENTIAL EVIDENCE

- A list of clinical students, and their assigned *supervised clinical practice experience* (*SCPE) preceptor*s, clearly indicates that each student had at least 50% of their *SCPE*s with *preceptor*s who were PAs or physicians.

A2.16a-d	The *supervised clinical practice experience (SCPE) instructional faculty* consist of any of the following: a) PAs who hold or have held *NCCPA* certification b) physicians who hold or have held board certification c) *advanced practice nurses* who hold or have held board certification d) no more than 10% other clinicians who are vetted by the program as qualified

FOCUSED QUESTIONS

- a) Do the PA *preceptor*s hold current or former *NCCPA* certification?
- b) Do the physician *preceptor*s hold current or former board certification?
- c) Do the *advanced practice nurse* (*APN*) *preceptor*s hold current or former board certification?
- d) Does the program utilize any PAs as *preceptor*s who have never held *NCCPA* certification? If so, what are the program's requirements to determine that they are qualified? How are they vetted before student placement? What percentage of the total *preceptor*s for students in the current clinical cohort does this represent?
- d) Does the program utilize any physicians as *preceptor*s who have never held a board certification? If so, what are the program's requirements to determine that they are qualified? How are they vetted before student placement? What percentage of total *preceptor*s for students in the current clinical cohort does this amount to?
- d) Does the program utilize any *advanced practice nurses (APN)* as *preceptor*s who have never held a board certification? If so, what are the program's requirements to determine that they are qualified? How are they vetted before student placement? What percentage of total *preceptor*s for students in the current clinical cohort does this amount to?
- d) Does the program utilize any other clinicians as *preceptor*s? If so, what are the program's requirements to determine that they are qualified? How are they vetted before student placement? What percentage of the total *preceptor*s for students in the current clinical cohort does this represent?
- d) Does the total number of "other clinicians" utilized by the program amount to 10% or less of the total *active preceptor*s for students in the current clinical cohort?

ESSENTIAL EVIDENCE

- A list of current *preceptors*, including their credentials, precepting discipline, board certifying body, and board certification expiration date.
- List of clinical students and their assigned *SCPE preceptor*s, clearly indicating which *preceptor*s hold or have previously held board certification, those who have never held board certification, and those *preceptor*s who are not physicians, PAs, or certified advanced practice nurses.

Of note:

- Site visit teams may request proof of board certification for applicable *preceptors*.
- The d) part of this standard, "other clinicians," refers to clinicians not defined by a-c of this Standard who are in the *active preceptor* pool for the current cohort. For example, if the cohort consists of 30 students, each completing ten (10) *SCPE*s, the total *active preceptor* pool includes all *preceptor*s assigned to those students across the 10 *SCPE*s. Up to 10% of this total may fall into the "other clinicians" category. *Preceptors* not utilized for the current cohort are not included in this calculation.
- *Preceptor*s who have never been board-certified fall under sub-standard d), regardless of their discipline.
- While the *preceptor*'s board certification is expected to be relevant to the *SCPE* topic, it is no longer required to be identical.
- See also Standard B3.06, *preceptor*s must enable students to achieve the *learning outcomes* for the *SCPE*.

A2.17a-b	In each location to which a student is assigned for didactic instruction or *supervised clinical practice experiences*, the program*:* a) informs the student of the name and contact information of the *principal* or *instructional faculty* member designated to assess and supervise the student's progress in achieving the course *learning outcomes*

FOCUSED QUESTIONS

- How are students informed of the faculty member's name and contact information who is assigned to assess and supervise them?
- What is the program's process, and who ensures that the information is accurate and up-to-date?

ESSENTIAL EVIDENCE

- Course syllabi or other program documentation identify the instructor of record with contact information.
- Evidence of informing students of their assigned *supervised clinical practice experience preceptor* of record, with contact information.

A2.17b	In each location to which a student is assigned for didactic instruction or *supervised clinical practice experiences*, the program: b) orients all *instructional faculty* to specific course *learning outcomes* and their assessments

FOCUSED QUESTIONS

- How are *instructional faculty* oriented to both the course *learning outcomes* and assessment methods/tools in the didactic phase?
- How are *instructional faculty* oriented to both the *SCPE learning outcomes* and assessment methods/tools in the *supervised clinical practice experience (SCPE)* courses?

ESSENTIAL EVIDENCE

- Evidence of orientation materials that are provided to the *instructional faculty,* including *preceptors.*
- Evidence that the program orients each *instructional faculty* to the *learning outcomes* and related assessments.
- Discussions with *instructional faculty* and students confirm that the *instructional faculty* are oriented in such a way that they understand the *learning outcomes* and how they will be assessed.

Of note:

- An in-person orientation is not required by this standard.

A2.18	*Administrative support* for the program is at least 1.0 FTE dedicated exclusively to the PA program at each campus.

FOCUSED QUESTIONS

- Is there at least 1.0 FTE *administrative support staff* dedicated to the program at the main campus and at each *distant campus* (if any)?
- How many *administrative support staff* positions (and FTEs) are dedicated to the program?
- Which *administrative support staff* positions are dedicated to the program?

ESSENTIAL EVIDENCE

- Identification of *administrative support* personnel showing at least 1.0 FTE dedicated to each campus for the PA program.
- Confirmation that each *distant campus* has at least 1.0 FTE dedicated *administrative support*.
- Discussions with institutional officials, the program director, faculty, staff, and students.

Of note:

- If a staff member's FTE is shared with other department initiatives or programs, delineate their FTE that is specific to the PA Program.
- This position may be occupied by more than one person as long as the FTEs add up to 1.0 FTE per PA program campus (main and each *distant campus*).
- The number of individuals providing *administrative support* to the program may need to be more than the 1.0 FTE minimum due to the number of students, the academic and administrative complexity of the program, and responsibilities assigned to faculty and staff within the program (See Standard A1.07).
- Student-workers and administrative time allocations from faculty are not counted in the minimum 1.0 FTE.

A3. Operations

A significant number of the A3 Standards include the verbiage "*published*, *readily available,* and consistently applied." For each of these standards, the Commission expects the program to publish the respective policy and procedure (when called for) in a place that makes them easy to find. For standards that require information to be *readily available* to *prospective students*, this requires that the information is easily accessible to the general public on a website and intuitive to find. It should not be buried in the program's website, documents, or handbooks, where the general public (any *prospective student*) would not know to look. Finally, the policy and procedures are considered "consistently applied" if they are consistently applied to all similar situations in a similar manner. At the time of the site visit, and within the program's documents, there is evidence that the program consistently follows its policies and procedures and does not treat some individuals or groups differently under the same policy or procedure.	
A3.01	Program policies are *published*, *readily available,* and consistently applied to all students, *principal faculty,* staff, and the program director regardless of their location.
FOCUSED QUESTIONS	
• Where are the program policies *published*? How does the program ensure that they are consistently applied? • Do you know of any students, faculty, staff, or groups who are not held to the program policies in the same way as others? • How does the program communicate to students, staff, and faculty that the program policies apply to them in all instructional and business locations, including *distant campus*es and clinical *supervised clinical practice experience (SCPE)* placements?	
ESSENTIAL EVIDENCE	
• Discussions with students and faculty affirm that program policies apply to all students and faculty at the main campus, satellite campuses, clinical sites, and anywhere instruction or program business occurs. • Student, faculty, and the program director files, along with discussions at the site visit, support that the program is consistently applying its policies. Of note: • If the program fails to demonstrate compliance with a significant number of standards related to policies, compliance with this standard may be reviewed.	

In the following section: Policies *published* for currently enrolled students

A3.02	The program publishes, makes *readily available,* and consistently applies a policy that PA students are not required to work for the program.

FOCUSED QUESTIONS

- Is there a policy indicating that students are not required to work for the program?
- Where is this policy *published*?
- If any students are currently working for the program, how was it communicated to them that this is not a requirement for program completion?

ESSENTIAL EVIDENCE

- A policy stating PA students are not required to work for the program is *published* in a location that is intuitive and easy to locate by current students.
- Discussions with enrolled students show that the policy is known and is applied to all students equally.
- Discussions with faculty and students.
- Files and discussions during the site visit support that the program consistently applies its policies.

Of note:

- This standard does not preclude PA students from serving in hourly roles such as a tutor, teaching assistant, or graduate assistant – whether as a volunteer or in exchange for tuition waivers or stipends (both paid and unpaid roles are acceptable).
- See also Standard A3.02, ensuring the confidentiality of academic records or information of other students or faculty.

A3.03a-b	The program publishes, makes *readily available,* and consistently applies a policy that PA students do not substitute for or function as: a) *instructional faculty*

FOCUSED QUESTIONS

- Is there a policy indicating that students do not substitute for or function as *instructional faculty*?
- Where is this policy *published*?

ESSENTIAL EVIDENCE

- A policy stating PA students will not substitute for, or function as, didactic or clinical *instructional faculty*.
- Discussions with enrolled students indicate that PA students are not functioning as *instructional faculty*. For example, they are not required to teach a class session in lieu of a faculty member.
- Files and discussions during the site visit support that the program consistently applies its policies.

Of note:

- This standard does not preclude PA students from acting as peer tutors (see Standard A3.02), or providing information or expertise during a class session. For example, students who hold ACLS/BLS instructor certification may not be the instructor for the PA ACLS/BLS course, but could tutor classmates in the preparation for AHA skills assessments.

A3.03b	The program publishes, makes *readily available,* and consistently applies a policy that PA students do not substitute for or function as: b) clinical or administrative staff

FOCUSED QUESTIONS

- Is there a policy indicating that students do not substitute for or function as clinical or administrative staff?
- Where is this policy *published*?

ESSENTIAL EVIDENCE

- A policy stating PA students will not substitute for or function as clinical or administrative staff.
- Discussions with enrolled students indicate that students do not provide administrative staff work at the program nor provide clinical staff work while on *supervised clinical practice experiences (SCPE*s).
- Files and discussions support that the program consistently applies its policies.

Of note:

- Functioning as staff while on *SCPE*s would include consistently performing tasks not required of a PA student, such as filling in for or acting in the role of a clerk, nurse, or medical assistant. For example, PA students should not be regularly answering phones and filing. Practicing skills such as taking vital signs would not be considered relevant to this standard because those skills are consistent with a PA's role.
- This standard applies to both the didactic and clinical portions of the curriculum.

A3.04	The program publishes, makes *readily available,* and consistently applies a policy that requires PA students to be clearly identified in the clinical setting to distinguish them from other health profession students and practitioners.

FOCUSED QUESTIONS

- What is the program's policy requiring students to be clearly identified as a 'PA Student' in all clinical settings?
- Where is this policy *published*?

ESSENTIAL EVIDENCE

- A policy stating how the program clearly identifies its students as PA students in all clinical settings.
- Discussions with *program faculty* and students.
- Files and discussions support that the program consistently applies its policies.

A3.05a-c	The program publishes, makes *readily available,* and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities that would place them at risk. Those policies: a) address methods of prevention b) address procedures for care and treatment after exposure c) clearly define financial responsibility

FOCUSED QUESTIONS

- What is the program's policy on addressing student exposure to infectious and environmental hazards?
- Does this policy address methods of prevention? Procedures for care and treatment? Financial responsibility?
- Where is this policy *published*?
- Is this policy *published* for students prior to any educational activities that would place them at risk?

ESSENTIAL EVIDENCE

- A policy addressing student exposure to infections and environmental hazards, including information on methods of prevention, procedures for care and treatment, and financial responsibility, along with evidence that it is *published* and made available to students prior to any possible exposure.
- Copies of such policies in program and institution documents meet the criteria in each of the sub-standards (a-c).
- Discussions with faculty and enrolled students support that the policy was provided before possible exposure and that the program consistently applies its policies.

Of note:

- This standard applies to both the didactic and clinical components of the curriculum.

A3.06	The program publishes, makes *readily available,* and consistently applies policies that preclude the program director, *medical director*, and *principal faculty* from participating as healthcare providers for students in the program, except in emergency situations.

FOCUSED QUESTIONS

- What is the program's policy that precludes the program director, *medical director*, and *principal faculty* from participating as healthcare providers for students in the program, except in emergencies?
- Where is this policy *published*?

ESSENTIAL EVIDENCE

- A program policy states that the program director, *principal faculty*, and *medical director* may not act as healthcare providers for students enrolled in the program, except in emergency situations.
- Discussions support that the program is consistently applying its policies.

A3.07	The program publishes, makes *readily available,* and consistently applies written procedures that ensure *timely* access and *timely* referral of students to services addressing personal issues that may impact their progress in the PA program.

FOCUSED QUESTIONS

- What is the program's written procedure that ensures *timely* access and *timely* referral of students to services addressing personal issues?
- Where is this *published*?
- Does the publication include the procedure for contacting the service?

ESSENTIAL EVIDENCE

- A written procedure that is easily located by students detailing how to access services (either direct access or through referral) to address personal issues that are impacting their role as a PA student.
- Files and discussions support that the program consistently applies and follows its policies and procedures.

Of note:

- *Timely* access occurs when students are able to speak to the service provider or their office staff within an appropriate time frame for the given situation.
- The program must have an adequate amount of student resources to address personal issues, to ensure the program can follow its policy about *timely* access and *timely* referral. See also Standard A1.04 regarding adequate student resources.
- Referrals do not have to be made available on campus, but they do need to be available in a *timely* manner (e.g., not closed for the summer).

In the following section: Policies *published* for Current and *Prospective* Students

INTRODUCTION

The following policies are *published* on the program's website. A document on the program's website entitled 'Program Policies of Interest to *Prospective Students*' would be considered a *readily available* location without taking up excessive webpage space.

A3.08	The program publishes, makes *readily available* to current and *prospective students*, and consistently applies a policy stating that PA students are not required to provide or solicit clinical sites or *preceptors.*
FOCUSED QUESTIONS	
• What is the program's policy indicating that students are not required to provide or solicit clinical sites and *preceptors*? • Where is this policy *published* so that the general public can easily and intuitively locate it?	
ESSENTIAL EVIDENCE	
• A *published* program policy stating that prospective and enrolled students are not required to provide or solicit clinical sites or *preceptors*. • Files and discussions support that the program consistently applies its policies. Of note: • This standard does not prevent the program from permitting students to ask a clinician if they would be willing to be a *preceptor*. This standard applies to programs that require students to secure their own *preceptors*.	
A3.09a-b	The program publishes, makes *readily available* to current and *prospective students*, and consistently applies policies based on current CDC health professionals' recommendations and applicable state or country mandates for: a) minimum immunization and health screening of students
FOCUSED QUESTIONS	
• What is the program's policy on immunizations and health screenings? • Where is this policy *published*? • Is this policy based on current CDC recommendations? • What state or country mandates apply to this program's students?	
ESSENTIAL EVIDENCE	
• A policy for student health screening and immunization is published and easily located by students and applicants. The policy is based on the most current CDC recommendations for health care professionals and any state laws for the state in which the program/campus is located. • Program files contain documents that demonstrate the program's consistent application of its policy. • Discussions support that the program consistently applies its policies. Of note:	

- Being "based on the CDC recommendations" means that each of the CDC-recommended immunizations is addressed by the program. It does not mean that the program must require all of the CDC-recommended immunizations, just that they must address each.
- https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-medical-condition.html#table-conditions (note that the "medical condition" in the far-right column of the table is "being a healthcare provider")
- Programs clearly identify if each immunization is required, recommended, or not required by the program.
- If a state law prohibits or mandates the requirement or recommendation of an immunization, that information is included in the same location as other immunization information provided to students.
- Programs, including *supervised clinical practice experience (SCPE)* site placements, may require additional immunizations/screenings, and those must be listed in the same location as other immunization information provided to students.
- Files may be individual documents for each student, one document listing all students in a cohort, or other documentation methods deemed appropriate by the program.

A3.09b	The program publishes, makes *readily available* to current and *prospective students*, and consistently applies policies based on current CDC health professionals' recommendations and applicable state or country mandates for: b) international travel (for programs offering international curricular components)

FOCUSED QUESTIONS

- Are there international experiences available for any curricular components? If no, then this is N/A.
- If so, where are the written travel health policies *published*? What is the program's travel health policy?
- Are these policies based on current CDC recommendations?

ESSENTIAL EVIDENCE

- Policies for international travel (student health screenings and immunizations) are published and easily located by students and applicants. The policies are consistent with the most current CDC recommendations for healthcare professionals traveling to that area of the world.
- Files and discussions support that the program consistently applies its policies.

A3.10	The sponsoring institution and program's announcements and advertising *accurately* reflect the program offered.

FOCUSED QUESTIONS

- Is the website current, and does it *accurately* reflect the program?
- What other advertisements are used by the program? Are they current and accurate?
- What is the process for updating the website, and how often is the program webpage reviewed and updated?
- Did the advertisements about the program viewed before enrollment *accurately* reflect the program?

ESSENTIAL EVIDENCE
• Institutional and program advertisements are consistent with each other and *accurately* reflect the program (includes both printed and electronic documents). • Advertisements are transparent. • Discussions with enrolled students and recent graduates. Of note: • Programs should consider how they are advertising all components, including but not limited to: resources, co-curricular activities, faculty, advising, *supervised clinical practice experience (SCPE)* sites, etc.

A3.11a-i	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: a) the program's ARC-PA accreditation status as provided to the program by the ARC-PA

FOCUSED QUESTIONS
• Is the program's current accreditation status (verbatim as provided by the ARC-PA) *published* in an online location that is intuitive and easily accessible to students and the general public? • Is the link to the program's accreditation history within the accreditation status paragraph a current and functioning link?

ESSENTIAL EVIDENCE
• The website clearly describes all components of the standard. • All institutional and program documents, correspondence, and websites are accurate and consistent with each other. • Information is easily accessible for *prospective students*. • The program's publication uses the official wording provided by the ARC-PA in its entirety, exactly as written. The expectation is that this will be *published* and available on the home page of the program's website or as a link directly from the home page.

A3.11b	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: b) evidence of its *effectiveness* in meeting its *goals*

FOCUSED QUESTIONS
• Are the program *goals* defined? Are they *published* online where a member of the general public can easily find them? • Are the *goals* measurable with specified benchmarks? • Has the program *published* the specific outcomes (data summary) for each goal?

- Does the evidence of *effectiveness* in meeting the *goals* include the most recent outcomes?

ESSENTIAL EVIDENCE

- The program publishes success in achieving its *goals* in a way that is easily interpreted by *prospective students* (such as reporting data, outcomes, and conclusions) and ensures that its website is regularly updated with the most relevant information.

Of note:

- Evidence of *effectiveness* is presented in the form of data summarized and aggregated (likely by cohort) in a manner that clearly demonstrates whether the program met its benchmark during each assessment period (typically annually). A statement that the goal was achieved or a benchmark met is in*sufficient* without a data summary.
- Program *goals* do not include required components of the curriculum since achievement is guaranteed at 100%.
- Programs in applicant or provisional accreditation status may not yet possess all required information for public disclosure. In such instances, the program should clearly indicate on its website that the information is not yet available and provide an estimated timeline for when the required information will be *published*.

