



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

ARC-PA Policies ©

ARC-PA
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Version 14: 04.25.2026

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1. Category: Scope

Initially Adopted: 010.01.2001

Review/Revision History: 03.09.2007, 06.28.2025, 09.20.2025

Cross-referenced to: Bylaws Section 1.2

1.1 Scope of the Commission

The ARC-PA:

Is the recognized accrediting agency for PA education leading to the professional credential (PA) and provides accreditation services to institutions that sponsor PA programs

Provides accreditation services to programs sponsored by institutions offering clinical postgraduate education and post-professional PA doctoral education programming

The Council for Higher Education Accreditation (CHEA) recognized scope of accreditation is as follows:

"Programs preparing individuals for physician assistant practice located in institutions in the United States that are accredited by recognized regional accrediting bodies." (2.14.14)

The CHEA scope of practice does not cover the accreditation of clinical postgraduate PA programs or post-professional PA doctoral programs.

ARC-PA recognizes the name of the profession are regulated by state and federal regulations. As such, it is the policy of ARC-PA to treat the titles "Physician Assistant", "Physician Associate", and "PA" as equivalent and synonymous. The Standards and policies of ARC-PA shall apply regardless of the professional designation used by a program.

Category: Scope

Initially Adopted: 01.01.2001

Review/Revision History: 09.2006, 03.2008, 06.25.2021, 06.28.2025

Cross-referenced to:

1.2 Geographic Scope of Accreditation

The ARC-PA only accredits qualified PA programs offered by, or located within, institutions chartered by, and physically located within, the United States¹, and where students are geographically located within the United States for their education. 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.

The ARC-PA does not accredit educational programs leading to the PA credential in institutions that are chartered outside the United States or programs provided in foreign countries by ARC-PA accredited U.S. PA programs.

¹ The 50 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.

2. Category: Commission Composition, Selection, Election

Initially Adopted: 01.01.2001

Review/Revision History: 09.09.2004, 06.25.2021, 06.28.2025

Cross-referenced to: Bylaws Section 4.2

2.1 Commission Composition and Selection

The bylaws of the Accreditation Review Commission on Education for the Physician Assistant require the ARC-PA Commissioners to elect new Commissioners from a pool of nominees. These nominees, who may be nominated by individuals or organizations, include PAs, physicians, deans, and public Commissioners recommended by the ARC-PA Nominating Committee.

The ARC-PA President/Chief Executive Officer will issue a call for nominations on the ARC-PA website and other relevant platforms by June 1 of each year.

Commissioner election and terms of service shall be consistent with the bylaws of the Commission. An individual will not be eligible for election to or service on the Commission if they:

- Have a real or perceived conflict of interest with a currently sitting Commissioner as determined by the Nominating Committee and the Executive Committee
- Have a real or perceived conflict of interest with the actions, mission or values of the ARC-PA as determined by the Nominating Committee and the Executive Committee

Elected ARC-PA Commissioners may not serve on the board of directors or be employed by a professional PA or physician organization (e.g. AAFP, AAPA, AMA, NCCPA, or PAEA) during their term.

Category: Commission Composition, Selection, Election

Initially Adopted: 01.01.2001

Review/Revision History: 09.09.2004

Cross-referenced to: Bylaws Section 4.2, 4.3, Policies 4.4

2.2 Election of Commissioners

Commissioner election and terms of service shall be consistent with the bylaws of the Commission.

The nominating committee shall prepare ballots in accordance with its defined responsibilities for vote by the full Commission.

A simple majority of the Commissioners voting determines the election of a new Commissioner.

Category: Commission Composition, Selection, Election

Initially Adopted: 03.05.2011

Review/Revision History: 09.06.2013

Cross-referenced to: Bylaws Section 4.1

2.3 Commissioner Responsibility and Duty of Care²

Each Commissioner has a fiduciary responsibility to the ARC-PA. During the course of conducting business of the ARC-PA, each Commissioner should act in the ARC-PA's best interests in accord with the mission and philosophy of the ARC-PA.

Each Commissioner is expected to follow all Commission rules including:

- Conflict of Interest
- Abstentions during the course of voting
- Confidentiality
- Meeting attendance
- Assignments

² The duty of care stands for the principle that directors and officers of a corporation in making all decisions in their capacities as corporate fiduciaries, must act in the same manner as a reasonably prudent person in their position would.

3. Category: Commissioner Qualifications

Initially Adopted: 03.05.2011

Review/Revision History: 06.25.2021, 06.28.2025, 09.20.2025

Cross-referenced to: Commissioner Responsibilities Document

3.1 PA Commissioner Qualification

The ARC-PA seeks to elect PAs nominated by individuals or organizations. Ideal candidates include those currently serving as a program director, teaching in a PA program (didactic or clinical), or are clinically practicing as a PA.

Individuals with experience in PA education, passionate about healthcare, higher education, or passionate about public service, and committed to upholding standards in accreditation and education are encouraged to apply.

Former Commissioners are eligible for election after one year of retirement from the Commission and may serve a single three-year term.

Current ARC-PA site visitors are eligible for a three-year term, with the possibility of a second three-year term.

While familiarity with PA education or accreditation is beneficial, it is not a requirement for consideration.

Elected ARC-PA Commissioners may not serve on the board of directors or be employed by a professional PA organization, including specialty organizations, such as AAPA, NCCPA, PAEA, or SEMPA, during their term.

Category: Commissioner Qualifications

Initially Adopted: 03.05.2011

Review/Revision History: 06.25.2021, 06.28.2025, 09.20.2025

Cross-referenced to: Commissioner Responsibilities Document

3.2 Physician Commissioner Qualification

The ARC-PA seeks to elect physicians nominated by individuals or organizations, who are familiar with PAs in a professional setting. Ideally, candidates should have experience teaching in a PA program (didactic or clinical). Physicians not involved in PA education should have a background in program accreditation (e.g., Joint Commission, allied health, residency) to better understand the Commission's work.

Individuals with experience in PA education, passionate about healthcare, higher education, or passionate about public service, and committed to upholding standards in accreditation and education are encouraged to apply.

Former Commissioners are eligible for election after one year of retirement from the Commission and may serve a single three-year term.

Current ARC-PA site visitors are eligible for a three-year term, with the possibility of a second three-year term.

While familiarity with PA education or accreditation is beneficial, it is not a requirement for consideration.

Elected ARC-PA Commissioners may not serve on the board of directors or be employed by a professional PA or physician organization (such as AAFP, AAPA, AMA, NCCPA, or PAEA) during their term.

Category: Commissioner Qualifications

Initially Adopted: 03.05.2011

Review/Revision History: 06.25.2021, 06.28.2025, 09.20.2025

Cross-referenced to: Commissioner Responsibilities Document

3.3 Public Commissioner Qualification

The ARC-PA seeks to elect individuals, nominated by individuals or organizations, to serve as a consumer advocate, representing the public interest in relation to the accreditation of PA programs.

Public Commissioners may not:

- Be a PA, a physician, or a faculty member or administrator within a PA program, or work with, be employed by, or associated with the PA profession

Individuals with experience in PA education, passionate about healthcare, higher education, or passionate about public service, and committed to upholding standards in accreditation and education are encouraged to apply.

Former Commissioners are eligible for election after one year of retirement from the Commission and may serve a single three-year term.

Current ARC-PA site visitors are eligible for a three-year term, with the possibility of a second three-year term.

While familiarity with PA education or accreditation is beneficial, it is not a requirement for consideration.

Category: Commissioner Qualifications

Initially Adopted: 03.05.2011

Review/Revision History: 06.25.2021, 06.28.2025, 09.20.2025

Cross-referenced to: Commissioner Responsibilities Document

3.4 Dean Commissioner Qualification

ARC-PA seeks to elect Dean(s), nominated by an individual or organizations, that are Dean(s) of a school of health professions, medical school, institution of higher education, or degree-granting healthcare institution, regardless of whether they have oversight responsibilities for a PA program.

Individuals with experience in PA education, passionate about healthcare, higher education, or passionate about public service, and committed to upholding standards in accreditation and education are encouraged to apply.

Former Commissioners are eligible for election after one year of retirement from the Commission and may serve a single three-year term.

Current ARC-PA site visitors are eligible for a three-year term, with the possibility of a second three-year term.

While familiarity with PA education or accreditation is beneficial, it is not a requirement for consideration.

Elected ARC-PA Commissioners may not serve on the board of directors or be employed by a professional PA or physician organization (such as AAFP, AAPA, AMA, NCCPA, or PAEA) during their term.

Category: Commissioner Qualifications

Initially Adopted: 06.28.2025, 09.20.2025

Review/Revision History:

Cross-referenced to: Commissioner Responsibilities Document

3.5 Post-Professional Doctoral Educator Commissioner Qualification

The ARC-PA seeks to elect Post-Professional Doctoral Educators nominated by individuals or organizations. Ideal candidates are those currently serving as post-professional PA doctoral program directors or post-professional PA doctoral program faculty members at post-professional doctoral PA programs.

Individuals with experience in PA education, passionate about healthcare, higher education, or passionate about public service, and committed to upholding standards in accreditation and education are encouraged to apply.

Former Commissioners are eligible for election after one year of retirement from the Commission and may serve a single three-year term.

Current ARC-PA site visitors are eligible for a three-year term, with the possibility of a second three-year term.

While familiarity with PA education or accreditation is beneficial, it is not a requirement for consideration.

Elected ARC-PA Commissioners may not serve on the board of directors or be employed by a professional PA organization, including specialty organizations, such as AAPA, NCCPA, PAEA or SEMPA, during their term.