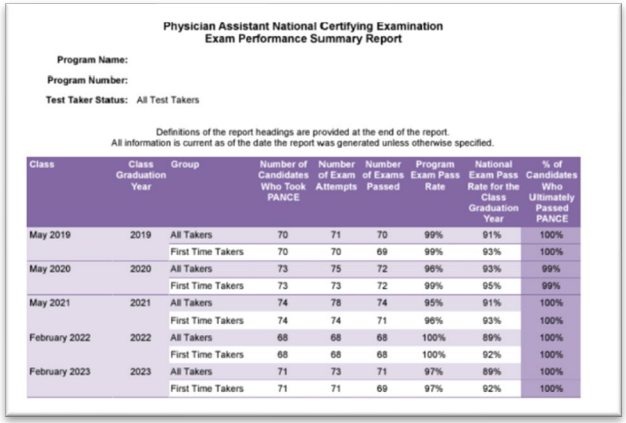
A3.11c	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: c) the current annual "*NCCPA PANCE* Exam Performance Summary Report Last 5 Years" listing pass rates at each *distant campus* individually provided by the *NCCPA* through its program portal, when complete or no later than April first (4/1) of each year

FOCUSED QUESTIONS

- Is the most current *PANCE* Exam Performance Summary Report *published* online where a member of the general public would be able to easily locate it (or a link to it)?

ESSENTIAL EVIDENCE

- The program publishes the official <u>*NCCPA PANCE* "Exam Performance Summary Report Last 5 Years"</u> as provided by the *NCCPA* through its program portal. (This is not the same as the "Five Year First Time Taker Summary Report" which is not required to be posted). The report will reflect the most recent graduating class that has taken the *PANCE (*divided by campus if the program has *distant campus* sites*)*. The expectation is that this document will be easily recognizable from the home page of the program website, in a category related to graduate outcomes, not hidden within other categories. If the link connects to a separate web page on the site, the *PANCE* report is readily evident.
- The ARC-PA expects programs to have the most current results posted at all times. Therefore, as soon as results are provided by *NCCPA*, they will be posted on the program's website. This will occur no later than April 1st of each year. The "Exam Performance Summary Report" looks like this (from *NCCPA*):



Physician Assistant National Certifying Examination
Exam Performance Summary Report

Program Name:

Program Number:

Test Taker Status: All Test Takers

Definitions of the report headings are provided at the end of the report.
All information is current as of the date the report was generated unless otherwise specified.

Class	Class Graduation Year	Group	Number of Candidates Who Took PANCE	Number of Exam Attempts	Number of Exams Passed	Program Exam Pass Rate	National Exam Pass Rate for the Class Graduation Year	% of Candidates Who Ultimately Passed PANCE
May 2019	2019	All Takers	70	71	70	99%	91%	100%
		First Time Takers	70	70	69	99%	93%	100%
May 2020	2020	All Takers	73	75	72	96%	93%	99%
		First Time Takers	73	73	72	99%	95%	99%
May 2021	2021	All Takers	74	78	74	95%	91%	100%
		First Time Takers	74	74	71	96%	93%	100%
February 2022	2022	All Takers	68	68	68	100%	89%	100%
		First Time Takers	68	68	68	100%	92%	100%
February 2023	2023	All Takers	71	73	71	97%	89%	100%
		First Time Takers	71	71	69	97%	92%	100%

Of note:

- Programs may recreate the *NCCPA* report for display on their website, as required by their institution, provided it contains the exact same information in a similar-looking display.
- Programs in applicant or provisional accreditation status may not yet possess all required information for public disclosure. In such instances, the program should clearly indicate on its website that information is not yet available and provide an estimated timeline for when required information will be *published*.

A3.11d	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: d) all required curricular components and the delivery method

FOCUSED QUESTIONS

- Are all required curricular components *published* online where the general public could easily find them?
- In which disciplines of medicine are students required to complete *supervised clinical practice experiences (SCPE*s)? Is each listed individually?
- Does the program publish its method of delivery for every course (didactic and clinical), either by course or by group of courses (e.g., in-person, hybrid, online, *telemedicine*, synchronous, asynchronous, etc.)?

ESSENTIAL EVIDENCE

- Listed curricular components include all courses, including *required rotations* by specialty. If the *rotation* discipline is not clear from the course name (e.g., PAS 501 *Rotation* 1, PAS 502 *Rotation* 2, etc.), then the disciplines could be listed separately as a note below the curriculum.
- The *published* curriculum is consistent with the curriculum provided in the application.
- The delivery method is listed with each course and *SCPE* in the same location as the curriculum list. This may be presented course-by-course or by a group of courses. For example, "didactic courses are primarily in person with occasional online or hybrid sessions," "clinical courses are conducted primarily in person, with possible *telemedicine* experiences in which *preceptor*s are present in the room, except for the psychiatry *rotation*, which may be primarily via *telemedicine.*" The intent is to allow the *prospective student* to choose a program with delivery methods best suited to their learning preference.

Of note:

- *SCPE* courses that are electives may be labeled as such without a discipline of medicine specified. The program may choose to provide options for elective or selective disciplines, if desired.
- If a course may be required for some students (e.g., a *remediation* course), it must be listed.

A3.11e	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: e) academic credit offered by the program

FOCUSED QUESTIONS

- Is the academic credit offered by the program *published* to include both *required* and elective PA *courses*?
- Are the credit hours for each course and for the entire curriculum clear?

ESSENTIAL EVIDENCE

- The program publishes online, in a location easily accessible to the general population, the number of credit hours for each course in the curriculum, along with the total credits for the entire program.

A3.11f	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: f) estimates of the total cost of enrollment

FOCUSED QUESTIONS

- What is the estimated total cost of enrollment, related to the program (to include at a minimum: tuition, fees, books, equipment, housing for the length of the program, clinical *rotation*s travel and housing, transportation, and other required expenses)?
- Where is this *published*?

ESSENTIAL EVIDENCE

- The *published* program costs are current, inclusive of all required expenses (including those related to *supervised clinical practice experiences (SCPE*s)). They are presented in a manner that allows the general public to easily determine the total cost of enrollment. They include, at a minimum: tuition, fees, books, equipment, housing for the length of the program, clinical *rotation*s travel and housing, transportation, and other required expenses.
- Discussions with faculty and enrolled students.
- Consistency is demonstrated between the estimates provided in the application, the program's portal, and the program's website, and verified during the site visit.
- Programs that include undergraduate courses and a professional phase (i.e., a 3 + 2 curriculum) will report the total cost of enrollment of the undergraduate and professional phases if the only mechanism to enroll in the professional phase is to complete the program's curriculum. However, if a student may begin the professional phase without participating in the program's undergraduate curriculum, then the program reports the total cost of enrollment for the professional phase only.

Of note:

- This standard includes all expenses collected by the university and all additional required program expenses that may not be directly collected by the sponsoring institution (e.g., *SCPE* transportation and housing at sites not local to the campus, etc.).
- When cost ranges are provided, they specify the minimum and maximum dollar amounts rather than using vague descriptions such as 'cost varies'.
- Estimates are generally maintained within approximately 10% of the current calculated cost for a typical student. Information posted on the program's website should err on the higher side of an estimate rather than underestimating costs. The term 'typical student' is used with the understanding that individual lifestyle expectations vary significantly.
- A definition of the total cost of enrollment (same as the total cost of attendance) can be found at: **https://studentaid.gov/help-center/answers/article/what-does-cost-of-attendance-mean.** Not all components of this list are relevant to PA students, which is why the minimum list is provided in the focused questions and essential evidence.

A3.11g	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: g) program-defined *competencies* for entry level practice

FOCUSED QUESTIONS

- Are the program's *competencies published* in a place that is easily located by the general public?
- Has the program defined measurable *competencies* for all required components, including clinical skill, technical skills, clinical reasoning and problem-solving abilities, interpersonal skills, medical knowledge, and professional behaviors?

ESSENTIAL EVIDENCE	
• The program website lists all its program-defined, required *competencies* for entry level practice in the PA profession. • These posted *competencies* are the same *competencies* listed in the application and assessed during the *summative evaluation*. Of note: • *Competencies* address all topic areas/domains required in Standard B4.03, including both relevant clinical skills and technical skills. • While programs may choose to utilize PA *competencies* defined by other organizations, each program is expected to adopt its own defined *competencies*.	
A3.11h	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: h) which services and resources are only available, or differently available, to students and faculty on the main campus when the program is offered at a geographically *distant campus* location
FOCUSED QUESTIONS	
• Does the program have a *distant campus*? If no, then this is N/A. • If so, which services and resources are available at each campus (main and distant)? Identify both student and faculty services. • Which of these services and resources are not available at all locations? Which are in-person, by phone, by video communications, etc.? • Where is this information posted online so that a member of the general public may easily find it?	
ESSENTIAL EVIDENCE	
• The program website lists which services and resources are available at each campus (main and distant) and highlights those that are unavailable or available in a different manner at other campuses, with descriptions of the differences.	
A3.11i	The program publishes and makes *readily available* to enrolled and *prospective students* current program information, including: i) current annual student graduation rate information, on the table provided by the ARC-PA, no later than April 1st (4/1) of each year
FOCUSED QUESTIONS	
• Is the most recent graduating cohort's graduation rate information *published* on the program's website using the ARC-PA table, or a program-created table that looks like the ARC-PA table, and contains the exact same information?	
ESSENTIAL EVIDENCE	

- The *published* table includes graduation rate information for the program's graduated cohorts.
- It is *published* online, where a member of the general public can easily locate it.
- The most recent graduating cohort's information is provided as soon as it's available and no later than April 1st (4/1) of each year.
- Consistency is demonstrated between the *published* table information, the program's portal, and both the *attrition* table and information provided in the Self-Study Report (SSR).

Of note:

- Some program websites will not accept an upload of the table or an image of the table. In this case, the program may recreate the table using its web design system in a manner that resembles the ARC-PA table. Contact Accreditation Services with questions.
- Programs may add information to explain the table or add additional tables as long as the ARC-PA table information is complete.
- Programs in applicant or provisional accreditation status may not yet possess all required information for public disclosure. In such instances, the program should clearly indicate on its website that information is not yet available and provide an estimated timeline for when the required information will be *published*.

A3.12a-e	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students* any admission and enrollment practices that address: a) favored or preferred characteristics, individuals, or groups (if applicable)

FOCUSED QUESTIONS

- Are the program admission policies and procedures *published* online where a member of the public can easily find them?
- Does the program have admission and enrollment practices that favor or prefer certain applicant characteristics, individuals, or groups?
- If so, what are the favored criteria, and how are they communicated to *prospective students*?

ESSENTIAL EVIDENCE

- Institutional and program documents and website(s) consistently and clearly describe all components of the standard.
- If applicable, the program's preference for certain admission characteristics (e.g., higher GRE score, higher GPA, higher patient contact hours, etc.) is clearly identified.
- If applicable, the program's preference for certain individuals (e.g., previous applicants, leaders, military, graduates of certain colleges, etc.) is clearly identified.
- If applicable, the program's preference for certain groups (e.g., religious groups, ethnic groups, cultural groups, memberships in a group, etc.) is clearly identified.
- Consistency is demonstrated between the application, the program's website, and discussions with *program faculty*.

Of note:

- It is not required that the program disclose more than just a "preference." The number of points or other scoring metrics does not need to be disclosed to applicants.
- If programs utilize characteristics to break ties or influence decisions, then those would be considered preferences.

A3.12b	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students* any admission and enrollment practices that address: b) prior education

FOCUSED QUESTIONS

- What are the admission requirements regarding academic courses, degrees, and/or minimum GPAs?
- Is this *published* online where a member of the general public could easily find it?

ESSENTIAL EVIDENCE

- The program explicitly states on its website all required prior education (e.g., minimum GPA(s), minimum credit hours, specific majors required, minimum degree, *required prerequisite courses*, etc.) for admission to the program. This information is located where the general public can easily find it.
- Consistency is demonstrated between the application, the program's website, and discussions with *program faculty*.

A3.12c	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students* any admission and enrollment practices that address: c) awarding or granting *advanced placement*

FOCUSED QUESTIONS

- Does the program award *advanced placement*?
- If so, is this enrollment practice *published* online where a member of the general public can easily find it?

ESSENTIAL EVIDENCE

- The program has *published* on its website(s) a description of when/if *advanced placement* is and is not an option.
- If the program grants *advanced placement*, there is a procedure in place to ensure that the practice is consistently applied.
- If *advanced placement* has been awarded, student files contain evidence that the program has followed its defined practice.
- Consistency is demonstrated between the application, the program's website, and discussions with *program faculty*.

A3.12d	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students* any admission and enrollment practices that address: d) required work experience
FOCUSED QUESTIONS	
• What are the required work experiences for applicants? • Does the program require this work to be in a certain discipline, paid, volunteer, or meet other criteria? • Is this *published* online where a member of the general public can easily find it?	
ESSENTIAL EVIDENCE	
• Prior work experience(s) (e.g., patient contact hours, paid vs volunteer requirements) that are required for admission are listed online, where the general public can easily locate them. • Consistency is demonstrated between the application, the program's website, and discussions with *program faculty*.	
A3.12e	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students* any admission and enrollment practices that address: e) required *technical* standards for enrollment.
FOCUSED QUESTIONS	
• Are the required *technical* standards defined and *published*? • Are they *published* online where a *prospective student* can easily locate them? • Are the *published technical* standards consistent across all sources where they are *published* (e.g., online, handbooks, syllabi, etc.)?	
ESSENTIAL EVIDENCE	
• The required *technical standards* for enrollment are defined, *published*, and *readily available*. • Consistency is demonstrated between the application, the program's website, and discussions with *program faculty*.	
A3.13	The program makes student admission decisions in accordance with clearly defined and *published* practices of the institution and program.
FOCUSED QUESTIONS	

- What are the processes/practices for making admission decisions?
- Are descriptions of these processes and practices *published* (e.g., not the actual rubrics, but rather a description of what the program considers in its admission decisions)?

ESSENTIAL EVIDENCE

- Written admission policies and procedures are adhered to, as evidenced by a review of student files.
- The program's admissions documents (e.g., copies of forms, rubrics, etc. used to screen applications for admission), as submitted in the program's application of record, along with discussions with *program faculty*, are consistent with and reflect the practices *published* on the program website.
- Documentation verifying that admission requirements were consistently met is maintained in individual student files.

Of note:

- The number of points or other scoring metrics does not need to be disclosed or *published* for applicants.
- A copy of the actual rubrics does not need to be disclosed or *published* for applicants.

A3.14a-j	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: a) any required academic standards to maintain enrollment and progress in the curriculum

FOCUSED QUESTIONS

- What are the required academic standards for students while in the program?
- Where are these required academic standards *published*?

ESSENTIAL EVIDENCE

- Program documents and website(s) are consistent with each other and clearly describe all academic standards that are required by the program for students to maintain enrollment and progress in the curriculum (e.g., GPA requirements, grade requirements, *remediation* requirements, etc.).
- Any required academic standards are *published* in a place where enrolled students and the general public (prospective students) can easily locate them.

A3.14b	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: b) requirements and deadlines for completion of the program

FOCUSED QUESTIONS

- What are all of the requirements for completion of the PA program?

- What is the deadline for completion of the PA program? How much time does the PA student have to complete the program (as set by the program or institution)?
- Where are these requirements and deadlines *published*?

ESSENTIAL EVIDENCE

- Requirements and deadlines for program completion are *published* and are the same in each location where they are *published*.
- Requirements and deadlines for program completion are *published* in a place where enrolled students and the general public (prospective students) can easily locate them.
- Student files show evidence that the program consistently applies these requirements and deadlines.

Of note:

- Deadlines and requirements for program completion may be stated in various ways, provided they are clear to the student. This may include specifying a maximum or time limit for program completion**.**

A3.14c	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: c) policies and procedures for *remediation*

FOCUSED QUESTIONS

- What are the policies and procedures for *remediation*?
- Where are these *published*?

ESSENTIAL EVIDENCE

- *Remediation* policy and procedures are *published* in a place where enrolled students and the general public (prospective students) can easily locate them.
- The program's course and curricular *remediation* policies and procedures are consistently applied as verified by student and course files.

Of note:

- Curricular areas where remediation is and is not available are clearly delineated.

A3.14d	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: d) policies and procedures for *deceleration*

FOCUSED QUESTIONS

- What are the policies and procedures for *deceleration*?
- Where are these *published*?

ESSENTIAL EVIDENCE
• *Deceleration* policies and procedures are *published* in a place where enrolled students and the general public (prospective students) can easily locate them. • The program's *deceleration* policies and procedures are consistently applied as verified by student and course files. Of note: • The program explicitly states whether *deceleration* is or is not an option, including any details or limitations.
A3.14e The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: e) policies and procedures for withdrawal
FOCUSED QUESTIONS
• What are the policies and procedures for withdrawal? • Where are these *published*?
ESSENTIAL EVIDENCE
• Program withdrawal policies and procedures are *published* in a place where enrolled students and the general public (prospective students) can easily locate them. • Procedures clearly describe how the student withdraws from courses and how they withdraw from the program. • The program's withdrawal policies and procedures are consistently applied as verified by student and course files.
A3.14f The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: f) policies and procedures for dismissal
FOCUSED QUESTIONS
• What are the policies and procedures for dismissal? • Where are these *published*?
ESSENTIAL EVIDENCE
• Program dismissal policies and procedures are *published* in a place where enrolled students and the general public (prospective students) can easily locate them. • The procedures clearly describe the process for dismissal from the program. • The program's dismissal policies and procedures are consistently applied as verified by student and course files.

A3.14g	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: g) policies and procedures for student grievances
FOCUSED QUESTIONS	
• What are the policies and procedures for student grievances? • Where are these *published*?	
ESSENTIAL EVIDENCE	
• Program policies and procedures for student grievances are *published* in a place where enrolled students and the general public (prospective students) can easily locate them. • The procedures clearly outline how the student would file a grievance and how the grievance is adjudicated (with timing).	
A3.14h	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: h) policies and procedures for student appeals
FOCUSED QUESTIONS	
• What are the policies and procedures for appeals? • Where are these *published*?	
ESSENTIAL EVIDENCE	
• Program policies and procedures for student appeals are *published* in a place where enrolled students and the general public (prospective students) can easily locate them. • The procedures clearly outline how the student would appeal a decision or grade and how the appeal is adjudicated (with timing).	
A3.14i	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: i) policy for student employment while enrolled in the program
FOCUSED QUESTIONS	
• What is the policy for student employment while in the program? • Where is this *published*?	

ESSENTIAL EVIDENCE
• Program policy on student employment is *published* in a place where enrolled students and the general public (prospective students) can easily locate it. • Discussions with students verify that the policy is consistently applied.

A3.14j	The program publishes, consistently applies, and makes *readily available* to enrolled and *prospective students*: j) policy for student travel to *required rotation* sites

FOCUSED QUESTIONS
• What is the policy for when and how far students will be required to travel for *SCPE*s? • Where is this *published*?

ESSENTIAL EVIDENCE

• Program policy on how far and how often the typical student may be required by the program (excluding student requests) to travel to/from *supervised clinical practice experience (SCPE)* sites.
• Discussions with students verify that the policy is consistently applied.
Of note:
• Examples include:
  ○ For example, students may be required to do up to two (2) *rotation*s that are more than 500 miles from the program.
  ○ For example, no student will be required to do any *rotation* that is more than 60 miles from the program.
  ○ For example, students will be required to travel up to 200 miles for any given *rotation*.
  ○ For example, students may need to secure airfare to travel to at least one (1) *rotation*.
• Programs, such as hybrid programs, offering student *rotation*s near the student's home city clearly publish what would happen if the program was unable to secure all *rotation*s where the student resides.
• Allowing students to request to travel to distant *SCPE* sites is not restricted by this standard and does not need to be *published*. For example, a student may request to have as many *SCPE*s as possible at a remote location because that is where they want to work after graduation.
• A document titled *Program Policies of Interest to Prospective Students,* easily accessible on the program's website, would be considered a readily available location without occupying excessive webpage space.
• See also Standard A3.11f, the program ensures that these travel costs are part of the calculated total cost of enrollment.

Program Records

A3.15a-c	Programs granting *advanced placement* document within each student's file that those students receiving *advanced placement* have: a) met program-defined criteria for such placement b) met institution-defined criteria for such placement c) demonstrated meeting the *learning outcomes* for the curricular components for which *advanced placement* is given

FOCUSED QUESTIONS

- Does the program award *advanced placement*? (If no, N/A)
- If so, how does the program document that the student met the program's criteria for *advanced placement*?
- If so, how does the program document that the student met the institution's criteria for *advanced placement?*
- If so, how does the program document that the student achieved the *learning outcomes* for the courses or components for which *advanced placement* was granted?

ESSENTIAL EVIDENCE

- Detailed program criteria for granting *advanced placement*.
- Records of students granted *advanced placement* include documentation of meeting each program criterion for which *advanced placement* is granted.
- Records of students granted *advanced placement* include documentation of meeting each institutional criterion for which *advanced placement* is granted.
- Documentation of *learning outcomes* assessed and student performance when *advanced placement* is granted.

A3.16a-f	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation: a) that the student met the *published* admission criteria

FOCUSED QUESTIONS

- How does the program document that the students have met the *published* admission criteria?
- Where is this located within the institution or program records?
- Who is authorized to access these records? How is access limited to only those who are authorized to access it?

ESSENTIAL EVIDENCE
• Program documentation within student files or program files (hard copy or electronic) clearly identifies each student by name as having met each of the program's *published* admission criteria. Each criterion is identified separately and designated as met or not met. • Discussions with *program faculty* and the students verify that student academic records are only accessible to authorized program personnel. Of note: • Site visitors may ask for up to the three most recent graduated cohorts in addition to current students. • Evidence being housed/located solely in CASPA is not accepted as compliant. However, the program could choose to print the CASPA information and store it in program files, which is acceptable. • Evidence may be documented on several different forms (e.g., one form for CASPA criteria, one form for interview criteria, etc.) or in one database as long as each student is individually identified and assessed on each admission criterion.

A3.16b	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation: b) that the student met the institution and program health screening and immunization requirements

FOCUSED QUESTIONS
• How does the program document that the students have met the health screening and immunization requirements? • Where is this located? • Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE
• Program files have documents indicating the students have met the health screening and immunization requirements. This may be individual documents for each student, one document listing all students in a cohort, or other documentation methods deemed appropriate by the program. • The site visit team reviews documentation that clearly identifies that all students have met health screening and immunization requirements. • Discussions with *program faculty* and the students verify that student academic records are only accessible to authorized program personnel. Of note: • Site visitors may ask for up to the three most recent graduated cohorts in addition to current students.

A3.16c	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation: c) of student performance while enrolled

FOCUSED QUESTIONS

- How does the program document the students' academic performance while enrolled?
- Where is this located?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Student academic records include documentation of student performance while enrolled.
- These academic records may be kept within individual student files or other locations deemed appropriate by the program.
- Discussions with *program faculty* and the students verify that student academic records are only accessible to authorized program personnel.

Of note:

- Site visitors may ask for up to the three most recent graduated cohorts in addition to current students.
- Examples of locations for academic performance records may include databases, dashboards, online program management software, etc.
- The location is the same for all students, so authorized personnel know where to find it.

A3.16d	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation: d) of *remediation* efforts and outcomes

FOCUSED QUESTIONS

- How does the program document the students' *remediation* efforts and outcomes?
- Where is this located?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Student records/files include *remediation* documentation, which encompasses both the *remediation* plan and the outcome of *remediation*.
- Discussions with *program faculty* and the students verify that student academic records are only accessible to authorized program personnel.

Of note:

- Site visitors may ask for up to the three most recent graduated cohorts in addition to current students.
- Programs may be asked by the site visit team to provide student files from their most recent graduated cohort, specifically for students who remediated.

A3.16e	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel only and include documentation: e) of any formal disciplinary action taken against a student

FOCUSED QUESTIONS

- How does the program document the formal academic, behavioral, professional, or other disciplinary action taken against a student?
- Where is this documentation located?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Review of student records/ files for affected students that include formal disciplinary action.
- Discussions with *program faculty* and the students verify that student academic records are only accessible to authorized program personnel.

Of note:

- Site visitors may ask for up to the three most recent graduated cohorts in addition to current students.
- The site visit team may ask programs to provide student files from the three most recent graduated cohorts, specifically for students with formal disciplinary actions.

A3.16f	Student academic records kept by the sponsoring institution or program, in a paper or electronic format, *are* readily accessible to authorized program personnel only and include documentation: f) that the student met the requirements for program completion

FOCUSED QUESTIONS

- How does the program document that students have met the requirements for program completion?
- Where is this documentation kept?
- Who is authorized to access these records? How is access limited to only those who are authorized for access?

ESSENTIAL EVIDENCE

- Program files contain documents indicating which students have met the program completion requirements. This may be in electronic or paper format.
- A final student transcript may not be *sufficient* if the program/institution has additional program completion requirements beyond what is provided in a transcript (e.g., passing the *summative evaluation*, performing community service, completing assigned *remediation*, etc.).
- Discussions with *program faculty* and the students verify that student academic records are only accessible to authorized program personnel.

Of note:

- Site visitors may ask for up to the three most recent graduated cohorts in addition to current students.
- The documentation format is the program's choice (e.g., one file including all members of the cohort individually, individual records in each student file, etc.).

A3.17	Unauthorized people, including PA students, do not have access to academic records or confidential information of other students or faculty.

FOCUSED QUESTIONS

- How does the program ensure that PA students, faculty, staff, and other unauthorized people do not have access to academic records or confidential information related to other students or other faculty?
- Where/ how are the academic records and confidential information securely stored?

ESSENTIAL EVIDENCE

- Program process stating how students and faculty may request to review their own records.
- Program process outlining how program confidential records are kept secure from unauthorized access.
- Discussions and tours of the facilities and/or reviews of online files verify that records are not accessible to unauthorized individuals.

A3.18	Student *health records* are confidential and not accessible to or reviewed by *program faculty* or staff, except for immunization and screening results, which may be maintained and released with the student's written permission.

FOCUSED QUESTIONS
• How does the program ensure the confidentiality of student *health record*s so that they may not be accessed or reviewed by *program faculty* or staff? • Where/ how are the student *health record*s securely stored? • Who has access to immunization and screening results? How is written permission to share these obtained from the students?
ESSENTIAL EVIDENCE
• Documented program process indicating that student *health records* are not to be accessed or reviewed by *program faculty* or staff. • Documented program process explaining how permission/release forms are obtained for the immunization and screening results. • Site visitor review of student files showing release forms and immunization/screening results only (no *health record*s). • Health screening forms do not contain protected health information. Of note: • The ARC-PA does not consider needle stick/sharp reports, generic pass/no pass results of drug screening, or criminal background checks a part of the *health record*.

A3.19a-b	Program records for the program director, *medical director,* and *principal faculty* include: a) a current job description that includes duties, responsibilities, and required qualifications specific to each faculty member
FOCUSED QUESTIONS	
• Where are faculty records housed? • Does each faculty record include a current job description with the needed information related to duties, responsibilities, and qualifications for that individual?	
ESSENTIAL EVIDENCE	
• Faculty records contain current and accurate position descriptions that include duties, responsibilities, and required qualifications specific to each faculty member either by name, title, or role. • Consistency is demonstrated between the application, job descriptions, and program records. Of note: • The required qualifications are clearly differentiated from preferred qualifications.	

- For example, the program may have a job description for "*principal faculty*," but that would be in*sufficient* to use for the *principal faculty* member who is also the Director of Didactic Education (DDE) because of the extra responsibilities of that DDE position. In this case, the program could, for example, create a new job description or add an appendix to the *principal faculty* job description.

A3.19b	Program records for the program director, *medical director,* and *principal faculty* include: b) a current curriculum vitae

FOCUSED QUESTIONS

- Where are faculty records housed?
- Does each program director, *medical director*(s), and *principal faculty* member's file include a current curriculum vitae (CV)?

ESSENTIAL EVIDENCE

- Program records contain a current and accurate CV for the program director, *medical director*, and each *principal faculty* member.

Of note:

- The CV on file with the program must be up to date (listing their current position within the program) but is not required to be on the ARC-PA template.
- The CV within the application is submitted on the ARC-PA template. These two documents are consistent with each other.

A3.20	Program records include a current curriculum vitae for each *course director*.

FOCUSED QUESTIONS

- Where are the *course director* records housed?
- Does the program have a current CV for each *course director*?

ESSENTIAL EVIDENCE

- Program files include current CVs for all *course directors*.

Of note:

- *Course director* CVs are not required to utilize the ARC-PA template CV.

SECTION B: CURRICULUM AND INSTRUCTION

INTRODUCTION

The standards in section B1 apply to the entire curriculum of the program and have application to all curricular components.
The standards in section B2 apply primarily to the didactic curriculum of the program but may be included in the clinical curriculum as appropriate and determined by the program. This is expected to be instruction from the program, not from *preceptor*s.
The standards in section B3 apply to the clinical curriculum of the program.
The standards in section B4 apply to the entire curriculum of the program and have application to all curricular components.

B1. Curriculum

B1.01a-d	The curriculum: a) is consistent with the mission and *goals* of the program
FOCUSED QUESTIONS	
• How does the curriculum align with the program's mission and *goals*? • What are the key principles highlighted by the program's mission? Where are these key principles taught in the curriculum (or co-curriculum)? • What are the key components of each program goal? Where are these taught in the curriculum (or co-curriculum)?	
ESSENTIAL EVIDENCE	
• The courses and co-curriculum are clearly consistent with the program's mission and *goals*. • Consistency between the application and discussions with *program faculty* supports the alignment of the program mission, to the *goals*, to the curriculum. Of note: • Programs may choose to provide curriculum (course *goals* and/or course *learning outcomes*) mapped to program *goals* and program *goals* mapped/aligned to the mission.	
B1.01b	The curriculum:

	b) is consistent with program *competencies*
FOCUSED QUESTIONS	
• How does the curriculum align with the program's *competencies*? • For each program competency, which course(s) provide instruction to develop that competency?	
ESSENTIAL EVIDENCE	
• Evidence that the curriculum supports student achievement of all of the program-defined *competencies* (domains of the *competencies* include: the medical knowledge, interpersonal skills, clinical skills, technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice). Of note: • Programs may choose to provide curriculum (course *learning outcomes*) mapped to the *competencies*.	
B1.01c	The curriculum: c) includes core knowledge about established and evolving biomedical and clinical sciences and the application of this knowledge to patient care
FOCUSED QUESTIONS	
• What are the foundational science courses within the curriculum? • In which parts of the curriculum are new, cutting-edge topics in the basic and clinical sciences explored?	
ESSENTIAL EVIDENCE	
• The curriculum demonstrates the instruction and application of biomedical and clinical science knowledge as it relates to patient care. • The curriculum demonstrates the instruction and application of evolving new topics related to biomedical and clinical sciences.	
B1.01d	The curriculum: d) provides the necessary breadth and depth to prepare students for the clinical practice of medicine
FOCUSED QUESTIONS	

- How does the program determine the necessary breadth of the curriculum? Using the program's measure, is there *sufficient* breadth?
- How does the program determine the necessary depth of the curriculum? Using the program's measure, is there *sufficient* depth?
- What *analysis* of student outcomes (including *PANCE*) does the program use to ensure both breadth and depth?
- How often is this reviewed?

ESSENTIAL EVIDENCE

- Program *learning outcomes* that define expected and appropriate clinical practice *competencies*.
- Description of how the program curriculum was developed to ensure graduates will be well prepared for clinical practice.
- Consistency is demonstrated between the evidence of curriculum breadth and depth and the preparation of students for clinical practice of medicine, as presented in the Self-Study Report (SSR).

Of note:

- The Commission may find that the program's curriculum lacks *sufficient* breadth and depth of a particular topic if significant components are missing from course *learning outcomes* or sustained poor outcomes related to a particular topic.
- Programs may choose to provide a curriculum (course/*learning outcomes*) map.

B1.02	The curriculum design reflects content and course sequencing that builds upon previously achieved student learning.

FOCUSED QUESTIONS

- How was the curriculum designed?
- How was the sequencing of content and courses designed?
- How are topics reinforced through sequencing that builds upon previously achieved learning?

ESSENTIAL EVIDENCE

- Description of the curriculum design and sequencing.
- Course sequencing in conjunction with course syllabi content demonstrates a curriculum that sequentially builds upon previous knowledge.

Of note:

- The concept of sequencing refers to the coordination and integration of content both horizontally and vertically across the curriculum.
- Programs may choose to provide a curriculum (course/*learning outcomes*) map.

B1.03a-i	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi:

	a) course name
FOCUSED QUESTIONS	
• Does each course syllabus include the correct course name?	
ESSENTIAL EVIDENCE	
• Programs have a syllabus, or an appendix to the syllabus, that includes the course name. Of note: • The syllabus for the PA 522 Anatomy I course has a document name similar to "PA522_ANAT1" to facilitate document location and review. • This information may be included in the learning management system or student/clinical handbooks, but programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.	
B1.03b	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: b) course description
FOCUSED QUESTIONS	
• Does each course syllabus include the correct course description? • Does the course description match the course description online and in the catalog?	
ESSENTIAL EVIDENCE	
• Programs have a syllabus, or an appendix to the syllabus, that includes a course description. Of note: • This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.	
B1.03c	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: c) faculty instructor of record
FOCUSED QUESTIONS	
• Does each course syllabus include the name of the faculty instructor of record?	

ESSENTIAL EVIDENCE
• The syllabus, or an appendix to the syllabus, contains the name of the faculty instructor of record for the current, most recent, or next iteration of the course. Of note: • Using "TBD" or "TBA" or other indications that the course does not have a faculty instructor of record is not acceptable, except for those applicant programs applying for initial provisional accreditation. • This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.

B1.03d	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: d) course goal(s)

FOCUSED QUESTIONS
• Does each course syllabus include course goal(s)?

ESSENTIAL EVIDENCE
• Programs have a syllabus, or an appendix to the syllabus, that includes a course goal. Of note: • This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.

B1.03e	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: e) *course learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies*

FOCUSED QUESTIONS
• Does each course syllabus include measurable course *learning outcomes* that guide student acquisition of the required *competencies*?

ESSENTIAL EVIDENCE

- Programs have a syllabus, or an appendix to the syllabus, that includes course *learning outcomes* in measurable terms that are assessed and guide student acquisition of required *competencies*.
- Course *learning outcomes* are clear in defining program expectations, providing guidance, and helping students achieve program-required *competencies*.

Of note:

- All course *learning outcomes* are assessed to demonstrate that every student has achieved the outcome, while *instructional objectives* are there to guide student learning and guide achievement of the *learning outcomes* (*instructional objectives* may not all be assessed individually).
- This information may be included in the learning management system or student/clinical handbooks. Still, programs will pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.
- Common "unmeasurable" verbs that should be avoided in *learning outcomes* include: appreciate, believe, know, learn, and understand. Measurable verbs are the ones that describe the student doing something tangible. More resources are available at: https://www.arc-pa.org/entry-level-program/entry-level-manuals-and-guides/

B1.03f	For each didactic and clinical course (including *required* and *elective rotations*), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: f) *instructional objectives* in measurable terms that guide student learning

FOCUSED QUESTIONS

- Does each course syllabus include *instructional objectives* that are measurable?

ESSENTIAL EVIDENCE

- Programs have a syllabus, or an appendix to the syllabus, that includes *instructional objectives* in measurable terms that guide student learning.

Of note:

- This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.
- Programs are not required to assess every instructional objective, even though they are written in measurable terms.
- Common "unmeasurable" verbs that should be avoided in *instructional objectives* include: appreciate, believe, know, learn, and understand. Measurable verbs are the ones that describe the student doing something tangible. More resources are available at: https://www.arc-pa.org/entry-level-program/entry-level-manuals-and-guides/

B1.03g	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: g) outline of topics to be covered that align with *learning outcomes* and *instructional objectives*

FOCUSED QUESTIONS

- Does each course syllabus include the outline of topics to be covered in the course?
- Does the outline of topics align with the *learning outcomes* and *instructional objectives*?

ESSENTIAL EVIDENCE

- Programs have a syllabus, or an appendix to the syllabus, that includes an outline of topics that align with the *learning outcomes* and *instructional objectives*.

Of note:

- The topic list includes all major topics that the course will cover. Therefore, phrases such as "this is not an all-inclusive list" should not be used.
- This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.
- An embedded URL link to a topic list is acceptable as long as it is functional and aligned to the correct course (e.g., topic lists for PAEA end of *rotation* exams if used).

B1.03h	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: h) description of the student assessment(s) and evaluation(s)

FOCUSED QUESTIONS

- Does each course syllabus include a description of every assessment and evaluation in the course?

ESSENTIAL EVIDENCE

- Programs have a syllabus, or an appendix to the syllabus, that includes a description of each assessment and evaluation.
- The description of each assessment allows the reviewer to identify how the assessment aligns with the instructional content.
- The description enables the reader to understand what will be expected of them.

Of note:

- This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.

- The descriptions of assessments/evaluations provide the student with information about the assessment/evaluation and will include more than a listing of assessment titles.

B1.03i	For each didactic and clinical course (including *required* and *elective rotation*s), the program defines and *publishes* for students the following detailed information in syllabi or an appendix to the syllabi: i) plan for grading

FOCUSED QUESTIONS

- Does each course syllabus include the plan for grading?

ESSENTIAL EVIDENCE

- Programs have a syllabus, or an appendix to the syllabus, that includes a detailed plan for grading, listing each scored assessment and the points or percentage assigned.