4. Category: Committees

Initially Adopted: 03.11.2005

Review/Revision History: 03.05.2011, 09.08.2012

Cross-referenced to: Bylaws Section 6.3 and 9.2, Executive Committee Charges/Responsibilities

4.1 Executive Committee

The Executive Committee meets as often as it deems necessary to carry out its responsibilities. Its responsibilities include the following as authorized by the Delegation of Authority (Bylaws, Section 9.2):

- Conducting the ongoing strategic planning process of ARC-PA
- Conducting the performance evaluation of the President/Chief Executive Officer and developing his/her contract
- Addressing timely issues that arise between meetings of the Commission
- Addressing incentive and/or compensation issues, as needed and appropriate
- Acting on behalf of the Commission between meetings of the Commission

Category: Committees

Initially Adopted: 03.11.2005

Review/Revision History: 03.05.2011, 09.08.2012, 06.25.2021

Cross-referenced to: Bylaws Section 6.3, Finance Committee Charges/Responsibilities

4.2 Finance Committee

The Finance Committee meets at least once a year.

Members include the ARC-PA Treasurer and at least two other Commissioners appointed by the ARC-PA Chair.

Ex-Officio members include President/Chief Executive Officer and ARC-PA accountant.

The duties of the Finance Committee, as authorized by the Delegation of Authority (Bylaws, Section 9.2)

Reviews/evaluates/recommends adoption of or changes to:

- The ARC-PA financial documents
- Fiscal budgets, directly with the President/Chief Executive Officer and staff the Commission finances
- Proposals coming to the board and offer comments about financial ramifications of those proposals
- The investment performance and fiscal policies to the Commission for consideration/approval
- Policy changes related to fiscal affairs for consideration by the Commission

Category: Committees

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 09.08.2012, 06.25.2021

Cross-referenced to: Bylaws Sections 6.3 and 9.3, Policies 8.2, Standards Committee

Charges/Responsibilities

4.3 Standards Committee

The Standards Committee meets as necessary to fulfill its obligations or Standards review.

Members include the ARC-PA Vice-Chair and at least two other Commissioners appointed by the ARC-PA Chair. Ex-Officio members include the President/Chief Executive Officer and the President/Chief Executive Officer's designee.

The duties of the Standards Committee, as authorized by the Delegation of Authority (Bylaws, Section 9.2) are as follows:

- Conducts the periodic formal, comprehensive review of ARC-PA's *Standards*, recommending timely revisions as necessary
- Provides clarification of the *Standards* to facilitate compliance
- Develops policies that are related to the *Standards* for consideration by the Commission

Category: Committees

Initially Adopted: 06.25.2021

Review/Revision History: 03.04.2023

Cross-referenced to: Bylaws Section 6.3

4.4 Nominating Committee

The Nominating Committee shall be composed of 4-6 Commissioners who shall be appointed by the Commission upon the recommendation of the Executive Committee. Members will include at least one public member, and at least one at-large member.

All members of the Nominating Committee, other than the named officers, must have a minimum of 1-year prior service as Commissioner.

The chair of the Nominating Committee shall be the immediate Past Chair of the ARC-PA. If there is no past chair, the Executive Committee shall designate a chair of the Nominating Committee.

The duties of the Nominating Committee are to:

- Nominate a qualified slate of Commissioner candidates for elected positions and prepare ballots in accordance with its defined responsibilities for vote by the full Commission.
- Nominate officers to fill single or multiple openings with a slate of nominees to be announced for the upcoming election. The nominating Committee will solicit candidate(s) to be at a minimum of 30 calendar days prior to the election. The panel of nominees are to be presented to the Commission with at least one nominee for each open office. These nominations will be communicated to Commissioners at latest 14 days before the election. Additional nominations may be made by any Commissioner prior to the vote.

Category: Committees

Initially Adopted: 03.04.2023

Review/Revision History:

Cross-referenced to: Bylaws Section 6.3

4.5 Bylaws Committee

The Bylaws Committee shall be composed of 2-3 Commissioners who shall be appointed by the Commission upon the recommendation of the Executive Committee.

All members of the Bylaws Committee, other than the named officers, must have a minimum of 1-year prior service as Commissioner.

The chair of the Bylaws Committee shall be the Secretary of the ARC-PA. If there is no Secretary, the Executive Committee shall designate a chair of the Bylaws Committee. Ex-officio members include the ARC-PA President/Chief Executive Officer and the President/Chief Executive Officer's designee.

The duties of the Bylaws Committee, as authorized by the Delegation of Authority (Bylaws, Section 9.2) are as follows:

- Review bylaws, policies and procedures
- Review bylaws and policies suggested by committees of the ARC-PA or any changes brought forward by a Commissioner or staff of the ARC-PA.
- Draft and/or consider amendments to bylaws, policies and procedures
- Bring changes in the bylaws or policies to the Commission for consideration and a vote, if appropriate

Category: Committees

Initially Adopted: 09.24.2022

Review/Revision History:

Cross-referenced to: Bylaws Section 6.3

4.6 Equity and Justice Committee

The Equity and Justice Committee shall be composed of a minimum of 4 Commissioners who shall be appointed by the Commission upon the recommendation of the Executive Committee. The chair of the Equity and Justice Committee shall be a Commissioner who is nominated by the

Executive Committee and elected by the Commission. It is also permissible, for any term of service, the committee to have two Co-Chairs, who shall be Commissioners who are nominated by the Executive Committee and elected by the Commission. Ex-officio members include the ARC-PA President/Chief Executive Officer and the President/Chief Executive Officer's designee.

The duties of the Equity and Justice Committee, as authorized by the Delegation of Authority (Bylaws, Section 9.2) are as follows:

- Review bylaws, standards, policies and procedures
- Bring information and changes to the Commission for consideration and a vote, if appropriate on justice, equity, diversity, inclusion, and belonging matters.

5. **Category: Internal Operations**

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 06.25.2021

Cross-referenced to:

5.1 **Confidential Documents and Information**

The ARC-PA is dedicated to maintaining confidentiality of information and documents that have been shared with the Commission. The ARC-PA also recognizes that certain information and documents acquired during the accreditation process may need to be shared with others.

Confidential Documents/Information

The following documents and information must not be copied, discussed, published or otherwise disclosed, in whole or in part, except as required for ARC-PA accreditation procedures, with the consent of the affected PA program, or as required by law:

- Program accreditation files
- Program completed accreditation materials
- Completed site visit reports
- ARC-PA required reports submitted by programs
- Correspondence related to the accreditation decisions/process between the ARC-PA, programs and site visitors
- Minutes of regular or special meetings of the ARC-PA
- Information and correspondence relating to concerns or complaints about program quality
- Information and correspondence relating to requests for reconsideration of any adverse accreditation action
- Information and correspondence relating to any appeal of an adverse accreditation action
- Blank and completed site visit worksheets and related materials
- Documents associated with the business of the Commission not otherwise approved for distribution to the public or other stakeholder organizations. Examples of confidential documents include but are not limited to, financial reports, legal documents, business plan etc.
- Confidentiality of the whistleblower related documents
- Financial Records
- Personnel Records
- Inter-organizational Documents
- Electronic documents or passwords
- Concern Documents
- Any other documents deemed confidential
- Any information or document used for purposes of quality control or research must be deidentified prior to use

Any ARC-PA document or information not specifically addressed by this policy should be considered confidential. Any questions about the confidentiality of any documents should be referred to the ARC- PA President/Chief Executive Officer.

The President/Chief Executive Officer in discussion with the chair shall have the authority to deem certain documents and pieces of information as public.

Category: Internal Operations

Initially Adopted: 03.12.2004

Review/Revision History: 06.25.2021

Cross-referenced to: Bylaws Article 9, Confidential Documents and Information

5.2 Record Retention

In accordance with the Bylaws, the ARC-PA maintains accurate and complete records of account, minutes of Commission proceedings and committee meetings, and the names and addresses of its Commissioners and committee members.

The handling of documents will be in accordance with the ARC-PA Confidential Documents and Information.

Description of record(s)	Manner of record keeping	Disposition
I. Corporate/ organizational records		
Incorporation documents including articles of incorporation, bylaws, and related documents, most recent ASPA and CHEA applications	Store in corporate record book. Copy with Legal Counsel	<u>Permanent</u>
Tax-exemption documents including application for tax exemption (IRS Form 1023), IRS determination letter, and any related documents	Store in corporate record book. Copy with Legal Counsel	<u>Permanent</u>
Meeting/board documents including agendas, minutes and related documents	Compile & file records on yearly basis; Store in corporate record book	<u>Permanent</u> . Care is taken to include only necessary information in these documents.
Director and Officer Liability Insurance and Contracts	Store in corporate record book	<u>Permanent</u>
Commissioner and Site Visitor signed Conflict of Interest, Confidentiality of Documents and Information, Work for Hire documents	Store in corporate record book	<u>Three Years</u> . Store w/corporate records. Destroy three years after completion of Commissioner's term.
II. Financial records		
Year-end Treasurer's financial report/statement audit report	Store in corporate record book. Copy with Legal Counsel	<u>Permanent</u>

Treasurer's reports, periodic	Compile & file records on yearly basis	<u>Three Years.</u> Store w/financial records. Destroy after three years.
Bank statements, canceled checks, check registers, investment statements, and related documents	Compile & file records on a yearly basis. Currently stored by ARC-PA Fiscal Agent	<u>Seven Years.</u> Store w/financial records. Destroy after seven years
Annual information returns (IRS Forms 990)	Federal law requires that the three most recent years returns be kept in the organization's headquarters office and be made available for public inspection upon request. Copy with Legal Counsel	<u>Seven Years.</u> Store w/financial records. Destroy after seven years.
III. Program Records/Files		
Program file, Correspondence related to the accreditation decisions/process between the ARC-PA programs	Paper or electronic	<u>Five years after accreditation decision final</u>
Program completed accreditation materials, self-study reports; required reports submitted by programs, completed site visit reports	Paper or electronic	<u>Most recent two versions, previous versions to be destroyed</u>
Information and correspondence relating to concerns about program quality	Paper or electronic	<u>Five years.</u>
Information and correspondence relating to requests for reconsideration of an adverse accreditation action. Information and correspondence relating to any appeal of an adverse accreditation action	Paper or electronic	<u>Five years after appeal decision is final</u>

Category: Internal Operations

Initially Adopted: 01.01.2001

Review/Revision History: 09.14.2002, 08.29.03, 03.05.2011, 06.25.2021

Cross-referenced to: Policy Category 3

5.3 Conflict of Interest

The accreditation process is an evaluative one, not a consultative one. ARC-PA representatives, by virtue of their education, experience and position, are presented with opportunities to provide factual information and to offer professional and/or technical advice or opinion to faculty, staff, administrators, students, and other parties involved in the planning, development and operation of PA educational programs. ARC-PA representatives must take precautions to ensure that they do not serve in a consultative role, thus creating a potential conflict of interest.