Of note:

- This information may be included in the learning management system or student/clinical handbooks. Still, programs are required to pull out that information and submit it as course syllabi and appendices to the syllabi, in its application of record.
- The plan for grading allows the student to understand how the final course grade is calculated by listing each assessment individually with its point value, percent of grade, or pass/fail status. If a numeric final course score is converted to a letter grade, then the conversion table from numeric score to letter grade is provided (e.g., 90-100=A, 80-89.5=B, etc.).

B1.04a-b	The program ensures *comparable and equivalent* course content, instructional material access, and student experience when: a) didactic instruction is conducted at geographically separate locations

FOCUSED QUESTIONS

- Does the program have a geographically separate location for some didactic course instruction (e.g., *distant campus*)?
- If so, how does the program ensure equivalency of content, experience, and access to materials?

ESSENTIAL EVIDENCE

- Documents demonstrating the equivalency of course content, student experience, and access to didactic and laboratory materials when instruction is provided in different geographic locations for some students (e.g., *distant campus*).
- Discussions with students and faculty.

Of note:

- Consider Standard B4.02 when responding to this Standard.

B1.04b	The program ensures *comparable* and *equivalent* course content, instructional material access, and student experience when: b) didactic instruction is provided by different pedagogical and instructional methods or techniques for some students

FOCUSED QUESTIONS

- Does the program provide different pedagogical instructional methods or techniques for some students?
- If so, how does the program ensure equivalency of content, experience, and access to materials?

ESSENTIAL EVIDENCE

- Documents demonstrating equivalency of course content, student experience, and access to instructional materials when instruction is consistently provided by different means (such as online vs. in-person or lecture vs. case-based) for some students.
- Discussions with students and faculty.

Of note:

- Examples of different pedagogical instructional methods would include some students taking a course online while other students take the course face-to-face; some students learning content from lectures while other students learn the content from simulations.
- If all students experience the same pedagogy and instructional techniques for all courses, then this standard would be answered with “N/A”.
- Consider Standard B4.02 when responding to this standard.

B2. Didactic Curriculum

B2	
B2.01	RESCINDED AUGUST 2025

B2.02a-e	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: a) anatomy
FOCUSED QUESTIONS	
• Where is anatomy taught?	
ESSENTIAL EVIDENCE	
• Anatomy *instructional objectives* cover the anatomy of all organ systems. • Discussions with students and faculty, and on-site verification of instructional materials. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, case studies, etc.	
B2.02b	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: b) physiology
FOCUSED QUESTIONS	
• Where is physiology taught?	
ESSENTIAL EVIDENCE	
• Physiology *instructional objectives* cover the general physiology of all organ systems. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Normal physiology *instructional objectives* are distinct from pathophysiology *instructional objectives*. • The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.	

B2.02c	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: c) pathophysiology

FOCUSED QUESTIONS

- Where is pathophysiology taught?

ESSENTIAL EVIDENCE

- Pathophysiology *instructional objectives* cover all organ systems.
- On-site verification of instructional materials
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.02d	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: d) pharmacology and pharmacotherapeutics

FOCUSED QUESTIONS

- Where is pharmacology taught?
- Where is pharmacotherapeutics taught?

ESSENTIAL EVIDENCE

- Pharmacology *instructional objectives*.
- Pharmacotherapeutics *instructional objectives*.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.02e	The program curriculum includes instruction in the following areas of medical sciences and their application in clinical practice: e) the genetic and molecular mechanisms of health and disease

FOCUSED QUESTIONS

- Where is genetics taught?
- Where are the molecular mechanisms of health and disease taught?

ESSENTIAL EVIDENCE

- Genetics *instructional objectives*.
- Molecular mechanisms of health and disease *instructional objectives*.
- On-site verification of instructional materials
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.
- Molecular mechanisms of health and disease may include the molecular basis for the diagnosis and treatment of diseases, as well as explanations of how changes in molecules (such as proteins, DNA, RNA, etc.) or interactions between molecules cause a disease to develop (e.g., cancer, neurodegenerative disorders, infectious diseases).

B2.03	The program curriculum includes instruction in clinical medicine covering all organ systems.

FOCUSED QUESTIONS

- Where is clinical medicine taught?
- Does this instruction cover all organ systems?

ESSENTIAL EVIDENCE

- Clinical medicine *instructional objectives,* including all organ systems.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The program ensures *sufficient* breadth and depth (Standard B1.01) of the clinical medicine curriculum.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.04	The program curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.

FOCUSED QUESTIONS

- Where is instruction in interpersonal and communication skills?
- Does this include instruction in the effective exchange of information and collaboration with patients? Their families? And other health professionals?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to interpersonal and communication skills that result in an effective exchange of information and collaboration with patients.
- *Instructional objectives* specific to interpersonal and communication skills that result in an effective exchange of information and collaboration with family members.
- *Instructional objectives* specific to interpersonal and communication skills that result in an effective exchange of information and collaboration with other health professionals.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Interpersonal and communication skills include verbal and written communication, nonverbal communication, and interpersonal soft skills.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.05	The curriculum includes instruction related to the development of clinical reasoning and problem-solving abilities.

FOCUSED QUESTIONS

- Where is instruction in the development of clinical reasoning and problem-solving skills?

ESSENTIAL EVIDENCE

- *Instructional objectives* for the development of clinical reasoning and problem-solving skills.
- On-site verification of instructional materials
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.06a-f	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: a) special health care needs

FOCUSED QUESTIONS

- Where is instruction on providing care to patients with consideration for their special health care needs included?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to providing care to patients with special health care needs.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Special health care needs may include physical, mental, emotional, learning differences, communication differences, etc.
- This goes beyond basic definitions of terms; instruction addresses the specific considerations involved in providing care (evaluation and management) to patients.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.06b	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: b) ethnicity and race

FOCUSED QUESTIONS

- Where is instruction on providing care to patients with consideration for their ethnicity and race included?

ESSENTIAL EVIDENCE

- *Instructional objectives* are specific to providing care to patients with consideration for ethnicity and race.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This goes beyond identification of a patient's race and ethnicity; the instruction addresses the specific considerations involved in providing care (evaluation and management) to patients.

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.06c	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: c) gender identity

FOCUSED QUESTIONS

- Where is instruction on providing care to patients with consideration for their gender identity included?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to providing care to patients with consideration for gender identity.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This goes beyond basic definitions of terms; instruction addresses the specific considerations involved in providing care (evaluation and management) to patients.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.06d	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: d) religion and spirituality

FOCUSED QUESTIONS

- Where is instruction on providing care to patients with consideration for their religion and spirituality included?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to providing care to patients with consideration for religion and spirituality.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This goes beyond basic definitions of terms; instruction addresses the specific considerations for providing care (evaluation and management) to patients.

- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies

B2.06e	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: e) sexual orientation

FOCUSED QUESTIONS

- Where is instruction to provide care to patients with consideration for sexual orientation?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to providing care to patients with consideration for sexual orientation.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This goes beyond basic definitions of terms; instruction addresses the specific considerations for providing care (evaluation and management) to patients.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.06f	The curriculum includes instruction to prepare students to provide medical care to patients with consideration for: f) social determinants of health

FOCUSED QUESTIONS

- Where is instruction in providing care to patients with consideration for social determinants of health?

ESSENTIAL EVIDENCE

- *Instructional objectives* specific to providing care to patients with consideration for social determinants of health.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Social determinants of health may be addressed collectively or individually, provided they are defined and their impact on patient care is explained.

- This goes beyond basic definitions of terms; instruction addresses the specific considerations for providing care (evaluation and management) to patients.
- The site visit team may request to review evidence of instruction such as PowerPoints, handouts, worksheets, or case studies.

B2.07a-g	The curriculum includes instruction in: a) patient interviewing and eliciting a medical history across all age groups

FOCUSED QUESTIONS

- Where is instruction in interviewing and eliciting a medical history?
- How does the program address eliciting a medical history specific to each age group – infants, children, adolescents, adults, and the elderly?

ESSENTIAL EVIDENCE

- Interviewing and eliciting medical history *instructional objectives*.
- *Instructional objectives* cover eliciting a medical history from the caregiver of an infant.
- *Instructional objectives* cover eliciting a medical history from children, adolescents, adults, and the elderly.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Each age group is specifically named in the relevant instructional objective.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.07b	The curriculum includes instruction in: b) performing complete and focused physical examinations across all age groups

FOCUSED QUESTIONS

- Where is instruction in performing complete physical exams?
- Where is instruction in performing focused physical examinations?
- How does the program provide instruction on physical examination of each age group specifically (infant, child, adolescent, adult, and the elderly)?

ESSENTIAL EVIDENCE

- Complete physical examination *instructional objectives*.
- Focused physical examination *instructional objectives*.
- *Instructional objectives* cover physical exams on infants, children, adolescents, adults, and the elderly.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Programs are expected to teach a complete physical exam and a focused physical exam. Then they are expected to cover exam skills across the age groups listed.
- Each age group is specifically named in the relevant instructional objective.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.07c	The curriculum includes instruction in: c) generating differential diagnoses

FOCUSED QUESTIONS

- Where is instruction in generating differential diagnoses?

ESSENTIAL EVIDENCE

- Generating differential diagnoses *instructional objectives*.
- On-site verification of instructional materials.
- Discussions with students and faculty, and verification of instructional materials on-site.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.07d	The curriculum includes instruction in: d) ordering and interpreting diagnostic studies

FOCUSED QUESTIONS

- Where is instruction in ordering diagnostic studies?
- Where is instruction in interpreting diagnostic studies?

ESSENTIAL EVIDENCE

- Ordering diagnostic studies *instructional objectives*.
- Interpreting diagnostic studies *instructional objectives.*
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Examples of diagnostic studies may include imaging studies, signal studies (e.g., EKG, NCV), and laboratory studies.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.07e	The curriculum includes instruction in: e) patient management, including acute and chronic care plans

FOCUSED QUESTIONS

- Where is instruction in patient management with acute care plans?
- Where is instruction in patient management with chronic care plans?

ESSENTIAL EVIDENCE

- Patient management with acute care plans *instructional objectives.*
- Patient management with chronic care plans *instructional objectives*.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.07f	The curriculum includes instruction in: f) patient education

FOCUSED QUESTIONS

- Where is instruction in patient education?

ESSENTIAL EVIDENCE

- Patient education *instructional objectives*.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.07g	The curriculum includes instruction in: g) the referral of patients to other providers

FOCUSED QUESTIONS

- Where is instruction in the referral of a patient to another provider?

ESSENTIAL EVIDENCE

- Patient referral *instructional objectives.*
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Examples of providers to refer to include specialists, therapists, counselors, etc.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.08a-f	The curriculum includes instruction in: a) the provision of medical care across the life span, including prenatal, infant, children, adolescents, adults, and the elderly

FOCUSED QUESTIONS

- Where is instruction in medical care across the life span?
- Where is instruction in prenatal care? Medical care for infants? Medical care for children? Medical care for adolescents? Medical care for adults? Medical care for the elderly?

ESSENTIAL EVIDENCE
• Prenatal medical care *instructional objectives*. • Infant medical care *instructional objectives*. • Child medical care *instructional objectives*. • Adolescent medical care *instructional objectives*. • Adult medical care *instructional objectives*. • Elderly medical care *instructional objectives.* • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Consider also Standard B1.01 regarding breadth and depth of the curriculum. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.08b	The curriculum includes instruction in: b) preventive, emergent, acute, chronic, and rehabilitative patient encounters

FOCUSED QUESTIONS
• Where is instruction in preventive patient encounters? • Where is instruction in emergent patient encounters? • Where is instruction in acute patient encounters? • Where is instruction in chronic patient encounters? • Where is instruction in rehabilitative patient encounters?

ESSENTIAL EVIDENCE

- Preventive patient encounter *instructional objectives*.
- Emergent patient encounter *instructional objectives*.
- Acute patient encounter *instructional objectives*.
- Chronic patient encounter *instructional objectives*.
- Rehabilitative patient encounter *instructional objectives*.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This standard is specifically worded as a type of encounter and not a disease state. For example, the approach to a preventive encounter or how to care for a patient in the emergency department.
- Examples of rehabilitative patient encounters may include orthopedic, neurologic, cardiac rehabilitation, etc.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.08c	The curriculum includes instruction in: c) pre-, intra-, and post-operative care

FOCUSED QUESTIONS

- Where is instruction in pre-operative care?
- Where is instruction in intra-operative care?
- Where is instruction in post-operative care?

ESSENTIAL EVIDENCE

- Pre-operative care *instructional objectives.*
- Intra-operative care *instructional objectives.*
- Post-operative care *instructional objectives.*
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.08d	The curriculum includes instruction in: d) psychiatric/behavioral conditions
FOCUSED QUESTIONS	
• Where is instruction in psychiatric and behavioral conditions?	
ESSENTIAL EVIDENCE	
• Psychiatric and behavioral conditions *instructional objectives*. • On-site verification of instructional materials. • Discussions with students and faculty, and verification of instructional materials on-site. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.08e	The curriculum includes instruction in: e) palliative and end-of-life care
FOCUSED QUESTIONS	
• Where is instruction in palliative and end-of-life care?	
ESSENTIAL EVIDENCE	
• Palliative care *instructional objectives*. • End-of-life care *instructional objectives*. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.08f	The curriculum includes instruction in: f) the provision of medical care through *telehealth/telemedicine*

FOCUSED QUESTIONS
• Where is instruction on the provision of medical care through *telehealth/telemedicine*?
ESSENTIAL EVIDENCE
• *Instructional objectives* regarding providing medical care through *telehealth*/*telemedicine*. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.09	The curriculum includes instruction in *technical skills* based on current professional practice.

FOCUSED QUESTIONS
• Where is instruction in *technical skills* (procedures)? • Are these *technical skills* based on current professional practice? How did the program determine which technical skills to teach?
ESSENTIAL EVIDENCE
• *Instructional objectives* for technical skills. • List of *technical skills* taught in the didactic curriculum. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, skills assessments, handouts, worksheets, lesson plans, or case studies.

B2.10a	The curriculum prepares students to work collaboratively in *interprofessional* patient-centered teams. Instruction: a) includes content on the roles and responsibilities of various healthcare professionals

FOCUSED QUESTIONS
• Where is instruction on the roles and responsibilities of various healthcare professionals? • Which other healthcare professions' roles and responsibilities are taught? • Does this instruction include instruction in working collaboratively in interprofessional patient-centered teams?
ESSENTIAL EVIDENCE
• *Instructional objectives* related to the roles and responsibilities of different healthcare professionals. • Interprofessional, patient-centered team *instructional objectives*. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.10b	The curriculum prepares students to work collaboratively in *interprofessional* patient-centered teams. Instruction: b) emphasizes the team approach to patient-centered care
FOCUSED QUESTIONS	
• Where is instruction that emphasizes the team approach to patient-centered care?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* related to the team approach to patient-centered care. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	

B2.10c	The curriculum prepares students to work collaboratively in *interprofessional* patient-centered teams. Instruction: c) includes the application of these principles in *interprofessional* teams
FOCUSED QUESTIONS	

- Where do students have the opportunity to apply the principles of interprofessional teamwork by working in actual *interprofessional teams* within the didactic curriculum?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to the application of the principles of interprofessional teamwork, where students work in *interprofessional teams* providing patient care.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as clinical case studies or scenarios with instructional plans for the interprofessional team application.
- Having PA students or faculty act out the roles of other professions during an activity is not *sufficient*.
- This may be an interprofessional team providing simulated patient care.

B2.11a-e	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice: a) death, dying, and bereavement

FOCUSED QUESTIONS

- Where is instruction in death, dying, and bereavement?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to behavioral science considerations of death and dying.
- *Instructional objectives* related to behavioral science considerations of bereavement.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.11b	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice: b) human sexuality,

FOCUSED QUESTIONS
• Where is instruction in human sexuality?
ESSENTIAL EVIDENCE
• *Instructional objectives* related to the behavioral science considerations of human sexuality. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.11c	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice: c) the psychosocial effects of illness, stress, and injury

FOCUSED QUESTIONS
• Where is instruction in the psychosocial effects of illness? • Where is instruction in the psychosocial effects of stress? • Where is instruction in the psychosocial effects of injury?
ESSENTIAL EVIDENCE
• Patient social and behavioral response to illness (their disease/diagnosis) *instructional objectives*. • Patient social and behavioral response to stress *instructional objectives*. • Patient social and behavioral response to injury (an acute injury, trauma) *instructional objectives*. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.11d	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice: d) substance use disorders

FOCUSED QUESTIONS
• Where is instruction in the social and behavioral aspects of substance use disorders?
ESSENTIAL EVIDENCE
• *Instructional objectives* on the social and behavioral aspects of substance use disorders. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Instruction goes beyond the definition of each of the substance use disorders. • Examples may include but are not limited to examining social, psychological, and environmental factors that influence drug use, addition, treatment, and recovery. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.11e	The curriculum includes instruction in the following areas of social and behavioral sciences and their application to clinical practice: e) identification and prevention of violence

FOCUSED QUESTIONS
• Where is instruction in violence identification? • Where is instruction in violence prevention?
ESSENTIAL EVIDENCE
• *Instructional objectives* on the identification of violence • *Instructional objectives* on the prevention of violence. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Examples of violence may include assault, abuse (child, elder, or partner), and trafficking. • Examples of violence prevention may include early identification, warning signs, and treatment of risk factors. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.12a-d	The curriculum includes instruction about basic counseling that is: a) focused on helping patients adhere to treatment plans
FOCUSED QUESTIONS	
• Where is instruction in basic counseling that is focused on helping patients adhere to treatment plans?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* on using basic counseling skills to help patients adhere to treatment plans (the whole treatment plan, not just the medications). • On-site verification of instructional materials. • Discussions with students and faculty, and verification of instructional materials on-site. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.12b	The curriculum includes instruction about basic counseling that is: b) focused on helping patients modify their behaviors to more healthful patterns
FOCUSED QUESTIONS	
• Where is instruction in basic counseling that is focused on helping patients modify their behaviors to more healthful patterns?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* on using basic counseling to help patients modify their behavior to more healthful patterns. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.12c	The curriculum includes instruction about basic counseling that is: c) focused on helping patients develop coping strategies

FOCUSED QUESTIONS
• Where is instruction in basic counseling that is focused on helping patients develop healthy coping strategies?
ESSENTIAL EVIDENCE
• *Instructional objectives* on using basic counseling to help patients develop healthy coping strategies. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.12d	The curriculum includes instruction about basic counseling that is: d) patient-centered and culturally sensitive
FOCUSED QUESTIONS	
• Where is instruction in basic counseling that is patient-centered and culturally sensitive?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* on making patient counseling patient-centered and culturally sensitive. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	

B2.13a-e	The curriculum includes instruction to prepare students to practice evidence-based medicine, including: a) framing of research questions
FOCUSED QUESTIONS	
• Where is the instruction that prepares students to practice evidence-based medicine by learning about framing research questions?	
ESSENTIAL EVIDENCE	

- *Instructional objectives* related to how to frame a research question to investigate within the medical literature**.**
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.13b	The curriculum includes instruction to prepare students to practice evidence-based medicine, including: b) interpretation of biostatistical methods

FOCUSED QUESTIONS

- How does the program determine which biostatistical methods are needed to practice evidence-based medicine and evaluate the medical literature?
- Where is instruction in the interpretation of biostatistical methods?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to the interpretation of biostatistical methods.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.13c	The curriculum includes instruction to prepare students to practice evidence-based medicine, including: c) evaluating the limits of medical research

FOCUSED QUESTIONS

- Where is instruction in evaluating the limits of medical research?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to evaluating the limits of medical research.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This standard relates to when medical research may or may not be applicable or relevant.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.13d	The curriculum includes instruction to prepare students to practice evidence-based medicine, including: d) evaluating different types of sampling methods

FOCUSED QUESTIONS

- Where is instruction in evaluating different types of sampling methods?

ESSENTIAL EVIDENCE

- *Instructional objectives* describing the evaluation of different types of research samples.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Examples of research sampling methods may include convenience, simple, systematic, stratified, clustered, etc.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.13e	The curriculum includes instruction to prepare students to practice evidence-based medicine, including: e) searching common databases to access medical literature

FOCUSED QUESTIONS

- Where is instruction in searching common databases to access medical literature?

ESSENTIAL EVIDENCE

- *Instructional objectives* on searching common medical literature databases.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.14a-d	The curriculum includes instruction in: a) coding and billing

FOCUSED QUESTIONS

- Where is instruction in coding?
- Where is instruction in billing?

ESSENTIAL EVIDENCE

- *Instructional objectives* for coding.
- *Instructional objectives* for billing.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- This topic may be taught at a more introductory level in the didactic curriculum and continued at a more advanced level throughout the clinical curriculum.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.14b	The curriculum includes instruction in: b) documentation of care for purposes of reimbursement and healthcare business

FOCUSED QUESTIONS

- Where is instruction in documentation of care related to reimbursement and healthcare business?

ESSENTIAL EVIDENCE

- *Instructional objectives* covering the components of documentation that relate to reimbursement.
- *Instructional objectives* covering the components of documentation that relate to healthcare business.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Examples of healthcare business documentation may include pre-authorization, referrals, and avoidance of litigation.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.14c	The curriculum includes instruction in: c) health care delivery systems
FOCUSED QUESTIONS	
• Where is instruction in health care delivery systems?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* related to health care delivery systems. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • A health care delivery system encompasses all the organizations, resources, and processes involved in providing health care services to a specific population. It includes providers, facilities, payers, and regulators, working together to meet the health needs of individuals and communities. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.14d	The curriculum includes instruction in: d) health policy
FOCUSED QUESTIONS	
• Where is instruction in health policy?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* related to health policy. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.15a-d	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: a) disease prevention, surveillance, reporting, and intervention

FOCUSED QUESTIONS

- Where is instruction on disease prevention, specifically as it relates to public health (not individual patient care)?
- Where is instruction on disease surveillance, specifically as it relates to public health (not individual patient care)?
- Where is instruction on disease reporting, specifically as it relates to public health (not individual patient care)?
- Where is instruction on disease intervention, specifically as it relates to public health (not individual patient care)?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to public health disease prevention.
- *Instructional objectives* related to public health disease surveillance.
- *Instructional objectives* related to public health disease reporting.
- *Instructional objectives* related to public health disease intervention.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Examples of public health disease prevention may include vaccination, outbreak response, and bans on toxic substances; surveillance may include analyzing and sharing information about diseases within populations; reporting may include reporting specific diseases to the health departments; intervention may include stopping the spread of diseases, improving health outcomes, and quarantine, etc.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.15b	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: b) the public health system

FOCUSED QUESTIONS

- Where is instruction in the role of the practicing PA in the public health system?

ESSENTIAL EVIDENCE

- *Instructional objectives* about the role of the practicing PA in the public health system.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.15c	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: c) patient advocacy

FOCUSED QUESTIONS

- Where is instruction in the role of the practicing PA related to public health patient advocacy?

ESSENTIAL EVIDENCE

- *Instructional objectives* on the role of the practicing PA related to public health patient advocacy.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Patient advocacy is about being a voice for patients or groups of patients, thereby ensuring their rights and facilitating their access to quality care.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.15d	The curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and: d) maintenance of population health

FOCUSED QUESTIONS

- Where is instruction in how a practicing PA would address the maintenance of population health?

ESSENTIAL EVIDENCE

- *Instructional objectives* on the role of the practicing PA related to the maintenance of population health.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Population health goes beyond treating diseases in individuals. It includes addressing population health disparities, social determinants of health (SDH), and enhancing health outcomes of the community.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.16a-d	The curriculum includes instruction in: a) patient safety
FOCUSED QUESTIONS	
• Where is instruction in patient safety?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* on patient safety. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Patient safety includes safe prescription use but is not limited to only that component. The broad topic of "patient safety" encompasses the prevention of harm to patients, particularly through an effective system of care delivery that prevents errors, learns from them, and encourages the reporting of concerns. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.16b	The curriculum includes instruction in: b) prevention of medical errors
FOCUSED QUESTIONS	
• Where is instruction in the prevention of medical errors?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* related to the prevention of medical errors. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Medical errors encompass more than just medication errors. Examples may include diagnostic errors, treatment errors, surgical errors, communication errors, etc. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	
B2.16c	The curriculum includes instruction in: c) quality improvement

FOCUSED QUESTIONS
• Where is instruction in quality improvement?
ESSENTIAL EVIDENCE
• *Instructional objectives* related to quality improvement in healthcare. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Quality improvement may include such topics as improving patient outcomes, improving efficiency, and reducing costs. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.16d	The curriculum includes instruction in: d) risk management
FOCUSED QUESTIONS	
• Where is instruction in risk management?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* related to risk management. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • Risk management refers to the processes and procedures that identify, assess, and mitigate risks to patients, staff, and healthcare organizations from a medical, legal, and business perspective. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	

B2.17a-g	The curriculum includes instruction about the PA profession, including: a) credentialing
FOCUSED QUESTIONS	

- Where is instruction about credentialing as a PA?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to credentialing.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- Credentialing may include such topics as what is involved in hospital credentialing processes in PA-C clinical practice.
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.17b	The curriculum includes instruction about the PA profession, including: b) historical development

FOCUSED QUESTIONS

- Where is instruction about the historical development of the PA profession?

ESSENTIAL EVIDENCE

- *Instructional objectives* about the historical development of the PA profession.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.17c	The curriculum includes instruction about the PA profession, including: c) laws and regulations regarding professional practice and conduct

FOCUSED QUESTIONS

- Where is instruction about PA profession-related laws and regulations regarding professional practice and conduct?

ESSENTIAL EVIDENCE

- *Instructional objectives* about PA profession-related laws and regulations regarding professional practice.
- *Instructional objectives* about PA profession-related laws and regulations regarding conduct.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.17d	The curriculum includes instruction about the PA profession, including: d) licensure and certification

FOCUSED QUESTIONS

- Where is instruction about PA licensure and certification?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to PA licensure.
- *Instructional objectives* related to PA certification.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.17e	The curriculum includes instruction about the PA profession, including: e) the PA relationship with physicians and other health care providers

FOCUSED QUESTIONS

- Where is instruction provided about the PA professional relationship with physicians and other health care providers?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to the PA professional relationship with physicians.
- *Instructional objectives* related to the PA professional relationship with other healthcare providers.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.17f	The curriculum includes instruction about the PA profession, including: f) policy issues that affect practice

FOCUSED QUESTIONS

- Where is instruction about policy issues that affect practice?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to policy issues that affect PA clinical practice.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.17g	The curriculum includes instruction about the PA profession, including: g) professional organizations

FOCUSED QUESTIONS

- Where is instruction about professional organizations related to the PA profession?

ESSENTIAL EVIDENCE

- *Instructional objectives* about the PA profession and its related professional organizations.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.18	The program curriculum includes instruction in the principles and practice of medical ethics.

FOCUSED QUESTIONS

- Where is instruction in the principles and practice of medical ethics?

ESSENTIAL EVIDENCE

- *Instructional objectives* about the principles and practice of medical ethics.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.19a-c	The curriculum includes instruction in: a) intellectual honesty

FOCUSED QUESTIONS

- Where is instruction in intellectual honesty?

ESSENTIAL EVIDENCE

- Intellectual honesty *instructional objectives* that cover the importance of honestly admitting what they, as a clinician, know and do not know.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- A reading of the institutional and/or program policies and standards of conduct is not evidence of instruction.
- This standard requires evidence of teaching what intellectual honesty is and how it is applied, regardless of the context in which it is presented (orientation, co-curriculum, or as part of a course).
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.19b	The curriculum includes instruction in: b) academic integrity

FOCUSED QUESTIONS

- Where is instruction in academic integrity?

ESSENTIAL EVIDENCE

- *Instructional objectives* related to academic integrity.
- On-site verification of instructional materials.
- Discussions with students and faculty.

Of note:

- A reading of the institutional and/or program policies and standards of conduct is not evidence of instruction.
- Academic integrity *instructional objectives* may cover respect, responsibility, and freedom to build new ideas and knowledge while respecting and acknowledging the work of others.
- This standard expects to see evidence of teaching what academic integrity is and how it is applied to students and graduates, regardless of when it is presented (orientation, co-curriculum, part of a course).
- The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.19c	The curriculum includes instruction in: c) professional conduct

FOCUSED QUESTIONS
• Where is instruction in professional conduct?
ESSENTIAL EVIDENCE
• *Instructional objectives* related to professional conduct. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • A review or orientation to institutional and/or program policies and standards of conduct is not evidence of instruction. • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.

B2.20a-c	The curriculum includes instruction in: a) maintaining *personal wellness* b) prevention of impairment c) prevention of burnout
FOCUSED QUESTIONS	
• Where is instruction about maintaining *personal wellness*? • Where is instruction about the prevention of impairment? • Where is instruction about the prevention of burnout?	
ESSENTIAL EVIDENCE	
• *Instructional objectives* related to maintenance of personal wellness. • *Instructional objectives* related to the prevention of impairment. • *Instructional objectives* related to the prevention of burnout. • On-site verification of instructional materials. • Discussions with students and faculty. Of note: • The site visit team may request to review evidence of instruction, such as PowerPoints, handouts, worksheets, or case studies.	

B3. Clinical Curriculum

B3.01a-e	The program ensures clinical students achieve all *SCPE learning outcomes* by: a) securing a *sufficient* number of qualified *preceptor*s and clinical sites
FOCUSED QUESTIONS	
• What are the program's *required* and *elective rotation*s? • How many sites and *preceptor*s (e.g., "slots" or "placements") has the program secured for each s*upervised clinical practice experience* (*SCPE)* course for the current clinical cohort? • Are there at least enough clinical slots/placements for the current clinical cohort of students for each *SCPE* course? • Do you have any overlap of cohorts on *SCPE*s (*is the clinical year longer than 12 months*)? If yes, how is this handled?	
ESSENTIAL EVIDENCE	
• List of *active clinical sites* and *preceptor*s in *sufficient* numbers for all clinical students. • Documentation that identifies the specific number of students each site has agreed to supervise for the current year. • The initial provisional (applicant) program demonstrates *sufficient* clinical placements for its requested *maximum class size.* • Accredited programs demonstrate *sufficient* clinical placements for the current number of students in the clinical cohort. • Documentation demonstrating program review of preceptors with determination of "qualified" to precept for the specific SCPE discipline. Of Note: • INITIAL PROVISIONAL APPLICANT PROGRAMS: A program applying for Initial Provisional accreditation is expected to demonstrate that it has established sufficient, appropriate, and vetted clinical sites and preceptors to support its proposed curriculum and requested maximum class size. The Commission's review at the time of Initial Provisional accreditation is based on evidence that the program is prepared to implement its clinical education component as proposed, not on plans or projections alone. At the time of the Initial Provisional review, the program must provide evidence of executed affiliation agreements for clinical sites in accordance with Standard A1.01. In addition, the program must demonstrate that it has secured an adequate number of clinical placements at each site to accommodate the requested maximum class size, consistent with Standard B3.01a-e. This includes documentation that clearly shows how the total number of placements across sites is sufficient to support all required supervised clinical practice experiences.	

B3.01b	The program ensures clinical students achieve all *SCPE learning outcomes* by: b) limiting *telehealth*/*telemedicine* to no more than 50% of any individual *SCPE*, with the exception of behavioral health

FOCUSED QUESTIONS

- Does the program utilize *telehealth*/*telemedicine*? If so, in which disciplines?
- If so, how does the program ensure that *telehealth*/*telemedicine* consists of no more than 50% of any individual s*upervised clinical practice experience* (*SCPE)*, with the exception of behavioral health?

ESSENTIAL EVIDENCE

- Documentation that verifies each *SCPE* consists of no more than 50% *telehealth*/*telemedicine*, except for behavioral health. If mathematical computations are utilized, the program clearly demonstrates how those are calculated.

Of note:

- The percentage of time spent on *telemedicine* can be estimated by the approximate time scheduled for *telemedicine* or reported by students as the percentage of their time spent on *telemedicine*. An exact accounting of minutes or hours is not required.
    - For example, the student's family medicine *rotation* has up to an hour each day of *telehealth*/*telemedicine*. That's five (5) hours of the 40-hour week for a six (6)-week *SCPE*. That equals 12.5% of the *rotation*.

B3.01c	The program ensures clinical students achieve all *SCPE learning outcomes* by: c) ensuring that no more than 20% of the total *SCPE* experiences for any individual student are conducted via *telehealth/telemedicine* experiences

FOCUSED QUESTIONS

- For the placements provided for each student, how does the program ensure that no more than 20% of the total s*upervised clinical practice experience* (*SCPE)* time in the whole clinical year involves *telehealth/telemedicine* care?

ESSENTIAL EVIDENCE

- Documentation that verifies all data and calculations, if done, that each student's *SCPE*s together consist of no more than 20% *telehealth*/*telemedicine*.

Of note:

- The percentage of time spent on *telemedicine* can be estimated by the approximate time scheduled for *telemedicine* or reported by students as the percentage of their time spent on *telemedicine*. An exact accounting of minutes or hours is not required.
- For example, the program's clinical year consists of ten (10) *SCPE*s, each four (4) weeks in length. In the behavioral health *SCPE*s, students participate in *telehealth/telemedicine* 3-4 days per week and have face-to-face experiences 1-2 days per week. Under this arrangement, the maximum *telehealth*/*telemedicine* exposure in behavioral health would be 3.2 weeks out of the total 40 SCPE weeks, or 8% of their *SCPE*

time to date. Students could then have an additional two (2) weeks of family medicine in *telehealth*/*telemedicine* and a two-week elective in *telehealth/telemedicine*.

B3.01d	The program ensures clinical students achieve all *SCPE learning outcomes* by: d) requiring in-person, direct patient care for all *SCPE*s, except for *telehealth*/*telemedicine* in behavioral health

FOCUSED QUESTIONS

- How does the program ensure that all s*upervised clinical practice experiences* (*SCPE*s) include direct, in-person patient care (except behavioral health)?

ESSENTIAL EVIDENCE

- Evidence that all *SCPE*s include direct, "hands-on" patient care, except for behavioral health.

Of note:

- Programs may be able to use virtual experiences, simulation, or other technology to meet some of the program-defined *learning outcomes* for *SCPE*s. Still, the expectation is that *SCPE*s must include direct in-person patient care, meet the program-defined *learning outcomes*, and be of *sufficient* breadth and depth to prepare students for the clinical practice of medicine (Standard B1.01). Evidence may be found in the course descriptions and syllabi demonstrating that the SCPE requires direct patient care. Learning outcomes are written in a way that requires direct patient care, e.g., performing physical exam skills or technical/procedural skills, or interpersonal/communication skills between the learner and patients.
- While simulation and clinical case studies may supplement *SCPE* activities, they may not replace the patient care experiences.

B3.01e	The program ensures clinical students achieve all *SCPE learning outcomes* by: e) allowing behavioral health *SCPE*s to consist of up to 100% *telehealth*/*telemedicine* experiences, provided that all *learning outcomes* are met

FOCUSED QUESTIONS

- For the behavioral health s*upervised clinical practice experience* (*SCPE)*, how does the program ensure that all *learning outcomes* are met?

ESSENTIAL EVIDENCE

- Documentation of how the program ensures that each student was able to meet the behavioral health *learning outcomes*.

B3.02a-c	The program's process clearly documents the initial and ongoing evaluation of all sites and *preceptor*s used for *supervised clinical practice experiences*, to ensure students have access to: a) the physical facilities needed to meet the *learning outcomes* for the specific *SCPE*

FOCUSED QUESTIONS

- What is the process for initial evaluation of sites and *preceptor*s?
- What is the process for ongoing evaluation of sites and *preceptor*s?
- How do these processes ensure student access to the physical facilities needed to meet the *learning outcomes*?
- Do these evaluations include students' access to physical facilities needed to achieve the *learning outcomes* of the specific s*upervised clinical practice experience* (*SCPE)*?
- Where are these documented?

ESSENTIAL EVIDENCE

- Description of the program-defined process used for the initial clinical site and *preceptor* evaluation, including the format and timing of the evaluations.
- Description of the program-defined process used for the ongoing clinical site and *preceptor* evaluation, including the format and timing of the evaluations.
- Documentation of the initial and ongoing evaluation of students' access to physical facilities needed to achieve the *learning outcomes* for the *SCPE*.
- Completed evaluations of sites used with the information about physical facilities needed for the specific *SCPE*.
- Discussions with faculty, *preceptor*s, and students.

Of note:

- An example of a site evaluation of physical facilities would be to verify that surgical sites have access to operating room facilities.
- INITIAL PROVISIONAL APPLICANT PROGRAMS - provide evidence that clinical sites have undergone an initial evaluation to ensure they are appropriate for PA student education and capable of supporting the program's learning outcomes. This evaluation is to address the requirements outlined in Standards B3.01 through B3.06, including (but not limited to) the site's patient populations, enabling students to meet learning outcomes, resources, and appropriate supervision.

B3.02b	The program's process clearly documents the initial and ongoing evaluation of all sites and *preceptor*s used for *supervised clinical practice experiences*, to ensure students have access to: b) patient populations needed to meet the *learning outcomes* of the specific *SCPE*

FOCUSED QUESTIONS

- What is the process for initial evaluation of sites and *preceptor*s?
- What is the process for ongoing evaluation of sites and *preceptor*s?
- Do these evaluations ensure students' access to patient populations to fulfill the program *learning outcomes* for the specific s*upervised clinical practice experience* (*SCPE)*?
- Where are these documented?

ESSENTIAL EVIDENCE

- Description of the process used for the initial clinical site and *preceptor* evaluation, including the format and timing of the evaluations.
- Description of the process used for the ongoing clinical site and *preceptor* evaluation, including the format and timing of the evaluations.
- Documentation of the evaluation of students' access to patient populations needed to meet the *learning outcomes* of the specific *SCPE*.
- Completed evaluations of all *active clinical sites* used.
- Discussions with faculty, *preceptor*s, and students.