In order to avoid actual conflicts of interest, or even the appearance of such conflicts, the following policy has been adopted for ARC-PA Commissioners, staff and site visit team members (collectively, ARC-PA representatives).

ARC-PA representatives:

1. Shall not participate in consultative activities related to PA program accreditation to any program subject to ARC-PA accreditation, even if not for personal gain, outside the context of fulfilling usual Commission or staff responsibilities. Such activities shall not be conducted while a representative of the ARC-PA or for one year thereafter.
2. Shall not participate in consultative activities related to PA educational program accreditation that might be construed to be part of the accreditation process. Such activities shall not be conducted while a representative of the ARC-PA or for one year thereafter.
3. Shall not participate in a site visit, in deliberations concerning accreditation actions at a regular or special meeting, as part of an appeal, or in a vote regarding any of the following:
 - a. A program with which the ARC-PA representative or an immediate family member is or recently has been connected as a student, faculty member, administrative officer, staff member or agent.
 - b. A program located in the same sponsoring institution as the program of the ARC-PA representative or an immediate family member.
 - c. A program which has substantial cooperative, competitive or contractual relationship with the program of the ARC-PA representative or an immediate family member.
 - d. A program which has engaged the ARC-PA representative or an immediate family member to act as a consultant on behalf of the program within the past three years.
 - e. A program in which the ARC-PA representative or an immediate family member has any financial, political, professional or any other interest that may conflict with the interests of the ARC-PA.

4. May not act for or on behalf of the ARC-PA without authorization by the President/Chief Executive Officer or Chair of the ARC-PA. This does not preclude representatives of the ARC-PA from reporting non- confidential information regarding ARC-PA activities to appropriate stakeholder organizations.
5. Will not accept personal compensation for ARC-PA related speaking assignments or other activities, except for reimbursement for reasonable related expenses.
6. Shall disclose real, perceived or potential conflicts of interest as appropriate or when requested.

Definitions:

ARC-PA representative: an ARC-PA Commissioner, staff member or site team member

Immediate family member: a spouse, life partner, child, parent or sibling of an ARC-PA representative

Consultation: the provision of advice to another PA program on such matters as program development or evaluation, organizational structure or design, and institutional management or financing. This term is not meant to exclude the provision of short-term educational service, e.g., guest lecturer.

ARC-PA Discretion:

When a question arises in the mind of an ARC-PA representative regarding a potential conflict of interest, the question shall be brought to the ARC-PA President/Chief Executive Officer who, in discussion with the chair, will make a final determination.

Whenever in ARC-PA guidelines or policies, a term is not expressly defined, the definition of such term and its potential for creating a conflict of interest shall be at the sole discretion of the ARC-PA President/Chief Executive Officer in discussion with the chair.

Recusal Policy:

Any Commissioner that reveals perceived or real conflicts of interest (as defined in the duties of the ARC-PA Representative) pertaining to discussion, deliberating and voting by the ARC-PA should be resolved by the Commissioner leaving the room while the entire agenda item is discussed and acted upon. The Chair will make a final decision by asking a Commissioner to be recused.

Category: Internal Operations

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 06.25.2021

Cross-referenced to:

5.4 Continuous Quality Improvement

The ARC-PA evaluates its policies and procedures for the purpose of continuous quality improvement.

The ARC-PA objectively evaluates the effectiveness of the accreditation process through both systematic monitoring and focused studies that assess quality of both accreditation process and outcome.

In all quality improvement actions, the ARC-PA is dedicated to maintaining confidentiality of educational institutions and PA programs.

Accreditation decisions are based on compliance with the Standards and in accordance with ARC-PA policies and procedures.

The ARC-PA uses the following methodologies of quality improvements including, but not limited to:

- self-evaluation
- self-study and analysis
- periodic review of the accreditation decision making process
- review of information gathered from programs
- focused studies of important aspects of accreditation
- providing feedback to the site visit team

When opportunity for improvement is identified by quality improvement activity, the ARC-PA develops corrective action plans and the implementation of those plans are monitored for resultant changes.

Category: Internal Operations

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to:

5.5 Fair Practices in Educational Accreditation

The ARC-PA complies with fair practice standards in educational accreditation. The Commission endorses and adheres to the Association of Specialized and Professional Accreditors (ASPA) Member Code of Good Practice.

Category: Internal Operations

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to:

5.6 Fair Business Practices

The ARC-PA complies with principles of fair business practices.

The ARC-PA policy and business practices are designed to reasonably assure timely, equitable and fair treatment of the institutions and individuals it serves.

Category: Internal Operations

Initially Adopted: 03.10.2006

Review/Revision History: 06.25.2021, 09.24.2022

Cross-referenced to: Research Procedure

5.7 ARC-PA Research Policy

The purpose of this research policy is to guide the development, conduct, and publication of research associated with ARC-PA accreditation activities.

Definition of Research:

For the purpose of this policy, research is defined as a systematic investigation for the accumulation of scientific knowledge. This policy is in effect whenever ARC-PA resources are used for such an investigation.

Eligibility:

Only those authorized by resolution of the Commission may have access to ARC-PA resources in the conduct of research. Such research shall be conducted consistent with the mission, philosophy and goals of the ARC- PA.

ARC-PA reserves the right to set priorities among areas of research interest.

Category: Internal Operations

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011

Cross-referenced to:

5.8 Spokesperson for the ARC-PA

The President/Chief Executive Officer is the official spokesperson for the organization.

Category: Internal Operations

Initially Adopted: 09.07.2007

Review/Revision History: 06.25.2021

Cross-referenced to:

5.9 Use of ARC-PA Logo by Programs and Sponsoring Institutions

The ARC-PA logo is the exclusive property of ARC-PA. The ARC-PA allows accredited programs and their sponsoring institutions to use the ARC-PA logo in publications and displays. All other entities must obtain permission from the ARC-PA prior to use of the logo. All users must adhere to the following:

- The logo may be used only in immediate conjunction with the phrase, “Accredited by the Accreditation Review Commission on Education for the Physician Assistant.”
- The logo must be used in its entirety and not modified except that it may be reduced or enlarged to suit the use. The scale of the elements must be retained.
- The logo may be reproduced only in black and white.
- The logo may NOT be used by programs that have applied for, but not yet received accreditation.
- When programs that are not accredited by the ARC-PA are included in the publication and/or displays then accompanying text must be included clarifying which programs are ARC-PA accredited.
- Use of the logo shall be subject at all times to revocation and withdrawal by ARC-PA when, in its sole judgment, its continued use would not serve the best interests of ARC-PA or the public.
- Use of the ARC-PA logo must be immediately discontinued by any program whose accreditation is withdrawn.

Category: Internal Operations
Initially Adopted: 03.2008
Review/Revision History: 06.25.2021
Cross-referenced to: Policy 5.1

5.10 ARC-PA Whistleblower Policy

Reporting Responsibility:

It is the responsibility of all officers, Commissioners, representatives/designees and employees to comply with high standards of business and personal ethics and to report violations or suspected violations of law, regulations and policies or any material accounting or auditing matter.

Acting in Good Faith:

Anyone filing a complaint pursuant to the whistleblower policy must be acting in good faith and have reasonable grounds for believing the matter raised may constitute a violation of law, regulations, policies or a material accounting or auditing matter.

Confidentiality:

Concerns of violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Such concerns will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to inform the ARC-PA Treasurer of material accounting or auditing practices and to respond to any law enforcement or regulatory authority, as required by law.

No Retaliation:

The ARC-PA shall not take any action against any individual for reporting in good faith any suspected violation of law, regulations, or policy.

Category: Internal Operations

Initially Adopted: 03.05.2011

Review/Revision History:

Cross-referenced to: Policy 3.5

5.11 Consultation

The ARC-PA does not:

- Provide consultation services but is available to answer questions regarding accreditation processes and procedures
- Maintain a list of individual consultants and does not provide recommendations of any individuals

6. Category: Concerns

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 09.10.2011, 03.08.2013, 06.25.2021

Cross-referenced to: Policy 5.1

6.1 Concerns about Program Compliance with Policies and/or Standards

The ARC-PA will investigate, according to its procedures, concerns regarding PA programs only if the concern contains facts or allegations that, if substantiated, may indicate that the program is not following ARC-PA policies or does not comply with accreditation *Standards*.

The ARC-PA will only consider concerns submitted in writing and signed. The ARC-PA procedures provide programs with an opportunity to respond to the nature of the concern.

These procedures also protect the confidentiality of individuals, information and results of the investigation of concerns. The ARC-PA may share the complaint after obtaining consent of the complainant.

The ARC-PA will not take any action based on an anonymous concern. The ARC-PA will not intervene on behalf of an individual concerned about program or institutional issues unrelated to the Standards, will not serve to mediate or determine the results of disputes between program applicants, students or faculty and the PA program or institution.