Of note:

- For example, does the *preceptor* provide access to prenatal patients during their women's health *SCPE*?
- Programs applying for initial provisional accreditation will present the template evaluation forms for initial and ongoing evaluation of sites but are not expected to have these completed at the time of the initial provisional site visit.

B3.02c	The program's process clearly documents the initial and ongoing evaluation of all sites and *preceptor*s used for *supervised clinical practice experiences*, to ensure students have access to: c) supervision

FOCUSED QUESTIONS

- What is the process for initial evaluation of sites and *preceptor*s?
- What is the process for ongoing evaluation of sites and *preceptor*s?

- Do these evaluations include students' access to supervision that enables students to achieve the *learning outcomes* of the specific s*upervised clinical practice experience* (*SCPE)*?
- Where are these documented?

ESSENTIAL EVIDENCE

- Description of the process used for the initial clinical site and *preceptor* evaluation, including the format and timing of the evaluations.
- Description of the process used for the ongoing clinical site and *preceptor* evaluation, including the format and timing of the evaluations.
- Documentation of evaluation of students' access to continuous supervision by the *preceptor* of record or other licensed healthcare provider designated by the *preceptor* of record.
- Completed evaluations of sites used.
- Discussions with faculty, *preceptor*s, and students.

Of note:

- Programs applying for initial provisional accreditation will present the template evaluation forms for initial and ongoing evaluation of sites but are not expected to have these completed at the time of the initial provisional site visit.

B3.03a-c	*Supervised clinical practice experiences* must enable all students to meet the program's *learning outcomes* for: a) preventive patient encounters b) acute patient encounters c) chronic patient encounters

FOCUSED QUESTIONS

- What are the program's *learning outcomes* for preventive patient encounters?
- What are the program's *learning outcomes* for acute patient encounters?
- What are the program's *learning outcomes* for chronic patient encounters?
- For each of these topics, which s*upervised clinical practice experience* (*SCPE)* or *SCPE*s does the program utilize to meet the *learning outcomes*? For example, which *SCPE*(s) have *learning outcomes* for acute patient encounters?
- How does the program verify that the *SCPE*s indicated enable students to meet these *learning outcomes*?

ESSENTIAL EVIDENCE

- *Learning outcomes* for preventive patient encounters.
- *Learning outcomes* for acute patient encounters.
- *Learning outcomes* for chronic patient encounters.

- Evidence that all *SCPE*s that include these *learning outcomes* enable students to meet these *learning outcomes*.
- Discussions with *preceptor*s and students.

Of note:

- The program's process for evaluating *SCPE* sites to determine the experiences needed for students to meet the *learning outcomes* is evaluated by standard B3.02, and student achievement of required *learning outcomes* is evaluated by standard B4.01a-b.
- Not all of the five (5) domains of a learning outcome are required for each of the substandards a-c in this standard.

B3.04a-d	*Supervised clinical practice experiences* occur in the following settings: a) emergency department

FOCUSED QUESTIONS

- Do all students have s*upervised clinical practice experiences* (*SCPEs)* with designated time in the emergency department?
- How does the program ensure that each student has experience in the emergency department?

ESSENTIAL EVIDENCE

- A listing from the portal of the *active* clinical sites with settings designated as occurring in the emergency department.
- Clinical *rotation* schedule for completed and planned *rotation*s demonstrates that all graduated students, and current students who completed their designated *SCPE*s, have experiences in the emergency department.
- Faculty and student evaluations of the *SCPE*s.

Of note:

- Urgent care centers may be used for *SCPEs,* but they do not replace the requirement to have students in an emergency department setting.
- The site visit team may ask to see documentation of student experience in the emergency department (e.g., patient encounter logs).

B3.04b	*Supervised clinical practice experiences* occur in the following settings: b) inpatient

FOCUSED QUESTIONS

- Do all students have s*upervised clinical practice experiences* (*SCPEs)* with designated time in an inpatient setting?
- How does the program ensure that each student has experiences in the inpatient setting?

ESSENTIAL EVIDENCE

- List of *active clinical sites* with inpatient settings from the portal.
- Clinical *rotation* schedule for planned *rotation*s demonstrates that all graduated students and current students who completed their designated *rotation* have experiences in the inpatient setting.
- Faculty and student evaluations of the *SCPE*s.

Of note

- Students may encounter inpatient care on a variety of *rotation*s. Examples include internal medicine, surgery, women's health, and behavioral medicine.
- The site visit team may ask to see documentation of student experience in the inpatient setting (e.g., patient encounter logs).

B3.04c	*Supervised clinical practice experiences* occur in the following settings: c) outpatient

FOCUSED QUESTIONS

- Do all students have s*upervised clinical practice experiences* (*SCPEs)* with designated time in an outpatient setting?
- How does the program ensure that each student has experiences in the outpatient setting?

ESSENTIAL EVIDENCE

- List of *active* clinical sites with outpatient settings from the portal.
- Clinical *rotation* schedule for planned *rotation*s demonstrates that all graduated students and current students who completed their designated *rotation* have experiences in the outpatient setting.
- Faculty and student evaluations of the *SCPE*s.

Of note

- Students may encounter outpatient care on a variety of *rotation*s. Examples include family medicine and pediatrics.
- The site visit team may ask to see documentation of student experience in the outpatient setting (e.g., patient encounter logs).

B3.04d	*Supervised clinical practice experiences* occur in the following settings: d) operating room
FOCUSED QUESTIONS	
• Do all students have s*upervised clinical practice experiences* (*SCPEs)* with designated time in an operating room? • How does the program ensure that each student has experience in the operating room?	
ESSENTIAL EVIDENCE	
• List of *active clinical sites* with operating room settings from the portal. • Clinical *rotation* schedule for planned *rotation*s demonstrates that all graduated students and current students who completed their designated *rotation* have experiences in the operating room. • Faculty and student evaluations of the *SCPE*s. Of note: • Operating rooms in a hospital and surgery centers are both examples of operating room experiences. In contrast, a procedure room in a clinic or hospital floor is not an example of an operating room. • The site visit team may ask to see documentation of student experience in the outpatient setting (e.g., patient encounter logs).	
B3.05a-f	*Supervised clinical practice experiences* support the achievement of *learning outcomes* across the following domains: a) medical knowledge b) interpersonal skills c) clinical skills d) technical skills e) professional behaviors f) clinical reasoning and problem-solving abilities
FOCUSED QUESTIONS	
• Do the s*upervised clinical practice experience* (*SCPE)* courses across the clinical curriculum include *learning outcomes* in each of the domains listed?	
ESSENTIAL EVIDENCE	

- The *learning outcomes* provided in the *SCPE* syllabi include all domains a-f.

Of note:

- Standard B1.01 related to *sufficient* breadth and depth of the curriculum should be considered in conjunction with this standard.
- When reviewing compliance with this Standard, consider B1.03, B3.03, B3.04, and B3.06.
- It is recognized that the behavioral health *SCPE*s may not include technical skills.

B3.06a-g	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: a) family medicine

FOCUSED QUESTIONS

- What are the program's *learning outcomes* for family medicine?
- How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for family medicine?

ESSENTIAL EVIDENCE

- Documentation of the program's *learning outcomes* for family medicine.
- Lists of *preceptors* currently providing *supervised clinical practice experiences (SCPEs),* and their medical discipline.
- Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for family medicine.
- Evidence that all *preceptor*s for family medicine *SCPE*s enable students to meet the *learning outcomes*.
- Discussions with *preceptor*s and students

Of note:

- Consider also Standard B3.02, which requires that the initial and ongoing site and *preceptor* evaluation documents show that *preceptor*s enable students to meet the *learning outcomes*.

B3.06b	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: b) emergency medicine, including emergent care

FOCUSED QUESTIONS

- What are the program's *learning outcomes* for emergency medicine?
- What are the program's *learning outcomes* for emergent care?

- How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for emergency medicine, including those for emergent care?

ESSENTIAL EVIDENCE

- Documentation of the program's *learning outcomes* for emergency medicine (must include all domains) and emergent care encounters.
- Lists of *preceptor*s currently providing *supervised clinical practice experiences*, and their medical discipline.
- Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for emergency medicine.
- Evidence that all *preceptor*s for emergency medicine *SCPE*s enable students to meet the *learning outcomes*.
- Discussions with *preceptor*s and students.

Of Note:

- Consider also Standard B3.02, which requires that the initial and ongoing site and *preceptor* evaluation documents show that *preceptor*s enable students to meet the *learning outcomes*.
- The *learning outcomes* include emergent care, but not necessarily across all domains of a learning outcome.

B3.06c	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: c) internal medicine, including elderly patients

FOCUSED QUESTIONS

- What are the program's *learning outcomes* for internal medicine?
- What are the program's *learning outcomes* for elderly patients?
- How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for internal medicine, including those for elderly patients?

ESSENTIAL EVIDENCE

- Documentation of the program's *learning outcomes* for internal medicine (must include all domains) and elderly patients.
- Lists of *preceptor*s currently providing *supervised clinical practice experiences (SCPEs)*, and their medical discipline.
- Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for internal medicine.
- Evidence that all *preceptor*s for the internal medicine *SCPE*s enable students to meet the *learning outcomes*.
- Discussions with *preceptor*s and students.

Of Note:

- Consider also Standard B3.02, which requires that the initial and ongoing site and *preceptor* evaluation documents show that *preceptor*s enable students to meet the *learning outcomes*.
- The *learning outcomes* include elderly care, but not necessarily across all domains of a learning outcome.

B3.06d	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: d) surgery, including pre-operative, intra-operative, and post-operative care

FOCUSED QUESTIONS

- What are the program's *learning outcomes* for surgery?
- What are the program's *learning outcomes* for pre-operative care?
- What are the program's *learning outcomes* for intra-operative care?
- What are the program's *learning outcomes* for post-operative care?
- How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for surgery?
- How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for pre-operative care? Intra-operative care? Post-operative care?

ESSENTIAL EVIDENCE

- Documentation of the program's *learning outcomes* for surgery (must include all domains), including *learning outcomes* for pre-operative, intra-operative, and post-operative care.
- Lists of *preceptor*s currently providing *supervised clinical practice experiences (SCPEs)*, and their medical discipline.
- Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for surgery.
- Evidence that all *preceptor*s for surgery *SCPE*s enable students to meet the *learning outcomes*.
- Discussions with *preceptor*s and students.

Of note:

- Consider also Standard B3.02, which requires that the initial and ongoing site and *preceptor* evaluation documents show that *preceptor*s enable students to meet the *learning outcomes*.

B3.06e	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: e) pediatrics, including care for infants, children, and adolescents

FOCUSED QUESTIONS
• What are the program's *learning outcomes* for pediatrics? • What are the program's *learning outcomes* for infants? Children? Adolescents? • How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes for pediatrics*? For infants? For children? For adolescents?
ESSENTIAL EVIDENCE
• Documentation of the program's *learning outcomes* for pediatrics (must include all domains), including *learning outcomes* for infants, children, and adolescents. • Lists of *preceptor*s currently providing *supervised clinical practice experiences (SCPEs)*, and their medical discipline. • Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for pediatrics. • Evidence that all *preceptor*s for pediatrics *SCPE*s enable students to meet the *learning outcomes*. • Discussions with *preceptor*s and students. Of note: • Consider also Standard B3.02, which requires that the initial and ongoing site and *preceptor* evaluation documents show that *preceptor*s enable students to meet the *learning outcomes*. • The term "pediatric patient" does not take the place of *learning outcomes* that specifically state what is expected for "infants", "children", and "adolescents". It is expected that *learning outcomes* will use those terms specifically.

B3.06f	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: f) women's health, including prenatal and gynecologic care
FOCUSED QUESTIONS	
• What are the program's *learning outcomes* for women's health? • What are the program's *learning outcomes* for prenatal care? • What are the program's *learning outcomes* for gynecologic care? • How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for women's health, including prenatal and gynecologic care?	
ESSENTIAL EVIDENCE	

- Documentation of the program's *learning outcomes* for women's health (must include all domains) including *learning outcomes* for prenatal care and gynecologic care.
- Lists of *preceptor*s currently providing *supervised clinical practice experiences (SCPEs)*, and their medical discipline.
- Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for women's health.
- Evidence that all *preceptor*s for women's health *SCPE*s enable students to meet the *learning outcomes*.
- Discussions with *preceptor*s and students.

Of note:

- Consider also Standard B3.02, which requires that the initial and ongoing site and *preceptor* evaluation documents show that *preceptor*s enable students to meet the *learning outcomes*.

B3.06g	*Preceptor*s for *supervised clinical practice experiences* enable students to meet program-defined *learning outcomes* for: g) behavioral and mental health care.

FOCUSED QUESTIONS

- What are the program's *learning outcomes* for behavioral and mental health care.
- How does the program verify that *preceptor*s enable students to meet the program-defined *learning outcomes* for behavioral and mental health care?

ESSENTIAL EVIDENCE

- Documentation of the program's *learning outcomes* for behavioral and mental health care.
- Lists of *preceptor*s currently providing *supervised clinical practice experiences (SCPES)*, and their medical discipline.
- Clinical *rotation* schedules for the current cohort, including a supervising *preceptor* for behavioral and mental health care.
- Evidence that all *preceptor*s for behavioral and mental health care *SCPE*s enable students to meet the *learning outcomes*.
- Discussions with *preceptor*s and students.

Of note:

- Consider also Standard B3.02 that the initial and ongoing site and *preceptor* evaluation documents that *preceptor*s are able to meet the *learning outcomes*.

B4. Assessment

B4.01a-b	The program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components. The evaluations: a) align with what is expected and taught

FOCUSED QUESTIONS

- Do the evaluations for each course occur *frequent*ly throughout the course to guide student achievement of *learning outcomes*? For example, a three-credit-hour course includes three summative exams, occurring at weeks 4, 9, and 15, with a quiz or self-assessment preceding each exam.
- Do the evaluations for each course align to the *learning outcomes* (what is expected) and the instruction provided (what is taught)? For example, *learning outcomes* related to clinical and technical skills are evaluated by hands-on practical exams, and written exams evaluate knowledge *learning outcomes*.

ESSENTIAL EVIDENCE

- Evidence that all *learning outcomes* are assessed.
- All assessments align to at least one (1) learning outcome (in the same course).
- Discussions with students and faculty.

Of note:

- Waiting until the end of a course to provide any feedback or assessments is not considered *frequent* evaluation as required by the stem of this standard.

B4.01b	The program conducts *frequent*, objective, and documented evaluations of student performance to ensure students meet the program's *learning outcomes* for both didactic and *supervised clinical practice experience* components. The evaluations: b) allow the program to identify and address any student deficiencies in a *timely* manner

FOCUSED QUESTIONS

- Do the evaluation tools identify which component of the *learning outcome* has not been met?
- Following the evaluation, is it clear what specific deficiencies need to be addressed?
- What is the program's process for addressing deficiencies once they are identified?

ESSENTIAL EVIDENCE

- Evidence that assessments in both the didactic and clinical courses enable the *timely* identification of student deficiencies in program-defined *learning outcomes*, allowing them to be addressed.
- Assessment tools that include evaluation items that allow the evaluator to readily identify a specific deficiency.
- Description of the program's process to create the plans to address student deficiencies in a *timely* manner.
- Student files demonstrate the means and timing of *remediation* employed to address deficiencies, as described in program processes.
- Discussions with faculty and students.

Of note:

- This standard expects that programs provide feedback to students throughout the didactic and clinical years to allow them to make needed adjustments, rather than waiting for assessments at the very end to notify them that they failed the course .
- If there are issues with alignment in B4.01a, compliance with this standard will be further evaluated.
- If a learning outcome is complex and includes multiple components, each component should be assessed.

B4.02a-b	The program documents the equivalency of student evaluation methods and outcomes when didactic instruction is: a) conducted at geographically separate locations and/or

FOCUSED QUESTIONS

- Does the program have a distant site that it uses for any part of the didactic curriculum?
- How does the program document the equivalency of evaluation methods between instructional locations?
- How does the program document the equivalency of outcomes between instructional locations?

ESSENTIAL EVIDENCE

- Documentation of program *analysis* of evaluation method equivalency between/among group(s) at the main location versus any separate location(s).
- Documentation of program *analysis* of outcome equivalency between/among the group(s) at the main location versus any separate location(s).
- Student didactic course evaluations
- Discussions with faculty and students.

Of note:

- This Standard most often affects *distant campus*es and hybrid programs.

B4.02b	The program documents the equivalency of student evaluation methods and outcomes when didactic instruction is: b) provided by different pedagogical and instructional methods or techniques for some students.

FOCUSED QUESTIONS

- Do any didactic courses have instruction that is different for some students?
- For these courses, how does the program document that the evaluation methods are *equivalent*?
- For these courses, how does the program document that the outcomes are *equivalent*?

ESSENTIAL EVIDENCE

- Provide a list of didactic courses where instructional pedagogy, methods, or techniques are different for any students. (Examples include hi-flex courses, variable lengths, optional face-to-face sessions versus online, etc.)
- Document the criteria used to establish equivalency of evaluation methods between the groups.
- Document the criteria used to establish the equivalency of outcomes between the groups.

Of note:

- Differences might include different instructional methods, types, lengths, approaches, etc.
- This standard is not intended to be applied to special circumstances that impact a single student. For example, a student is injured and must attend classes by Zoom for a week to avoid missing classes.

B4.03a-e	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 all program-defined *competencies* required to enter clinical practice, including: a) clinical and technical skills b) clinical reasoning and problem-solving abilities c) interpersonal skills d) medical knowledge e) professional behaviors

FOCUSED QUESTIONS

- What are the program-defined *competencies*? Do they cover topics within all of the categories/domains of a-e of this standard?
- How are each of the program's *competencies* assessed in the final four months of the program? (not the domain, the actual competency)
- How is this documented?

ESSENTIAL EVIDENCE
• All program-defined competencies are individually evaluated in a way that allows the program to determine that a learner has achieved each component of each competency and any sub-competencies (if applicable). • Results of the *summative evaluation* of each student are documented. • The *summative evaluation*, along with all its component parts, occurs within the final four (4) months of program completion. Of note: • The *summative evaluation* is a separate evaluation and not a review of the student's previous performance/ evaluations. • The ePACKRAT is not an acceptable summative evaluation tool because, as per the description by PAEA, it is defined as a "self-assessment tool" rather than a validated standardized assessment (https://paeaonline.org/assessment/packrat) • Mapping of program *competencies* to the program's *summative evaluation* may provide clarity, especially if it includes the assessment item(s) rather than just the name of the assessment tool. • While programs are expected to have a method of assessment for every competency and not just the domains, the program may choose to randomize assessments. For example, the program has defined *competencies* about medical knowledge that are assessed by an end-of-curriculum multiple-choice exam that assesses random parts of medical knowledge. Another example is when a list of technical skills is provided with the program competency, and four (4) skills are randomly selected for assessment during the summative exam.