Procedure

- To receive formal consideration, all concerns shall be submitted in writing and signed. The ARC- PA will **not** take any action based on an anonymous concern. The concern should demonstrate that reasonable efforts have been made to resolve the concern, or alternatively that such efforts would be futile or unavailing.
- In consultation with the President/Chief Executive Officer, the Chair of the ARC-PA will determine whether a concern raises issues relating to compliance with the *Standards* or ARC-PA policy. If the Chair determines that the concern does not raise such issues, the President/Chief Executive Officer will notify the complainant, within 20 working days that the concern is beyond the purview of the ARC-PA.
- If the concern raises issues relating to compliance with the *Standards* or ARC- PA policy as determined by the President/Chief Executive Officer in consultation with the Chair, the Program Director will be notified and will be provided, at the discretion of the ARC- PA, either with a summary of the allegations or with the actual complaint. The Program Director will be requested to respond in writing within 30 days. The Program Director also may be requested to answer specific questions or provide other information, documentation, or materials.
- The complainant will be informed that an ARC-PA investigation has been initiated, but the result(s) of any ARC-PA investigation will be treated as confidential and will be entered into the Program's confidential accreditation file.

- If the Chair of the ARC-PA determines that a concern raises issues relating to compliance with the *Standards* or ARC-PA policy, the ARC-PA will conduct an investigation of the concern. The investigation will typically be conducted by one or two members of the ARC-PA, appointed by the Chair. The ARC-PA may request further information or material from the complainant party, the institution, or other relevant sources. The findings of the investigation, which may or may not include recommendations for action, will be presented at the next regularly scheduled ARC- PA Commission meeting occurring after completion of the investigation. If the investigation has not been completed within 60 days after receipt of the complaint, the ARC-PA may require interim reports.
- Concerns received in such a manner that they cannot be considered at a regular ARC-PA Commission meeting may be handled by presentation to the Executive Committee or via conference call meeting, and vote if action is required, of the entire Commission, at the discretion of the ARC-PA chair.
- If the ARC-PA, in its sole discretion, determines that there is insufficient evidence to indicate that the program is not in compliance with the *Standards* or ARC-PA policy, it will close the matter and report the same in a timely manner to the Program Director.
- If the ARC-PA, in its sole discretion, determines that sufficient evidence exists to indicate that the program may not be in compliance with the *Standards*, it may request additional information or a required report, or schedule a limited site visit to further investigate the matter. The cost of such a visit, if needed, will be borne by the program. The Program’s accreditation status may be affected by the results of the evidence. The Program Director will be notified in a timely manner of the ARC- PA’s action. The complainant also will be notified of the results of the investigation.

Category: Concerns

Initially Adopted: 01.01.2001

Review/Revision History: 09.2004, 03.05.2011, 06.25.2021

Cross-referenced to: Policy 5.1

6.2 Concerns about the ARC-PA

Concerns about the ARC-PA relating to accreditation standards, accreditation criteria, or procedures must be submitted in writing and signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the President/Chief Executive Officer and their written comments and the original complaint will be referred to the Chair and legal counsel for further investigation, action or disposition. The complainant will be apprised of the status of the complaint throughout the process.

Concerns about the ARC-PA President/Chief Executive Officer must be submitted in writing to the Chair and must be signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the Chair and legal counsel for further investigation. The President/Chief Executive Officer will be given an opportunity to respond. "Any final action or disposition shall be determined by the Commission.

Concerns about the ARC-PA staff must be submitted to the President/Chief Executive Officer in writing and must be signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the President/Chief Executive Officer (who may consult with legal counsel) and discussed with the individual(s) in question. Prior to final resolution the President/Chief Executive Officer may report to the Chair the details of the complaint, investigation and proposed resolution.

Category: Concerns

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 06.25.2021

Cross-referenced to: Policy 5.1

6.3 Concerns about a Site Visit

If a program has complaint(s) about the ARC-PA relating to the conduct of a site visit team or any of its members, such concerns should be shared with the President/Chief Executive Officer by the program director.

Anonymous concerns will not be accepted.

Such concerns will be reviewed by ARC-PA and may be discussed with the site visitor/s.

The ARC-PA shall take whatever remedial action that the Executive Committee deems appropriate.

7. Category: Finances

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Bylaws Article 11

7.1 Fiscal Year

The fiscal year of the ARC-PA shall be July 1 through June 30.

Category: Finances

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to:

7.2 Site Visitor Expenses

Site visitors are reimbursed for expenses incurred while in service as an ARC-PA site visitor and in accordance with the Commission reimbursement policy.

Site visitors receive no compensation for their services.

Category: Finances

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 09.08.2012, 06.25.2021, 09.24.2022, 09.20.2025

Cross-referenced to: Policy 4.2, Policy 11.10

7.3 Fees

The ARC-PA shall periodically set fees for the services it performs. Those fees shall include, but are not limited to, the following:

- Annual Program Fee
- Provisional Accreditation Application Fee
- Continuing Accreditation Application Fee
- Administrative Application Review Fee for Clinical Postgraduate Programs
- Administrative Application Review Fee for Post-Professional PA Doctoral Programs
- Distant Campus Application Fee
- Focused Visit Fee
- Cancellation of Visit Fee
- Appeal Fees
- Collaborating Organization Fee
- Late Fees

Failure to pay any ARC-PA fees is subject to the provisions stipulated under 11.10 – Delinquency of Payment of Fees Assessed to Programs.

8. Category: Educational Standards

Initially Adopted: 01.01.2001

Review/Revision History: 03.2002, 03.2012, 06.25.2021

Cross-referenced to: Bylaws Section 1.2 and Article 7

8.1 Accreditation Standards Criteria

The *Standards* reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice.

The *Standards* allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation used to enable students to achieve program goals and student learning outcomes.

Mastery of learning outcomes is essential to preparing students for entry into clinical practice.

Category: Educational Standards

Initially Adopted: 01.01.2001

Review/Revision History: 03.2002, 03.2012, 06.25.2021

Cross-referenced to: Bylaws Section 6.3

8.2 Accreditation Standards Review Cycle

The ARC-PA develops and revises its *Standards* for accreditation in an effort designed to assist programs in preparing PA students for entry level practice.

The *Standards* are comprehensively reviewed on a ten-year review cycle with a mid-cycle Standards Committee review at year five.

The Standards Review Committee:

- solicits input from the key stakeholders
- reviews input and suggests changes for presentation and discussion by the Commission
- finalizes a draft for distribution to and comment from key stakeholders
- reviews feedback and proposes a reconciled version for discussion and review by the Commission

ARC-PA adopts and publishes a new edition of the Accreditation *Standards* for PA Education.

The Commission may make technical, grammatical and clarifying changes to the *Standards* at any time. This allows:

- currently accredited programs to actually use the current Standards before having to make changes to their processes,
- programs in the provisional pipeline to have consistent Standards to use in planning,
- gives ARC-PA staff time to update and improve forms and other documents associated with the Standards (such as application materials, portal documents),
- allows changes to wording of individual standards or annotations to occur as needed on an ongoing basis.

9. Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 09.06.2013

Cross-referenced to: Policy 1.1

9.1 Program Accreditation and History of Predecessor Agencies that Accredited PA Programs

The accreditation process is voluntary and initiated at the request of the sponsoring institution and PA program.

The ARC-PA does not accredit any academic degree awarded by the PA program's sponsoring institution or any institution with which it collaborates to offer a degree.

An ARC-PA accredited PA program is granted the authority to confer on its program graduates the professional PA credential, "PA".

History of predecessor agencies that accredited PA programs

- Before December 31, 1976, the American Medical Association Council on Medical Education
- January 1, 1977 - June 30, 1994 the American Medical Association Committee on Allied Health Education and Accreditation (CAHEA)
- July 1, 1994 - December 31, 2000 the Commission on Accreditation of Allied Health Education Programs (CAAHEP)

Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 09.08.2006, 09.2009, 03.05.2011, 09.08.2012, 03.07.2013, 03.07.2020, 06.25.2021, 03.03.2022, 06.28.2025, 01.24.2026

Cross-referenced to: Bylaws Section 1.2

9.2 Accreditation Status

The ARC-PA awards eight statuses of accreditation:

Accreditation - Provisional Accreditation - Continued Accreditation - Administrative Probation Voluntary Inactive Status Accreditation - Clinical Postgraduate Program Accreditation – Post Professional PA Doctoral Program	Adverse Accreditation decisions (appealable) Accreditation - Withheld Accreditation - Withdrawn Accreditation - Probation
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Accreditation - Provisional

Accreditation - Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program’s ability to meet the ARC-PA Standards or when a program holding Accreditation – Provisional status appears to demonstrate continued progress in complying with the Standards as it prepares for the graduation of the first class (cohort) of students.

Accreditation - Provisional is limited to no more than five years from matriculation of the first class. Accreditation - Provisional does not ensure any subsequent accreditation status.

Accreditation - Provisional remains in effect until the program achieves Accreditation - Continued after its third review, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the *Standards*.

Programs applying for Accreditation - Provisional status are not eligible to begin more than one cohort/class per calendar year or include a distant campus as part of the application.

Programs that have their accreditation withheld must re-apply via the provisional accreditation pathway starting from the beginning.

Accreditation - Continued

Accreditation - Continued is an accreditation status granted when a currently accredited program is in compliance with the *Standards*, in the case of a program holding Probationary Accreditation when the program has demonstrated that it is once again in compliance with the *Standards*, or when a program holding Provisional Accreditation demonstrates compliance with the *Standards* after completion of the Accreditation - Provisional review process.

Accreditation - Continued status remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards.

Accreditation - Probation

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

Accreditation - Administrative Probation

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

Accreditation - Withheld

Accreditation - Withheld is a status granted when a PA program, seeking Accreditation - Provisional, or a clinical postgraduate PA program seeking Accreditation-Clinical Postgraduate Program, is not in compliance with the *Standards*.

The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

Accreditation – Withdrawn

Accreditation - Withdrawn is a status granted when an established program is determined no longer to be in compliance with the *Standards* and/or is no longer capable of providing an acceptable educational experience for its students, or when the program has failed to comply with ARC-PA accreditation requirements, actions or procedures.

The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

Programs that have their accreditation withdrawn or voluntarily withdraw from the accreditation process must wait 12 months before being eligible to apply for accreditation again.

Voluntary Inactive Status

Voluntary inactive status is a status that may be granted to programs that temporarily suspend instruction and cease to matriculate students but is not an eligible category if at the time of request the program is on Accreditation - Probation status.

Accreditation - Clinical Postgraduate Program

Accreditation - Clinical Postgraduate Program is a status granted when a new or currently accredited clinical postgraduate program is in compliance with the *NP & PA Residency Program Accreditation Standards*.

To retain its Accreditation-Clinical Postgraduate status, the program must:

- Complete the Online Portal Training Series. More information about how to access this portal training series will be sent in a separate communication, directly to the program director's email.
- Complete the Personnel tab of the ARC-PA program data portal no later than **one month after completing the training**, based on the date provided above.
- Complete the supervised clinical practice experiences (SCPE) tab of the ARC-PA program data portal no later than **one month after completing the training**.

Accreditation – Clinical Postgraduate Program remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*, ARC-PA requirements or procedures.

Accreditation – Post-Professional PA Doctoral Program

Accreditation – Post-Professional PA Doctoral Program is a status granted when a new or currently accredited post-professional PA doctoral program is in compliance with the *Post-Professional PA Doctoral Program Standards*.

To retain its Accreditation-Post-Professional PA Doctoral Program status, the program must:

- Complete the Online Portal Training Series. More information about how to access this portal training series will be sent in a separate communication, directly to the program director's email.
- Complete the Personnel tab of the ARC-PA program data portal no later than **one month after completing the training**, based on the date provided above.

Accreditation – Post-Professional PA Doctoral Program remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*, ARC-PA requirements or procedures.

Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 09.14.2002, 03.03.2022, 06.28.2025

Cross-referenced to: Bylaws Section 4.10 and 4.11

9.3 Accreditation Process Decisions

Decisions on accreditation actions are made by a majority vote of ARC-PA Commissioners at a regular or special meeting at which a quorum is present. Adverse actions such as probation, withdrawal or withholding of accreditation require a two-thirds vote.

Each program considered for accreditation action is assigned to one ARC-PA Commissioner and one Accreditation Director as primary and secondary reviewers, respectively. These reviewers review the program's application materials as submitted to the ARC-PA (the Commission), the site visitors' report and the program's response, if any and the program history. Their review of these materials is directed at the program's demonstrated compliance with the *Standards*. Reviewers assess the accuracy of current policies and procedures, ensuring consistency of materials that address the same content areas. Each reviewer presents their recommendations to the ARC-PA based on review of the materials. Following the presentations and Commission discussion, the ARC-PA votes on a motion regarding any citations, the accreditation status of the program, the next scheduled Commission review, and any requirements for reports or focused visits. The Accreditation Director has no vote on the program's outcome.

Category: Accreditation Related

Initially Adopted: 09.20.2025

Review/Revision History:

Cross-referenced to:

9.4 Accuracy of Submissions

The program and sponsoring institution are responsible for the completeness and accuracy of the information provided to ARC-PA in all of its documents, including its application, reports, responses, and supporting materials. The information submitted should reflect the unique qualities and complexities of the program. The use of support in any part of the process, including but not limited to the use of consultants, artificial intelligence, or materials adopted from other programs does not relieve the program and sponsoring institution of this responsibility.

Category: Accreditation Related

Initially Adopted: 09.20.2025

Review/Revision History:

Cross-referenced to:

9.5 Use of Artificial Intelligence in Accreditation-Related Processes

Generative artificial intelligence (AI) refers to computer systems that create original content in response to user input. These systems are trained on large volumes of information to recognize patterns and then produce text or other outputs that appear human-made. Programs are encouraged to consult with their sponsoring institution regarding appropriate use of AI systems to ensure sensitive data such as student and faculty records, finances, or strategic plans are appropriately safeguarded. Programs are encouraged to avoid any AI systems that use uploaded materials to train their models or that lack strong security protections.

The accreditation process is an opportunity for meaningful self-evaluation and institutional collaboration. While AI may assist in various aspects of ensuring compliance with the Standards, the use of AI should be avoided when it diminishes opportunities for reflection, dialogue, and collective ownership of the accreditation process.

Programs are ultimately accountable for every detail submitted in accreditation materials, even when AI is used to draft or organize content. Human review and verification are expected for all materials submitted to the ARC-PA. All final submissions must accurately reflect the program and its practices.

Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 09.08.2012, 06.25.2021

Cross-referenced to: Policy 9.2

9.6 Documents of Record upon which an Accreditation Action is Determined

Accreditation actions are based on information contained in the following:

- The Program's application and all appendices submitted to the ARC-PA, the report of the site visit team, the program response and the program accreditation history (Accreditation Record);
- The information contained in required reports submitted by the program and its accreditation history; and
- Receipt of a concern/complaint alleging non-compliance with a standard(s), subsequent Commission investigation and findings, and the program response to the allegation(s).

The application submitted by the program to the ARC-PA office is considered the program's application of record. It is one component of the official program record used by the Commission throughout the accreditation review process. Site visitors have been instructed not to accept any new or revised application materials from the program at the time of the visit. If, during or after the visit, the site visitors suggest additional information or materials be submitted to the ARC-PA office, these materials should be sent with the program's response to observations.

Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 09.08.2012, 06.25.2021

Cross-referenced to: Policy 9.2

9.7 Effective Date of any Commission Accreditation Action

The date of the meeting at which the accreditation action occurred is the effective date unless an adverse accreditation action is appealed³ for which the following applies:

- Accreditation - Probation or Accreditation Withheld
 1. Commission decision is upheld by Reconsideration Panel: the effective date is the date of the initial accreditation action. This decision is final.
 2. Commission decision is reversed by Reconsideration Panel: the effective date is the date of the Reconsideration Panel decision
- Accreditation – Withdrawn
 1. Commission decision is upheld by Reconsideration Panel: the effective date is the date of the initial accreditation action unless a formal appeal is requested. In cases involving a formal appeal of the decision to withdraw accreditation, the program is considered accredited until completion of the appeal process.
 2. Commission decision is reversed by Reconsideration Panel: the effective date is the date of the Reconsideration Panel decision.
- Accreditation – Withdrawn following Formal Appeals Panel Decision
 1. Commission decision is reversed by the Formal Appeals Panel: the effective date is the date of the Appeals Panel decision.
 2. Commission decision is upheld by the Formal Appeals Panel: the effective date is the date of the Appeals Panel decision.

³ See Policy 10.8 for Appeals Process including reconsideration and formal appeals. A graphical display is at <https://www.arc-pa.org/wp-content/uploads/2025/05/Appeal-Process-Graphic.pdf>

Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 09.08.2012

Cross-referenced to: Policy 9.2

9.8 Effective Date of Voluntary Withdrawal or Closure

When a program voluntarily surrenders its accreditation status, the date of the program's notification to the ARC-PA of this action becomes the effective date of withdrawal.

When a program voluntarily closes and no longer has students enrolled, the effective date of voluntary program closure is mutually determined by the program and the ARC-PA.

Category: Accreditation Related

Initially Adopted: 01.01.2001

Review/Revision History: 04.25.2026

Cross-referenced to:

9.9 Deferral of Accreditation Decision

The ARC-PA may defer an accreditation decision pertaining to a program until no later than the second regular meeting of the Commission following the decision to defer.

When a decision is deferred:

- the program retains its current accreditation status until a final decision is made, and
- the rationale for the deferral is communicated to the program.

10. Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History: 09.10.2015, 06.2020, 06.25.2021

Cross-referenced to: Accreditation Handbook

10.1 Terminology Used by the ARC-PA to Convey Accreditation Related Activity of the Commission

Accept

A term used in official ARC-PA correspondence, most often following the Commission's review of a required report submitted by a program, communicating that the report was received favorably. This term does not imply that the program is compliant with the Standards. An additional report may be required.

Acknowledge

A term used in official ARC-PA correspondence, most often following the Commission's review of correspondence from a program notifying the Commission of a program change not requiring Commission approval. The term is used to inform the program that the Commission has received the report. Neither approval nor disapproval is implied.

Approve(d)

A term used in official ARC-PA correspondence, most often following the Commission's review of correspondence from a program requesting a change requiring Commission approval. The term is used to notify the program that the ARC-PA has given formal or official sanction to the change requested. By its nature, approval means that the program's action is in compliance with the Standards.

Citation

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

Comprehensive Program Review Cycle

The maximum length of time between comprehensive Commission review of a PA program is ten (10) years.

Findings

An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the Standards. The purpose of the "findings" is to clarify the issue of noncompliance with a specific standard for the program and not to specify "how to" comply with the cited standard.

General/Additional Comment(s)

Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA that may or may not be linked with a specific standard(s) that conveys a concern or expresses congratulatory comments. The purpose of the “Additional Comment(s)” is to clarify for the program a more global issue between the ARC-PA and the program but not to give advice or specify “how to” resolve the issue(s).

Observation

A written statement by the site visit team notifying the ARC-PA and the program that the site visit team was unable to validate information provided in the materials as submitted by the program or that the

Reviewed and More Information Requested

A term used in official ARC-PA correspondence, most often following the Commission's review of a required report or a request submitted by a program, communicating that the report was reviewed but more information is needed before the Commission can provide a decision regarding the report or request.

Receive(d) as Information

A term used in official ARC-PA correspondence, most often following the Commission's review of notification from a program of a change that is provided as a courtesy. The change notification is not officially required and unrelated to the Standards.

Category: Accreditation Status/Standing
Initially Adopted: 01.01.2001
Review/Revision History: 06.25.2021
Cross-referenced to:

10.2 Warning Letter

If the ARC-PA finds a comprehensive program review or progress report deficient, it may choose to inform the program director that the ARC- PA has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. This "warning" is not considered an accreditation action, and therefore is not subject to appeal.

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Policy 5.5

10.3 Notification of an Accreditation Action

The President/Chief Executive Officer of the ARC-PA notifies each program in writing of the accreditation action.