SECTION C: PROGRAM SELF-ASSESSMENT

INTRODUCTION

The program self-assessment section demonstrates that the program collects data, analyzes data to draw conclusions, including areas where the program is meeting its expectations and areas needing improvement. It then demonstrates its ability to create data-driven action plans. Programs are encouraged to view this compliance manual in conjunction with the sample application to fully understand the expectations.

C1. Program Self-Assessment

C1.01	The program documents ongoing self-assessment of its overall *effectiveness* in operating the program and preparing graduates for clinical practice by collecting data, using critical *analysis* to draw conclusions, and creating self-improvement action plans. At a minimum, the program's process utilizes data including: • program-defined admissions data • *PANCE* scores and sub-scores • didactic *attrition*, clinical *attrition*, and overall *attrition* • course grades, didactic and clinical (including exam scores as appropriate)

	• course and instructor evaluations, including clinical sites and *preceptors* • *summative evaluation* results • graduate/exiting student evaluation of the program • program-defined measures of *effectiveness* of the program director*, principal faculty*, and *medical director* in their roles outside of teaching • *remediation*

FOCUSED QUESTIONS

- How does the program document its ongoing self-assessment process?
- What benchmarks did the program set for each of the data sets?
- Which data sets (at least 3) were used for each required question?
- Did the program display its data summaries in clearly labeled charts on the data tables, including response rates and legends?
- What was the program's process of *analysis* for the data points selected for each question?
- Did the program's analysis involve identifying data below benchmark/expectations, trends over time, and comparison/triangulation of different data sets to identify its conclusion?
- How did the program arrive at the conclusions provided in the application, including areas needing improvement?
- How does the data *analysis* support the conclusions and subsequent action plans, if needed?

ESSENTIAL EVIDENCE

- The required Data Tables provided in the application were completed for the data listed in the standard.
- Data points below the program's benchmark are highlighted in red.
- Data is displayed showing trends that directly support the program's *analysis* discussion, including response rates for survey data.
- Qualitative data summaries are presented by cohort/group.
- The program identified at least three data sets per question to be used in the analysis.
- All five (5) questions were analyzed, with a conclusion documented.
    - 1. Are program faculty effective in operating the program?
    - 2. Is the admissions process effective in selecting students who can successfully complete the program?
    - 3. Is the didactic curriculum effective in preparing graduates for clinical practice?
    - 4. Is the clinical curriculum effective in preparing graduates for clinical practice?
    - 5. Overall, does the program successfully prepare graduates for clinical practice?
- Conclusions are based on data *analysis* provided in the Self-Study Report (SSR).
- Action plans are based on data analysis and are included, at a minimum, for each area that needed improvement.

- Multi-campus programs analyze data and draw conclusions for the program as a whole and for each campus.

Of note:

- Programs are encouraged to innovate and improve their programs in an ongoing manner. Changes made as a result of these innovations would only be documented in the SSR if they were a result of critical data *analysis*.
- The required data point related to the *effectiveness* of the program director, *medical director*, and *principal faculty* in their roles other than instruction is expected to be an evaluation related to the overall *effectiveness* of program operations and preparing graduates for clinical practice. Examples of roles outside of teaching for principal faculty include managing the program's mission, goals, and competencies, selecting applicants for admission, managing the curriculum, and other areas listed in Standard A2.05. Examples of roles outside of teaching for the program director include program organization, program administration, fiscal management, and other areas listed in Standard A2.09. Examples of roles outside of teaching for the medical director include advocacy for the PA program through active participation and development and review of program curriculum and competencies as identified in Standard A2.12.
- The focus of this standard is on the effectiveness of the program preparing graduates for clinical practice rather than only focusing on students' ability to pass the *PANCE*.

C1.02	The program documents ongoing self-assessment of the sufficiency of program personnel by collecting data, using critical *analysis* to draw conclusions, and creating self-improvement action plans. These data points, at a minimum, will include: • student, faculty, and staff evaluation of the sufficiency of personnel by type or task • *principal faculty* and staff full-time equivalents (FTE) filled and vacant with *attrition* rates • workload calculation for each *program faculty* and staff member

FOCUSED QUESTIONS

- How does the program document its ongoing self-assessment process?
- What benchmarks did the program set for each of the data sets?
- Which data sets (at least 3) were used for each required question?
- Did the program display its data summaries in clearly labeled charts on the data tables, including response rates and legends?
- Did the program's analysis involve identifying data below benchmark/expectations, trends over time, and comparison/triangulation of different data sets to identify its conclusion?
- How did the program arrive at the conclusions provided in the application, including areas needing improvement?
- How does the data *analysis* support the conclusions and subsequent action plans, if needed?

ESSENTIAL EVIDENCE

- The required Data Tables provided in the application were completed for the data listed in the standard.
- Data points below the program's benchmark are highlighted in red.
- Data is displayed showing trends that directly support the program's *analysis* discussion, including response rates for survey data.
- Qualitative data summaries are presented by cohort/group.
- The program identified at least three data sets per question to be used in the analysis.
- Both questions were analyzed, with a conclusion documented.
    - 1. Does the program have sufficient principal faculty (number, capacity, and workload) to operate the program and fulfill obligations to matriculated and enrolled students?
    - 2. Does the program have sufficient program administrative staff (number, capacity, and workload) to operate the program and fulfill obligations to matriculated and enrolled students?
- Conclusions are based on data *analysis* provided in the Self-Study Report (SSR).
- Action plans are based on data analysis and are included, at a minimum, for each area that needs improvement.
- Multi-campus programs analyze data and draw conclusions for the program as a whole and for each campus.

Of Note:

- Programs are encouraged to innovate and improve their programs in an ongoing manner. Changes made as a result of these innovations would only be documented in the SSR if they were the result of critical data *analysis*.
- This standard introduces survey questions that programs are required to ask on annual surveys, as listed in the C102 SSR Data tables template. The term "faculty" in these questions refers to principal faculty. These include:
    - To students: To what extent do you believe the current number of staff are sufficient to meet student needs?
    - To students: To what extent do you believe the current number of faculty are sufficient to meet student needs?
    - To faculty: To what extent do you believe the current number of faculty in your program are sufficient to meet the teaching, research, advising, and service expectations?
    - To faculty: To what extent does the current faculty size allow for a fair and balanced faculty workload distribution?
    - To faculty: To what extent do you believe the current number of staff are sufficient to meet program needs?
    - To staff: To what extent do you believe the current number of staff are sufficient to meet program needs?
    - To staff: To what extent do you believe the current number of faculty in your program are sufficient to meet program needs?
- In question 2 for C1.02, the term "capacity" refers to the amount of work that the person is able to perform at their level of effort. It should take into account any mitigating factors, such as years of experience in their current role (new employees generally have lower capacity than seasoned employees) and overall experience (experienced faculty generally have higher capacity than brand-new faculty).

C1.03	RESCINDED OCTOBER 2025 The program documents ongoing self-assessment of the sufficiency of institutional resources by collecting data, using critical *analysis* to draw conclusions, and creating self-improvement action plans. These data points, at a minimum, will include: • institutional support for admissions • institutional support and resources for the clinical year • faculty, staff, and student evaluation of institutional resources • budget data and evaluation of sufficiency • institutional support for course and curriculum design • institutional support of technology resources and technology support

SECTION D: PROVISIONAL ACCREDITATION

Section D of the Standards applies only to programs applying for initial provisional accreditation. Programs being evaluated for initial provisional accreditation as they enter the accreditation process must meet the standards in Section D as well as those in all other sections of the Standards. As noted in the B Standards section above, review of clinical sites for programs applying for initial provisional accreditation should be guided by the following information:

Expectations for Clinical Sites and Preceptors for Initial Provisional Applications: Programs applying for Initial Provisional accreditation are expected to demonstrate the establishment of sufficient, appropriate, and vetted clinical sites and preceptors to support their proposed curriculum and requested maximum class size. The Commission's review of the Initial Provisional period is based on evidence that the program is prepared to implement its clinical education component as proposed, not on futuristic plans or projections alone. At the time of the Initial Provisional review, the program must provide evidence of fully executed affiliation agreements for clinical sites in accordance with Standard A1.01. In addition, the program must demonstrate that it has secured an adequate number of clinical placements at each site to accommodate the requested maximum class size, consistent with Standard B3.01a-d. This includes documentation that clearly shows how the total number of placements across sites is sufficient to support all required supervised clinical practice experiences. The program must also provide evidence that clinical sites have undergone an initial evaluation to ensure they are appropriate for PA student education and capable of supporting the student's achievement of the program's learning outcomes. This evaluation addresses the requirements outlined in Standards B3.01 through B3.06, including (but not limited to) the site's patient populations, capacity to enable students to meet learning outcomes, site resources, and appropriate supervision. While the Commission recognizes that, in limited circumstances—such as placements within large hospital systems—a specific preceptor may not yet be identified for every individual clinical placement, this is expected to represent a small proportion of the program's overall clinical plan. The expectation is that the clinical placements and preceptors have been identified by the time of the site visit. Although additional information may be submitted in response to program observations, the program should not rely on this and have everything in order to demonstrate compliance at the time of the site visit.

Programs are expected to demonstrate that preceptors have been selected and evaluated in accordance with Standards A2.13 through A2.16. This includes evidence that preceptors are appropriately credentialed, qualified, and oriented to the program and its educational objectives. Reliance on future recruitment or unverified preceptor assignments does not meet the Commission's expectations for Initial Provisional accreditation.

Overall, the Commission expects Initial Provisional applicants to demonstrate a realistic, well-developed, and adequately documented clinical education infrastructure sufficient to support the proposed program and its requested class size from the outset.

D1. Provisional Accreditation Requirements

D1.01a-e	Based on the qualifications outlined in the Standards, the program has: a) a 1.0 FTE program director hired by the institution and working on a permanent basis at least 15 months prior to the first day of the scheduled site visit. If the person holding the position of program director changes in the 15 months prior to the first day of the scheduled site visit, the program may be removed from the commission agenda b) a *medical director* hired by the institution and working on a permanent basis at least 15 months prior to the first day of the scheduled site visit c) at least 2.0 FTE PA-C *principal faculty* hired by the institution and working on a permanent basis at least 9 months prior to the first day of the scheduled site visit d) a 1.0 FTE *principal faculty* (the third *principal faculty* member) hired by the institution and working on a permanent basis prior to the first day of the scheduled site visit e) at least 1.0 FTE support staff hired by the institution and working on a permanent basis at least 9 months prior to the first day of the scheduled site visit.

FOCUSED QUESTIONS

- Is the program director 1.0 FTE? Was the program director hired and working at least 15 months prior to the site visit?
- Was the *medical director* hired and working at least 15 months prior to the site visit?
- Are there at least 2.0 FTE PA-C *principal faculty* members? Were these positions filled and working at least 9 months prior to the site visit?
- What is the FTE for each of these *principal faculty* members? (e.g., the 2.0 FTE could be comprised of up to four (4) people)
- Was there at least 1.0 FTE support staff hired and working at least 9 months prior to the site visit?

- Was there at least 1.0 FTE *principal faculty* member (now 3.0 FTE total or more) hired and working prior to the site visit?
- Has there been any turnover/*attrition* in personnel prior to the site visit? How was that reported to the ARC-PA? What was the response?

ESSENTIAL EVIDENCE

- Appropriate individuals who meet the requirements provided in the standards have been hired, maintained, and assigned according to the required timeline.
- Names and CVs of the program director and *medical director* that meet the qualifications as required by the Standards. Date of hire should include month and year for the program director, the *medical director*, *principal faculty*, and staff on the program data sheet and individual CVs.

Of note:

- The ARC-PA does not consider a *consultant* or interim program director a program director hired on a permanent basis.
- The Commission expects that the program will retain the same program director and *medical director* for these 15 months.
- Programs inform the ARC-PA immediately when the program director/*medical director* is hired and if there is a change in program director or *medical director*. The program may be removed from the agenda for not retaining a permanent program director or *medical director* for this time period.
- If the program is allowed to remain on the Commission agenda, it may be issued a citation for failing to retain a permanent program director or *medical director* during this time period.
- If the program director and *medical director* positions are not filled within the indicated timeframes, the program may be removed from the Commission agenda, forfeiting any fees paid.
- The Commission expects that the program will retain the same *principal faculty* and staff members for the timeframes provided in the standard.
- The program notifies the ARC-PA of any changes as soon as they occur at any point between the time of application and the first day of class for the first cohort.

D1.02a-c	The developing program publishes and makes *readily available* to *prospective students* and everyone who requests information: a) its ARC-PA applicant status as provided to the program by the ARC-PA

FOCUSED QUESTIONS

- Is the correct ARC-PA accreditation statement as provided by the ARC-PA *published* and *readily available*?

ESSENTIAL EVIDENCE

- The applicant status accreditation statement is *published* and *readily available* on the program webpage, as applicable by state law.
- The applicant status accreditation statement is provided in all materials distributed to inquiries and is available for review.

D1.02b	The developing program publishes and makes *readily available* to *prospective students* and everyone who requests information: b) that the program is not yet accredited

FOCUSED QUESTIONS

- Where and how does the program disclose that it is not yet accredited?

ESSENTIAL EVIDENCE

- The statement that the program is not yet accredited is *published* on the program webpage, as applicable by state law.
- The statement that the program is not yet accredited is provided in all materials distributed to inquiries and available for review.

D1.02c	The developing program publishes and makes *readily available* to *prospective students* and everyone who requests information: c) the implications of non-accreditation by the ARC-PA.

FOCUSED QUESTIONS

- What are the implications of non-accreditation?
- Where is this *published* and *readily available*?
- Are these implications included in all materials distributed to those who request information?

ESSENTIAL EVIDENCE

- The statement of the implications of non-accreditation by the ARC-PA is *published* on the program webpage, outlining what would happen to fees paid, applicants, and admitted students if the program does not achieve provisional accreditation within the proposed timeframe.
- The statement of non-accreditation by the ARC-PA is provided in all materials distributed to inquiries and is available for review.

D1.03	The institution-approved complete curriculum is submitted with the application of record.
FOCUSED QUESTIONS	
• Does the program have a complete curriculum included in the application of record? • When did the institution approve the curriculum?	
ESSENTIAL EVIDENCE	
• Course syllabi, student handbooks, or other documents that include written curriculum design, sequencing, and evaluation methods for the entire program curriculum. • Institutional approval of the curriculum is documented in the application record.	

SECTION E: ACCREDITATION MAINTENANCE

Section E addresses the responsibilities of programs and sponsoring institutions related to maintaining their accreditation. Review of this section is important to programs and noncompliance with the Standards included in this section can affect a program's accreditation status. Much of the evidence for Section E is documented correspondence with the ARC-PA.

E1. Program and Sponsoring Institution Responsibilities

E1.01a-b	The program informs the ARC-PA within 30 days of the date of notification of any: a) change in the accrediting agency for the sponsoring institution, or b) adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's accrediting agency.
FOCUSED QUESTIONS	
• Will the program notify the ARC-PA within 30 days of any change in the accreditation of the sponsoring institution? • Will the program notify the ARC-PA within 30 days of any adverse action related to the accreditation of the sponsoring institution?	

ESSENTIAL EVIDENCE	
• Documentation of the accrediting agency and status for the sponsoring institution.	
E1.02	The program agrees to and cooperates with periodic comprehensive and/or focused reviews of the program by the ARC-PA. Such reviews may include a site visit, which are scheduled as determined by the ARC-PA.
FOCUSED QUESTIONS	
• Did the program agree to accreditation site visits as scheduled by the ARC-PA?	
ESSENTIAL EVIDENCE	
• Program director correspondence with the ARC-PA regarding scheduling of comprehensive review and other visits.	
E1.03	The program submits reports or documents as required by the ARC-PA.
FOCUSED QUESTIONS	
• Did the program submit its application and all of the appendices according to the instructions? • Did the program maintain its portal with current information? • Did the program submit reports completely, correctly, and when required by the Standards?	
ESSENTIAL EVIDENCE	
• Reports/applications received by the ARC-PA are completed following directions, in the prescribed format, and submitted at the prescribed time. • This includes maintenance of the program's Portal with the program's most current information.	
E1.04a-c	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: a) program director (or interim) within two business days of the vacancy,

FOCUSED QUESTIONS	
• If the program had a change of personnel in the program director position, did the program report it as required by the ARC-PA?	
ESSENTIAL EVIDENCE	
• Evidence that notification of changes in the listed positions was submitted to the ARC-PA in a *timely* manner, using forms and following directions provided. • The Change in PA *Program Faculty* form is to be used to inform the ARC-PA of a personnel change, including the resignation, termination, or appointment in the listed positions. • A Change in PA *Program Faculty* form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position. Of note: • A written *succession plan* can serve as a clear demonstration of the program's commitment to ensuring continuity of leadership. It focuses on ensuring an interim and then a permanent program director. Plans may include the addition of *instructional faculty* to offset immediate teaching demands, hiring of personnel to fill vacancies created by promotions, national searches, and recruitment details for outside hires. • Submit the report within the time frame stated in the standard from the date of vacancy, which is the last day worked. For example, a program director submits a letter of resignation on January 1, 2026, stating that their last day of work will be May 30, 2026. The program has 2 business days from May 30, 2026, to report the vacancy. Consider E1.07 because the program then has 5 business days from May 30, 2026 to appoint an interim program director (PD) who meets the qualifications of the PD. • See also Standard A1.02c.	
E1.04b	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: b) *medical director* (or interim) within 30 days of the vacancy, and
FOCUSED QUESTIONS	
• If the program had a change in *medical director*, was the change reported using the correct form and within the required 30 calendar days?	
ESSENTIAL EVIDENCE	

• Evidence that notification of changes in the listed positions was submitted to the ARC-PA in a *timely* manner, using forms and following directions provided. • The Change in PA *Program Faculty* form is to be used to inform the ARC-PA of a personnel change, including the resignation, termination, or appointment in the listed positions. • A Change in PA *Program Faculty* form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position.	
E1.04c	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: c) *principal faculty* within 30 days of the vacancy.
FOCUSED QUESTIONS	
• If the program had any *principal faculty* changes, were they reported using the required forms within the required 30 calendar days?	
ESSENTIAL EVIDENCE	
• Evidence that notification of changes in the listed positions was submitted to the ARC-PA in a *timely* manner, using forms and following directions provided. • The Change in PA *Program Faculty* form is to be used to inform the ARC-PA of a personnel change, including the resignation, termination, or appointment in the listed positions. • A Change in PA *Program Faculty* form is also required when a person in one of the listed positions has been promoted or changed positions within the program. This should be documented to reflect a resignation from the prior position and assignment to the new position.	
E1.05	The program demonstrates *active* recruitment to permanently fill vacated or interim positions. The program provides quarterly updates to the ARC-PA on progress filling vacated or interim positions.
FOCUSED QUESTIONS	
• How does the program *actively* recruit to fill open positions? • Has the program's recruitment to fill open positions been effective within a 3-month or other designated time frame?	
ESSENTIAL EVIDENCE	

- Description of the advertisements for vacancies, indications of how and where advertised, timing of advertisements, assurance of budgetary support for the position(s), and timeline for filling vacancies. If filled, description of the interval from the vacancy to the filling of the position(s).
- Quarterly updates provided to the ARC-PA through the Program Portal for open program director, medical director, and principal faculty positions every three months from the date that the position became vacant.
- Description of institutional support for filling open positions.
- Description of how the workload was distributed while the position was vacant
- Discussion with the program director and institutional officials about progress on filling the open position(s).