Notification of accreditation includes the action taken by the ARC-PA, the maximum number of students approved for the program (as indicated by the program on its application or as adjusted by the Commission during its review of the program), information concerning any required reports, and the approximate time for the next Commission review of the program.

Notification letters are addressed to the program designated senior institutional official of the sponsoring institution, and copies are emailed to the program director and the program director's immediate supervisor.

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Policy 5.5

10.4 Public Notification of Program Accreditation Status by ARC-PA

The ARC-PA provides accurate information to the public about a program's accreditation status through electronic and print media and upon request or as required by law. Public information includes accreditation status, the date the program was first accredited, and the anticipated date of the next review for the program.

The accreditation status of each program is posted on the ARC-PA web site.

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing an appeal, the ARC-PA informs those inquiring that the program's accreditation status remains as it was prior to the appeal. The ARC-PA does not indicate that an appeal has been filed but, depending on the nature of the request, may indicate that the Commission has not completed its most recent review of the program. Further questions are referred to the program or its sponsoring institution.

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History: 09.07.2012, 03.08.2013, 09.06.2013, 03.07.2020, 06.28.2025

Cross-referenced to: Policy 5.5, Standard A3.11a (6th ed.)

10.5 Public Notification of Accreditation Status to be Published by Accredited and Proposed Programs

To communicate the program's accreditation status in all printed and electronic media, the program and institution must use the following statement exactly as it is written.

10.5.a Accreditation- Continued

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation - Continued** status to the (Program Name) **PA Program** sponsored by (Institution Name). Accreditation - Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be (Date). The review date is contingent upon continued compliance with the Accreditation *Standards* and ARC-PA policy.

10.5.b Accreditation – Clinical Postgraduate Program

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation - Clinical Postgraduate Program** status to the (Program Name) sponsored by (Institution Name). This status is granted when a currently accredited program complies with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be (Date).

10.5.c Accreditation – Post Professional PA Doctoral Program

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation – Post Professional PA Doctoral Program** status to the (Program Name) sponsored by (Institution Name). This status is granted when a currently accredited program complies with the ARC-PA *Standards*.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*. The approximate date for the next validation review of the program by the ARC-PA will be (Date).

10.5.d Accreditation – Probation

At its meeting, the Accreditation Review Commission on Education for the Physician Assistant (ARC- PA) has placed the (Program Name) PA Program sponsored by (Institution Name) on Accreditation - Probation status until its next Commission review in [Date].

Probation is a temporary status of accreditation conferred when a program does not meet the Standards or when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, programs that still fail to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having their accreditation withdrawn.

Specific questions regarding the Program and its plans should be directed to the Program Director and/or the appropriate institutional official(s).

10.5.e Accreditation – Provisional

The ARC-PA has granted **Accreditation - Provisional** status to the (Program Name) **PA Program** sponsored by (Institution Name).

Accreditation-Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA *Standards* or when a program holding Accreditation-Provisional status appears to demonstrate continued progress in complying with the *Standards* as it prepares for the graduation of the first class (cohort) of students.

Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class.

10.5.f Provisional Applicant Program

(Program Name) has applied for Accreditation - Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). (Program Name) anticipates matriculating its first class in (Month and Year), pending achieving Accreditation - Provisional status at the (Month and Year) ARC-PA meeting.

Accreditation - Provisional is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA *Standards* or when a program holding accreditation-provisional status appears to demonstrate continued progress in

complying with the *Standards* as it prepares for the graduation of the first class (cohort) of students.

10.5.g Accreditation Withdrawn (Voluntary)

The PA program sponsored by (Institution Name) has voluntarily withdrawn the PA Program from the Accreditation Review Commission on Education for the Physician Assistant (ARC- PA) accreditation process, effective at a date to be determined. (Additional Information As Needed). Because of the voluntary withdrawal status, the PA program will not admit another class and all admission activities will be suspended until further notice. Programs that close or voluntarily withdraw from the accreditation process lose their accreditation status and must begin the accreditation process again via the provisional accreditation pathway if they wish to pursue accreditation for a new PA program.

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Policy 5.5, Accreditation Handbook

10.6 Disclosure of Probationary Status by ARC-PA

While Probation is a time-limited accreditation status, if not resolved it may have severe consequences for students and potential students. If the ARC-PA staff or representative receives a verbal, written or electronic inquiry regarding the status of a program currently on probation, the following information will be released:

- the fact that the program is accredited
- the fact that the program is on probation
- the definition of probation (that at its most recent review, the program was found not to be in compliance with the *Standards* or that the capability of the program to provide an acceptable educational experience for its students is threatened)
- the anticipated date of the next review for the program

Further questions are referred to the program or its sponsoring institution.

The accreditation status and history of each program is posted on the ARC-PA website.

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Policy 5.5, Standard A3.11a (6th ed.)

10.7 Student Notification of an Adverse Action

Programs must notify students and applicants in the case of adverse actions according to procedures defined in the ARC-PA Accreditation Letter sent to the sponsoring institution and program.

If a program fails to comply, the ARC-PA takes appropriate action to ensure that students are notified of the program's current accreditation status. Any costs incurred by the ARC-PA if the program fails to comply are billed to the program and the program may be subject to further accreditation action.

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History: 03.09.2002, 03.07.2008, 09.08.2012, 03.07.2015, 09.10.2017, 03.08.2018, 06.25.2021

Cross-referenced to: Policy 5.5, Accreditation Handbook

10.8 Accreditation Actions Subject to Appeal and Appeal Procedures

The following adverse actions by the ARC-PA are subject to appeal pursuant to the ARC-PA's Appeal Procedures.

- refusal to consider a program for initial provisional accreditation
- assignment of probationary status
- withholding of accreditation
- withdrawal of accreditation

Any appeal must be based upon the time and the circumstances that triggered the ARC-PA adverse action (e.g., a reaccreditation Commission review, provisional application, required report, etc.) and shall be based solely on the information contained in the documents upon which the decision was based.

Descriptions of program changes made since that time will not be considered.

Programs receiving an adverse action are notified in writing of their right to appeal at the time of their accreditation status notification.

Appeal Procedure

Note: *In extenuating circumstances, the chair of the ARC-PA may adjust these procedures to ensure a fair and impartial review.*

Appeals Fee

Reconsideration	Appeal before an Independent Appeals Panel
\$10,000*	\$40,000* (In addition to other expenses as detailed in the Appeals Procedure)

* Accreditation Fees: <https://www.arc-pa.org/entry-level-program/entry-level-accreditation-fees/>

Accreditation Fees are to be mailed to:
Accreditation Review Commission on Education for the Physician Assistant
Attn. Accreditation Services
3325 Paddocks Parkway, Suite 345
Suwanee, GA 30024

Accreditation Status, Public Release

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing the appeal process, the ARC-PA shall advise those inquiring that the program's accreditation status remains as it was prior to the appeal.

A. Notice of Appeal

If a PA program wishes to appeal the ARC-PA's adverse action, a written request for appeal must be received from the program by ARC-PA within ten (10) calendar days from the date of the written letter containing notice of the accreditation decision. The written Notice of Appeal along with payment of the Reconsideration Fee, which must include all documentation in support of the appeal, must be received by the ARC-PA President/Chief Executive Officer Executive Director within twenty (20) calendar days from the date of the written request for appeal.

At a minimum, the Notice of Appeal is to include:

- A statement of the accreditation decision to be reviewed;
- A description of the modification or reversal sought by the program;
- A complete and concise description of any inaccurate, incomplete or erroneous fact(s), or incorrect interpretation of the *Standards*, on which the Program believes the decision was based;
- Pertinent detailed supporting documentation, and
- Any other relevant information the program wishes to have reviewed.

The Notice of Appeal must be no more than two hundred (200) pages total, using standard twelve (12) point font (Times New Roman or Calibri) and one (1) inch margins.

The program is to submit its written request for appeal and Notice of Appeal **electronically as an attachment** to accreditationservices@arc-pa.org.

If a written request for appeal is not received by the ARC-PA within ten (10) calendar days from the date of the letter notifying the institution and program of the adverse action, the initial adverse action by the ARC-PA shall constitute final action by the ARC-PA, effective immediately.

B. Reconsideration Panel

All Notices of Appeal are initially referred to a Reconsideration Panel consisting of three members to include two PA educators with ARC-PA experience and/or past Commissioners. The panel will also include a public member⁴. The ARC-PA will develop a pool of 15-20 panelists per year for a term of two years with the potential to renew upon approval by the Executive Committee. Conflict of interest considerations would apply so panelists may not have any connection to the program being considered. A member of the Reconsideration Panel cannot have a conflict of interest with the program being considered, e.g., served as a consultant to the program.

⁴ An individual qualified by education and/or experience in matters of accreditation who is not directly involved with the ARC-PA.

No person shall be included on the Reconsideration Panel if they:

- participated in the site visit that triggered the adverse action;
- was assigned to review recent site visit findings, required reports or other ARC-PA findings regarding that PA program on behalf of the ARC-PA; or
- has a conflict of interest as determined under the ARC-PA Conflict of Interest Guidelines.

The Reconsideration Panel will be provided with the following materials, which shall constitute the Review Record:

- a complete file of all documents concerning the program that were available to the ARC-PA and upon which the ARC-PA relied in making the decision that is the subject of the appeal;
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action; and
- the Notice of Appeal.

The Reconsideration Panel members will consider the materials independently before discussing the program during an in-person meeting or via telecommunication. The Reconsideration Panel members may consult with ARC- PA staff regarding ARC-PA policy issues during the course of its review.

C. Deliberation of the Reconsideration Panel

In developing its decision, the Reconsideration Panel will give consideration to the Notice of Appeal, the particular facts or *Standards* at issue, as well as the existing ARC-PA policies. The Reconsideration Panel shall determine whether the ARC-PA's action is supported by the evidence, and whether the action was taken in accordance with the ARC-PA's policies and procedures.

D. Reconsideration Decision and Report

The Reconsideration Panel shall make one of the following decisions:

- Affirm the initial adverse action; or
- Modify or reverse the initial adverse action.

The Reconsideration Panel shall forward a written report of its decision, and the reasons therefore, to the ARC-PA President/Chief Executive Officer. The program will be notified of the Reconsideration Panel decision by the ARC-PA President/Chief Executive Officer.

If the adverse action being reconsidered is related to probation or refusal to consider a program for accreditation, the decision of the Reconsideration Panel is final and the appeal process is complete. The program may not request a Formal Appeal hearing by the ARC-PA.

If the program remains dissatisfied with a decision relating to withdrawal of accreditation or withholding of accreditation, it may request a Formal Appeal hearing before the ARC-PA. The ARC-PA must receive a request for a Formal Appeal Hearing, in writing, within **ten (10) calendar days** from the date of the letter notifying the institution and program of the Review Panel decision.

E. Formal Appeal Before an Independent Appeals Panel

Formal Appeal Hearing Procedure

Note: In extenuating circumstances, the chair of the ARC-PA may adjust these procedures to ensure a fair and impartial review.

If, after reconsideration by the Review Panel, the institution/program remains dissatisfied with a decision relating to withdrawal of accreditation or withholding of accreditation, it may request a Formal Appeal hearing before an independent Appeals Panel. Such a request must be received in writing by the ARC-PA within **ten (10) calendar days** from the date of the letter notifying the institution and program of the Review Panel decision.

The appeal shall be limited to the time and circumstances that triggered the ARC-PA action (e.g., a Commission review, focused visit, required report, etc.) and shall be based solely on the information contained in the documents upon which the decision was based. Descriptions of changes made since that time will not be considered, except as expressly provided herein.

1) Panel Selection

The Appeals Panel shall be appointed by the ARC-PA President/Chief Executive Officer in consultation with the ARC-PA Chair and shall include individuals who are former ARC-PA Commissioners or who otherwise meet the qualifications to serve on the ARC-PA, such as educator or practitioner status as defined by the ARC-PA. There will be three members of the Appeals Panel, including a representative of the public. The ARC-PA President/Chief Executive Officer shall notify the program of the identity of the members of the Appeals Panel prior to the Formal Appeal Hearing. The ARC-PA President/Chief Executive Officer in consultation with the ARC-PA Chair also shall identify an alternate member, who will be called upon to participate if an Appeals Panel member must be excused.

No person shall be included on an Appeals Panel for a given program if they:

- have participated in a Commission review process visit that triggered the adverse action;
- reviewed recent Commission review process findings, status reports, or other ARC-PA findings or conclusions regarding that program on behalf of the ARC-PA; or
- have a conflict of interest as determined under the ARC-PA Conflict of Interest Guidelines.

Once the Appeals Panel has been established, neither the sponsoring institution/program nor any member of the ARC-PA shall contact any member of the Appeals Panel concerning the substance of the matter under appeal.

2) Timing and Representation at the Appeals Panel Hearing

The ARC-PA shall notify the institution/program in writing of the date, time and

place of the hearing, which may be held virtually. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution/program that it:

- may send/include representatives to appear before the Appeals Panel, including up to five (5) representatives who may speak on behalf of the program during the Formal Appeal Hearing;
- may be represented by legal counsel; and
- may submit a written Notice of Final Appeal in response to the ARC-PA's cited areas of noncompliance.

The Notice of Final Appeal must contain a concise statement of why the institution believes that the adverse action was based on procedural error that materially affected the outcome of the accreditation review process or why the institution believes that the adverse action was arbitrary and capricious. The Notice of Final Appeal also must contain the names of the institution/program representatives and legal counsel, if any, who will attend the hearing. The Notice of Final Appeal must be received by the ARC-PA no later than twenty-one (21) calendar days before the hearing date and is limited to no more than one hundred (100) pages total using standard twelve (12) point font (Times New Roman or Calibri) and one (1) inch margins.

If the institution/program fails to appear without good cause or fails to notify the ARC-PA at least twenty- one (21) calendar days before the scheduled date of the hearing that it will not appear, the Appeals Panel may make its decision based on the information before it with no further opportunity for an appearance by the institution. Any out-of-pocket expenses, excluding legal expenses, incurred by the ARC-PA as a result of the program's failure to appear or to cancel the hearing will be billed to the institution/program.

During the hearing, the ARC-PA will be represented by the ARC-PA Chair or Commissioner designee, the President/Chief Executive Officer or staff designee, and legal counsel.

3) Information Provided to the Appeals Panel

The ARC-PA President/Chief Executive Officer shall forward to each member of the Appeals Panel the following materials, which shall constitute the Appeal Record:

- a complete file of all documents concerning the program that were available to the ARC-PA and upon which the ARC-PA relied in making the decision that is the subject of the appeal;
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action;
- a copy of the institution/program Notice of Appeal and Notice of Final Appeal; and
- a copy of the letter containing the results of the reconsideration by the Review Panel.

No new information will be presented to or will be considered by the Appeals Panel; provided that information may be considered by the Appeals Panel if the following criteria are met:

- the adverse action that is the subject of appeal was based solely upon a failure by the institution/program to meet an accreditation standard pertaining to finances.

Conduct of the Hearing before the Appeals Panel

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

Introductory statement by the Chair of the Appeals Panel and review of procedure by ARC-PA legal counsel

- a. Oral presentation by the ARC-PA Chair, or commissioner designee presenting the grounds for the adverse action (30 minutes).
- b. Oral presentation by the institution/program (one hour).
- c. Response by the ARC-PA Chair, or commissioner designee (15 minutes).
- d. Questions by the Appeals Panel to both parties.
- e. Appeals Panel executive session (15-30 minutes).
- f. Additional questions by the Appeals Panel to both parties.
- g. Closing statement by the institution/program (15 minutes).
- h. Closing statement by the ARC-PA (15 minutes).
- i. Adjournment.

The hearing will be audio recorded.

4) Decision of the Appeals Panel

At the conclusion of the hearing, the Appeals Panel shall meet in executive session to review the proceedings and to reach a decision. The Appeals Panel shall consider the Appeal Record and the information presented during the hearing. The Appeals Panel shall determine, by majority of those members present, whether the institution/program has demonstrated by the presentation of substantial evidence that the ARC-PA findings of noncompliance with each of the cited areas of accreditation standards should be overturned, and whether the adverse action should be affirmed, modified or reversed.

The Appeals Panel shall make one of the following decisions:

- affirm the adverse action, or
- reverse or modify the adverse action.

The Appeals Panel shall provide the ARC-PA with a written report of the Appeals Panel decision and the reasons therefore, and specific implementation instructions for the

ARC-PA, if any.

The Appeals Panel process, including the filing of the report with the ARC-PA, shall be completed within ninety (90) calendar days from the date that the institution/program files its Notice of Final Appeal, and shall constitute the final decision on the matter.

5) ARC-PA Implementation of the Appeals Panel Decision

The ARC-PA shall act in a manner consistent with the Appeals Panel decision.

The ARC-PA President/Chief Executive Officer shall notify the institution/program in writing of the Appeals Panel decision, and the action taken by the ARC-PA to implement such decision, including the reasons therefore, within thirty (30) calendar days after receipt of the written report of the Appeals Panel.

6) Costs of Formal Appeal

The costs of the Formal Appeal shall be allocated in the following manner:

- the institution/program shall submit payment of the Appeal Fee;
- the ARC-PA shall bear all of the administrative and meeting costs for the Formal Appeal, including the costs of the hearing;
- the institution/program shall bear all of the costs involved in the development and presentation of its appeal, as well as the travel and other expenses of its representatives present at any hearing; and
- the ARC-PA shall bear the cost of transcribing the hearing. The institution/program shall be required to pay for any copies of the transcript if it desires.

7) Notice of Filings with the ARC-PA President/Chief Executive Officer

Whenever, under any of the provisions of this procedure, there is a requirement for a written notice, request, or other writing to be submitted to the ARC-PA, said writing (e-mail attachment is acceptable) shall be addressed to the following:

President/Chief Executive Officer
Accreditation Review Commission on Education for the Physician Assistant
3325 Paddocks Parkway, Suite 345
Suwanee, GA 30024
accreditationservices@arc-pa.org

Category: Accreditation Status/Standing

Initially Adopted: 01.01.2001

Review/Revision History: 09.04.2004, 03.05.2011

Cross-referenced to:

10.9 Modification of Commission Action

Circumstances may arise that cause the ARC-PA to modify an accreditation action. This may occur before or after written notification of official ARC-PA action has been conveyed to the program. Such modification shall occur no later than 30 days after written notification. As appropriate, the program will be included in timely correspondence.

Depending upon the nature of the proposed modification, the Chair or designee will determine the procedure to be used in addressing the proposed modification.

A modification cannot result in an assignment of a more severe adverse action.

Any changes to accreditation actions made outside of a regular meeting will be conveyed in writing to the Commissioners. Modifications will be noted in an addendum to the minutes of the appropriate Commission meeting.

Category: Accreditation Status/Standing

Initially Adopted: 04.24.2009

Review/Revision History: 09.10.2010, 03.05.2011, 03.08.2013, 09.06.2014, 09.20.2025

Cross-referenced to:

10.10 Expedited Review

In an effort to provide timely review and notification back to the program and streamline the workload of the Commission, certain reports and program change requests requiring Commission review may be considered in an Expedited Review process.

The following program changes may be reviewed in an expedited manner:

- changes in faculty
- change in degree
- change in program length
- change in graduation requirements
- transfer of program sponsorship
- increase in student capacity

The following required documents /reports addressing the following areas may be reviewed in an expedited manner:

- curriculum vitae
- announcement and advertisements
- syllabus or course objectives
- proof of faculty or staff hire
- adequacy of clinical experiences
- curriculum issue(s)
- response to citation(s)
- PANCE results
- attrition reports

The following program change(s) is /are not eligible for expedited review:

- expansion to a distant campus

Results of all expedited reviews are reported at the next Commission meeting.