Of Note:

- The Commission expects that vacancies will be filled within one year.

E1.06	An interim program director (IPD) meets the qualifications of the program director.

FOCUSED QUESTIONS

- If the program had an IPD, did that person meet the qualifications listed in the Standards for the program director?

ESSENTIAL EVIDENCE

- The current CV of IPD demonstrates that the IPD meets the qualifications required by all applicable Standards and the job description.
- Program director job description/requirements.
- The IPD is qualified as required by the Standards (A2.06-A2.10).

E1.07a-b	The appointment of the IPD position*:* a) occurs within five business days of the vacancy caused by the program director's resignation/termination, and b) does not exceed 12 months.

FOCUSED QUESTIONS

- If the program has ever appointed or needed to appoint an IPD, did the newly appointed IPD assume their duties within five business days of the vacancy?

ESSENTIAL EVIDENCE

- Evidence that the IPD was in place within 5 business days.

• Program has IPD acting in place of a PD for less than 12 months. The 12-month period begins when the PD is no longer present at the program and the IPD assumes their role. • Detailed plan with timeline for recruitment of permanent program director. • If a program director is hired but not yet on site, describe the interval from vacancy to filling of the position. • Quarterly updates provided to the ARC-PA.	
E1.08a-b	The program informs the ARC-PA within two business days, using forms and processes developed by the ARC-PA, of a temporary vacancy or extended absence of: a) the program director/interim program director greater than 21 calendar days, or
FOCUSED QUESTIONS	
• If the program had a program director or IPD absent from their position for greater than 21 calendar days, did the program inform the ARC-PA?	
ESSENTIAL EVIDENCE	
• Evidence that the program submitted notification to the ARC-PA within 2 business days of a temporary vacancy of greater than 21 days in the position of the program director or IPD.	
E1.08b	The program informs the ARC-PA within two business days, using forms and processes developed by the ARC-PA, of a temporary vacancy or extended absence of: b) the *medical director*/interim *medical director* or *principal faculty* greater than 90 calendar days
FOCUSED QUESTIONS	
• If the program had any *medical director*, interim *medical director* or *principal faculty* member take an extended absence of longer than 90 calendar days, did the program notify the ARC-PA within 2 business days of their knowledge of the extended absence?	
ESSENTIAL EVIDENCE	
• Evidence that notification of a temporary leave of absence outlined in the standard was submitted to the ARC-PA within two business days, using forms and following directions provided.	

- This standard refers to a leave of absence with expected return to the same role in the program (e.g., family medical leave, short-term disability, etc.).

E1.09a-e	The program receives approval from the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes in the following: a) program expansion to a *distant campus*, b) requirements for program completion/graduation that include changes in total credits required, c) the curriculum that result in an increase in the student tuition, d) an increase in the approved maximum entering class size, or e) program length, greater than one month.

FOCUSED QUESTIONS

- If the program had any of these listed changes, were the changes approved by the ARC-PA Commission at least 6 months prior to the intended implementation date?

ESSENTIAL EVIDENCE

- Evidence of written approval from the ARC-PA, at least six (6) months prior to implementation, using ARC-PA forms and processes.
- The *maximum entering class* size is approved by the ARC-PA upon review of the program by the commission or after approval of a change request for a class size increase. Any increase above the ARC-PA-approved *maximum entering class size* requires approval by the ARC-PA.
- Programs should plan accordingly for changes requiring approvals within the time frame required by the standard. Take into consideration the length of time between submission and commission review based on the submission deadlines listed at the top of the change forms (https://www.arc-pa.org/entry-level-program/required-report-forms/)
- It is recommended that programs begin the approval process more than one year before a change.
- The commission may request more information before making a final decision. That will inevitably delay the decision, which would delay the change implementation.
- The request submission is more likely to be approved by the commission on its first review if it is complete and thorough. A list of required information is provided on each change form.

Of Note:

- Specifically for b), if the program has changes to the requirements for program completion that do not include a change in total credits, then the program does not have to complete a change form and receive approval before implementation.

E1.10	The program informs the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six months prior to implementation of proposed changes to the degree granted at program completion.
FOCUSED QUESTIONS	
• If the program changed the degree granted, did it submit the information to ARC-PA at least six months ahead of implementation?	
ESSENTIAL EVIDENCE	
• Evidence of written notification to the ARC-PA at least six months before implementation, using ARC-PA forms to report proposed changes.	
E1.11a-b	The program immediately informs the ARC-PA in writing, using forms and processes developed by the ARC-PA when: a) enrollment exceeds its *maximum approved class size*, or
FOCUSED QUESTIONS	
• Has the program cohort size ever exceeded the approved *maximum class size*? If so, did the program immediately inform the ARC-PA?	
ESSENTIAL EVIDENCE	
• Any increase above the ARC-PA-approved *maximum entering class size* for any reason requires program notification to the ARC-PA using the forms and following the instructions provided by the ARC-PA. *Of Note:* • It is never acceptable for a program to accept more applicants than its *maximum class size*, even when the program anticipates that a few will not end up matriculating, because this practice may lead the program to have an entering cohort larger than its maximum approved class size. Creating an alternate list is the acceptable practice. • The same individual is maintained in the required positions for the time frame listed in the standard. If there was any turnover, how was it reported to the ARC-PA, and what was ARC-PA's response?	

E1.11b	The program immediately informs the ARC-PA in writing, using forms and processes developed by the ARC-PA when: b) it encounters a substantive decrease in fiscal support of: i. 20% or more decrease in overall budget or for program expenditures, or ii. 5% or more decrease in its *operating budget*.
FOCUSED QUESTIONS	
• Has the program experienced a budget decrease at any point in the past 3 years? • Has the program had any vacant positions that lost their associated funding?	
ESSENTIAL EVIDENCE	
• A decrease in support for the program may refer to a decrease in budget allocations for human, academic, or physical resources. Support for vacant positions may be reduced or eliminated, leaving an open but unfunded and unfilled position within the program. Federal, state, private grants, or other funds awarded to the sponsoring institution or to outside agencies that support individuals or program activities may not be renewed. • Programs are required to report ≥ 20% decrease in overall budget, which includes, at a minimum, the following four areas: a) Faculty salaries and benefits, b) Staff salaries and benefits, c) Faculty/staff development (Funding provided to the program director and *principal faculty* in support of maintenance of certification, licensure, and professional development directly relevant to PA education), d) and operations. • Programs are required to report a≥ 5% decrease in the *operating budget*, which is a subset of the overall budget. It is everything except the salaries and benefits.	
E1.12	The sponsoring institution informs the ARC-PA in writing of the intent to transfer program sponsorship as soon as it begins considering the transfer.
FOCUSED QUESTIONS	
• Has the program had its sponsorship transferred from one institution to another?	
ESSENTIAL EVIDENCE	

• Evidence of *timely* notification of ARC-PA by the sponsoring institution. Notification should occur as soon as the institution begins considering such action to ensure that ARC-PA policies and procedures (https://www.arc-pa.org/about/policies-bylaws/) about transfers are addressed.	
E1.13	The program and the sponsoring institution pay ARC-PA accreditation and associated fees as determined by the ARC-PA.
FOCUSED QUESTIONS	
• Has the program paid its accreditation fees as required and by the due date?	
ESSENTIAL EVIDENCE	
• Evidence of *timely* payment of invoices sent to the program by the ARC-PA. • Note: A program may be placed on Administrative Probation for failure to pay fees. (See ARC-PA Policy 11.9)	

Section E, Accreditation Maintenance, can also be found in the policy manual. https://www.arc-pa.org/about-2/policies-and-bylaws/

STANDARDS GLOSSARY

NOTE: Terms in italics in the Standards document are defined in this glossary. Where terms are not defined, their definitions are at the discretion of the ARC-PA.

TERM	DEFINITION
Accurately	Free from error.
Active	Having practical operation or results, characterized by action rather than by contemplation or speculation.
Active Clinical Site	A clinical site with a current affiliation agreement that is available to accept students for clinical rotations.
Administrative Support (Staff)	Those individuals providing administrative, secretarial, or clerical help to the program. Administrative support staff do not include other staff working in or with the program who are assigned a traditional faculty role or those who function to provide technical assistance for instructional technology or data analysis.
Advanced Placement	The waiver of required coursework within the PA curriculum for applicants or currently enrolled students, allowing advancement in the program without completing all required curriculum components.
Advanced Practice Nurses (APN)	Advanced Practice Nurses (APNs) are registered nurses (RNs) who have obtained advanced clinical education, typically at the master's or doctoral level, and are trained to provide a higher level of care than traditional RNs. Examples include: Nurse Practitioners (NPs), Certified Nurse-Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).
Analysis	Data analysis is the systematic process of collecting, organizing, and examining data to extract meaningful insights and support decision-making. This process involves identifying trends—recurring patterns or directional movements within data over time or across groups—as a way to understand outcomes. To enhance validity and reliability, data analysis uses triangulation, which involves using multiple data sources or perspectives to cross-verify findings. Triangulation helps ensure that interpretations are not biased or overly dependent on a single source or approach, thereby increasing confidence in the conclusions drawn.
Attrition	Attrition is a reduction in number. Student attrition: the permanent loss of a matriculated student from a cohort in a PA program. A student who, by program-defined written policy, remains a member of their original cohort but has a delay in

TERM	DEFINITION
	graduation date is a delayed graduate and NOT an attrition (and does not go in the graduation rate/attrition table as an attrited student). Faculty/Staff attrition: the loss of a faculty/staff member from a position assigned to the PA program. The annual attrition rate is calculated as the (#FTE lost from the program/# FTE assigned to the program) x 100% attrition. The attrition rate is unaffected by whether or not the person(s) who left was replaced. •Example 1: If a program is assigned 1 FTE staff total, and had a staff person leave every 6 months (2 different people left over the calendar year 2023), attrition would be (2/1)x100=200% attrition. •Example 2: if a program had 0.5 FTE faculty person leave and the program had 4.0 FTE total faculty, then the attrition would be (0.5/4)x100=12.5% attrition.
Clinical Skills	Clinical skills are skills used to make patient care decisions. Examples include, but are not limited to, history taking, performing physical exam, patient counseling, diagnostic reasoning, diagnostic studies interpretation, effective communication, teamwork, and professionalism.
Comparable	Similar but not necessarily identical.
Competencies	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for PA practice.
Consultant	An individual from within or outside the sponsoring institution who provides advice to the program, but who is not hired by the program to serve as program principal faculty, instructional faculty, or staff.
Course Director	Faculty member primarily responsible for the organization, delivery, and evaluation of a course.
Deceleration	The loss of a student from the entering cohort, who remains matriculated in the PA program.
Distant Campus	A campus geographically separate from the main program at which didactic, preclinical, or clinical instruction occurs for all or some of the students matriculated to that campus.
Distant Education	A formal educational process in which 50% or more of the required content/time/credit hours, excluding supervised clinical practice experiences, may be accrued when the student and instructor/faculty are not in the same physical location at the same time. The interaction may be synchronous or asynchronous.
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs, and/or values. The inclusion of different people (including but not limited to gender and race/ethnicity, age, physical abilities, sexual orientation, socioeconomic status) in a group or organization. Diversity includes all the ways in which people

TERM	DEFINITION
	differ, and it encompasses all the different characteristics that make one individual or group different from another.
Effectiveness	The degree to which objectives are achieved and the extent to which problems are solved.
Elective Rotation	Supervised clinical practice experiences that may differ by student and which allow students to gain exposure to or a deeper understanding of medical specialties related to their clinical or academic areas of interest.
Equity	The implementation of resources, consistent with applicable law, that address the remediable differences among diverse groups for all to achieve academic or professional success.
Equivalent	Resulting in the same outcomes or end results.
Formative Evaluation	Intermediate or continuous evaluation that may include feedback to help students achieve goals.
Frequent	Occurring regularly at brief intervals.
Goals	The end toward which effort is directed.
Harassment	Harassment is unwelcome conduct that is based on race, color, religion, sex (including sexual orientation, transgender status, or pregnancy), national origin, older age (beginning at age 40), disability, or genetic information (including family medical history). Harassment is conduct that is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Petty slights, annoyances, and isolated incidents (unless extremely serious) do not meet the definition of harassment.
Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the health care system. This term includes routine clinical or office records, records of care in any health-related setting, preventive care, lifestyle evaluation, research protocols, and various clinical databases.
Inclusion	The active, intentional, and ongoing engagement with diversity in ways that increase awareness, content knowledge, cognitive sophistication, and empathic understanding of the complex ways individuals interact within systems and institutions. The act of creating involvement, environments, and empowerment in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and/or clinical phases of the program at less than 50% effort (FTE), regardless of faculty status or rank. This includes roles such as guest lecturer and adjunct faculty (paid or unpaid). Clinical instructional faculty are also considered the preceptor of record (see definition of preceptor). Trainees may not function as preceptor of record.
Instructional Objectives	Statements that describe observable actions or behaviors that the student will be able to demonstrate after completing a unit of instruction.

TERM	DEFINITION
Interprofessional Teams	Practice involving individuals from different health care professions working together to provide patient-centered care in a collaborative manner.
Learning Outcomes	The medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities that have been attained at the completion of a curricular component, course, or program. All learning outcomes are assessed.
Maximum Class Size	The maximum potential number of students enrolled for each admission cycle, as approved by the ARC-PA.
Medical director	Physician or PA assigned to the PA program and who reports to the program director. The FTE assigned to the medical director is specific to this position/role. The medical director supports the program in ensuring that didactic and clinical instruction meet current practice standards as they relate to the role of the PA in providing patient care. The "Of Note" section in Standard A2.12 provides a full list of expected tasks. The medical director cannot be the program director.
Mistreatment	Mistreatment is any behavior that disrespects the dignity of others or interferes with the learning process. It can be intentional or unintentional. Examples of mistreatment include: • Discrimination: Denying opportunities based on race, ethnicity, gender, sexual orientation, or other protected categories • Humiliation: Publicly belittling or humiliating someone • Physical or psychological punishment: Threatening or actually inflicting physical harm • Unfair treatment: Intentionally singling out someone for arbitrary treatment • Exploitation: Requiring that someone perform personal errands or exploiting them in any other way
NCCPA	National Commission on Certification of Physician Assistants
Operating Budget	Funds that the program may use for its general operations, including all expenses other than salaries and benefits. These funds may be held in various types of accounts from various sources within or external (e.g., grants) to the institution. The funds may be recurring, one-time, or rolled over from a previous year. The program reports in the Portal at the beginning of the budget year, and at any time when funding changes, the dollar amount that the program may spend to cover its expenses. A decrease of 5% or greater is reported using the ARC-PA forms (see ARC-PA policy).
PANCE	Physician Assistant National Certification Exam is administered by the National Commission on Certification of Physician Assistants.
Personal wellness	The quality or state of being in good health, especially as an actively sought goal. It includes choices and activities aimed at achieving physical vitality, a sense of accomplishment, and personal fulfillment.

TERM	DEFINITION
Preceptor	Any instructional faculty member who provides student supervision during supervised clinical practice experiences. Also referred to as the preceptor of record. Trainees may not be preceptors.
Principal faculty	Those faculty working at least 50% FTE with primary academic responsibility assigned to the PA program who report to the program director. Any percent effort that does not report to the program director would not be counted as principal faculty percent effort (e.g., time in clinic, time in another department).
Program faculty	The program director, medical director, principal faculty, and instructional faculty
Prospective students	Any member of the general public who is seeking information about the program.
Published	Presented in written or electronic format.
Readily available	Made accessible to others in a timely fashion via defined program or institution procedures. Navigation to digital content should take little effort or time.
Recognized institutional accrediting agencies	An institutional accrediting agency or association recognized by the United States Department of Education (DOE) or the Council for Higher Education Accreditation (CHEA) that offers accreditation for graduate degrees.
Remediation	The program-defined process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented.
Required course(s)	A course that must be completed to an acceptable standard in order to earn the entry-level PA degree. A course such as "PAS 6012 Elective SCPE" that must be completed to earn the degree is a required course (it was the topic that was elected by the student). Courses that were not required, such as MPH courses as part of a dual degree, would not be listed as required courses.
Required rotation(s)	Rotations that the program requires all students to complete. While an elective rotation may be required, it is not included in this definition because the discipline of the elective rotation varies.
Rotation	A supervised clinical practice experience for which there are published expected learning outcomes and student evaluation mechanisms.
Student services	Services aimed at helping students reach their academic and career goals. Such services typically include academic advising, tutoring, career services, disability services, financial aid, student health, computing, and library resources and access.
Subspecialists	A narrow field of practice within its medical specialty.
Succession plan	A succession plan is a strategy that helps programs identify and develop potential leaders to fill critical positions in the future. The goal is to ensure that a program can continue to operate smoothly even when leaders leave, retire, or get promoted. Succession plans can involve a mix of people, processes, and tools.
Succinctly / Succinct	Marked by compact, precise expression without wasted words.

TERM	DEFINITION
Sufficient	Enough to meet the needs of a situation or proposed end.
Summative evaluation	An assessment of the learner that is conducted by the program to ensure that the learner has met the program's competencies for the medical knowledge, interpersonal, clinical and technical skills, professional behaviors, and clinical reasoning and problem-solving abilities required for entry into the profession. This evaluation consists of more than a listing and review of student outcomes otherwise obtained in the course of the program.
Supervised clinical practice experiences (SCPE)	Supervised student encounters with patients, either in-person or by telemedicine, that include comprehensive patient assessment, involvement in patient care decision-making, and result in a detailed plan for patient management.
Teaching out	Allowing students already in the program to complete their education or assisting them in enrolling in an ARC-PA-accredited program in which they can continue their education.
Technical Skills	Technical skills are procedural skills. Examples include, but are not limited to, performing diagnostic studies, intravenous line insertion, surgical scrubbing, cast application, and suturing.
Technical standards	Nonacademic requirements for participation in an educational program or activity. They include physical, cognitive, and behavioral abilities required for satisfactory completion of all aspects of the curriculum and for entry into the profession.
Telehealth / Telemedicine	Patient evaluation and treatment using real-time, two-way interactive communication between a patient and a healthcare provider at a different location. This is conducted using audio and video communications in most cases, unless video is not feasible.
Timely	Without undue delay; as soon as feasible after giving considered deliberation.
United States	The fifty States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef, and Johnston Island. A program may satisfy the requirement of supervised clinical practice experiences through medical facilities located in the United States and through a limited number of medical facilities that are accredited by the United States Joint Commission and operated by the American government under a signed Status of Forces Agreement with the host nation.