The Commission, President/Chief Executive Officer or Commission Chair may request that a program change or required report be reviewed in an expedited manner. The information provided for review must be succinct and sufficiently detailed to allow the reviewer to render a decision without the need for additional information.

The President/Chief Executive Officer assigns each file that qualifies for expedited review to a Commissioner or in some cases, staff for review.

The reviewer may take one of several actions based on the type of report/change request being

reviewed in an expedited manner:

- Accept / Do Not Accept report
- Acknowledge change /report
- Approve / Do Not Approve change
- Receive as information

If the reviewer believes the materials submitted by the program are unclear or if the reviewer is not able to render a decision without additional information, the report/change request may be referred to the full Commission for review and decision. Depending upon the timing of the review, additional information may be requested prior to the report/change request being referred to the Commission.

The reviewer can request a follow-up report if there is a belief that an issue(s) would benefit from continued monitoring by the Commission.

11. Category: Program Specific

Initially Adopted: 03.09.2012

Review/Revision History: 03.07.2014, 01.24.2026

Cross-referenced to: Policy 11.11, Standard E1.09a (6th ed.), Accreditation Handbook

11.1 Eligibility for Expansion to a Distant Campus

A program holding the status of Accreditation – Continued must maintain two consecutive years of Accreditation – Continued status before the ARC-PA will consider an application for expansion to a distant campus.

A program with the status of Accreditation – Probation is not eligible to request expansion to a distant campus.

A program must have outcomes from the first cohort of students at any distant campus before applying to expand to another distant campus.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 03.07.2014, 09.12.2015, 09.10.2016, 06.25.2021, 09.24.2022, 09.20.2025, 01.24.2026

Cross-referenced to: Policy 11.11, Standard E1.09d, Accreditation Handbook

11.2 Eligibility for Submission of Application for Increase in Class Size

Programs must hold the status of Accreditation - Continued to be eligible to request an increase in class size.

If eligible, a program may request consideration for an increase in maximum entering class size. Before the ARC-PA will consider a request for an increase in maximum entering class size, a program must maintain at least two consecutive years of Accreditation – Continued status.

A program that has previously increased its maximum entering class size must maintain at least two years of Accreditation – Continued status and have at least two years of graduate data of the previously increased class size before it is eligible to request a subsequent increase.

Clinical Postgraduate Programs must hold Accreditation – Clinical Postgraduate Program status to be eligible to request an increase in class size or a change in the numbers of cohorts entering in a given year. ARC-PA must approve the request prior to changes in numbers of Postgraduate trainees. These requests will be reviewed on an expedited basis.

Category: Program Specific
Initially Adopted: 01.24.2026
Review/Revision History:
Cross-referenced to: Policy 9.2

11.3 Development of an Independently Accredited Program from an Existing Program's Distant Campus

A sponsoring institution may request to develop an independently accredited entry-level PA program by separating its established distant campus from the currently accredited entry-level PA program. This process is designed to support development of an independently accredited program that does not have substantial changes planned related to the resources, personnel, operations, or curriculum from those currently in place for it as a distant campus.

Eligibility

An established program must have held the status of Accreditation – Continued for at least five consecutive years before the ARC-PA will consider an application to develop an independently accredited program from an existing program's distant campus. The distant campus to be developed as an independently accredited program must have data from three graduated cohorts to complete the application. The distant campus to be developed as an independently accredited program must have at least 85% PANCE first time pass rate for each of the three most recent graduated cohorts, and at least 85% graduation rate for the two most recent graduated cohorts. Both the existing program and the independently accredited program must be planned to exist within the same sponsoring institution.

Process

The sponsoring institution must notify ARC-PA of its intent to develop an independently accredited entry-level PA program from an existing program's distant campus.

The sponsoring institution and developing program will submit an application to develop an independently accredited entry-level PA program from an existing program's distant campus. The distant campus will use data collected and analyzed from its operation as a distant campus in its self-study report and other areas of the application, as applicable.

Developing programs that demonstrate compliance will be eligible to receive Accreditation – Continued status.

Developing programs that do not receive Accreditation – Continued status remain eligible to operate as a distant campus of the established program.

The commission reserves the right to request information from the established program regarding compliance with the Standards considering information gathered during evaluation of the distant campus/developing program.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 06.25.2021

Cross-referenced to: Standards Section C1, Accreditation Handbook

11.4 Program Self-Assessment

The ARC-PA embraces the self-assessment process as an integral part of accreditation.

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies and outcomes.

This process should be conducted within the context of the mission and goals of both the sponsoring institution and the program, using the *Accreditation Standards for PA Education (Standards)* as the point of reference.

A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites.

The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.

A robust and effective program self-assessment process can identify strengths and weaknesses and lead to corrective actions with resultant positive outcomes supporting successful student outcomes.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011

Cross-referenced to: Standard E1.03 (6th ed.), Accreditation Handbook

11.5 Required Reports

A program may be required to submit report(s):

- indicating the manner in which the citations have been addressed/resolved and details about how the program plans to assure compliance in the future
- describing the results of efforts at corrections that were in progress at the time of the site visit/Commission review
- providing additional information in follow-up to a previously submitted report or approved substantive program change
- providing information required by the Standards
- providing data as required for the Program Required Annual Report to the ARC- PA or other documents or data as requested via the ARC-PA Program Management Portal

The ARC-PA specifies the information to be provided and a specific due date for the report.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 06.25.2021, 03.03.2022, 09.20.2025

Cross-referenced to: Policy 11.11, E1 Standards

11.6 Noncompliance with Accreditation Actions or Procedures

The ARC-PA may withhold or withdraw accreditation of a program, regardless of its current accreditation status, under any of the following circumstances:

- The program is determined no longer to be in compliance with the Standards
- The program is no longer capable of providing an acceptable educational experience for its students, or when the program has failed to comply with ARC-PA accreditation requirements, actions or procedures.
- The program director/institution refuses to comply with one or more ARC-PA accreditation actions or procedures, including refusal to:
 - a) Undergo a site visit.
 - b) Follow directives associated with an accreditation action.
 - c) Supply the ARC-PA with requested information.
- The program has submitted falsified information to the ARC-PA.
- The program has demonstrated grossly unethical business or educational practices
- A PA program has been inactive, see inactive status Policy 10.8.
- A clinical postgraduate program has been inactive for more than three years.
- A post-professional PA doctoral program has been inactive for more than three years.
- The program has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities or funding, such that the program no longer complies with the Standards.
- An applicant program may also be withdrawn from an agenda for a failure to comply with accreditation actions or procedures as noted above

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011

Cross-referenced to: Policy 11.11, Standard E1.01a (6th ed.)

11.7 Curriculum Teach Out

Programs no longer accredited but which remain actively engaged in delivering the curriculum to currently matriculated students are expected to teach out the curriculum in accordance with the Standards or to assist students in transferring to another ARC-PA accredited program in which they can continue their education.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Policy 11.11, Standard E1.12 (6th ed.)

11.8 Transfer of Sponsorship

The sponsoring institution must inform the ARC-PA in writing using ARC-PA designed forms, of the intent to transfer program sponsorship as soon as it begins considering transfer.

Transferring sponsorship of a PA program accredited by the ARC-PA is initiated at the request of the chief executive officer or designated representative of the institution sponsoring the currently accredited PA program.

Transferring sponsorship of a program to an institution with or without a currently accredited PA program requires that the program being transferred remain in compliance with accreditation standards before, during and after the transfer period. Completion of the "Request to Transfer Sponsorship" is required. Additional documentation maybe requested and a focused visit may be required before transfer of sponsorship is approved.

Transfer of sponsorship may result in a reconsideration of the program's accreditation status or an earlier scheduling of the next site visit for the program requesting transfer of sponsorship.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 09.06.2013, 09.20.2025

Cross-referenced to: Policy 9.2

11.9 Voluntary Inactive Status

Voluntary Inactive is a status that may be awarded to programs that temporarily suspend instruction and cease to matriculate students. Programs holding an adverse accreditation status will not be awarded voluntary inactive status.

Programs awarded inactive status must abide by the following:

- Programs may not matriculate, enroll or instruct students while on inactive status.
- The date of the next scheduled site visit is not changed due to inactive status, unless such change is requested in advance by the program and approved by the ARC-PA.
- Programs on inactive status are required to pay all ARC-PA designated dues and fees for accreditation services.
- Programs on inactive status are required to complete all required reports, including the ARC-PA annual program report.
- Inactive status is limited to one year for PA programs and three years for clinical postgraduate programs and post-professional PA doctoral programs, after which accreditation of the program may be withdrawn by the ARC- PA or voluntarily surrendered by the program.

Programs requesting to become active within the one- or three-year period will be evaluated on a case-by- case basis by the ARC-PA. The program may be scheduled for a validation visit or focused visit or may be required to reenter the accreditation process via the provisional (for PA programs) or initial (for clinical postgraduate programs) accreditation pathway.

Category: Program Specific

Initially Adopted: 01.01.2001

Review/Revision History: 09.24.2022

Cross-referenced to: Policies 7.3, 7.4, 9.2, and 11.11, Standard E1.13 (6th ed.)

11.10 Delinquency of Payment of Fees Assessed to Programs

Programs that are delinquent in payment of any fees (Policy 7.3 Fees) are not eligible for provisional or continued accreditation review and will be immediately placed on “administrative probation” until the fees have been paid.

The status of “administrative probation” would begin when the deadline for payment of fees has passed. Programs have 30 (thirty) days from the time of notification of administrative probation to pay assessed fees, including late fees.

The program may be subject to withdrawal of accreditation if annual and any late fees have not been paid within sixty days of notification of delinquency.

Category: Program Specific

Initially Adopted: 06.28.2025

Review/Revision History: , 09.20.2025

Cross-referenced to: E1 Standards (6th ed.), Accreditation Handbook

11.11 Program and Sponsoring Institution Responsibilities for Entry-Level PA Programs

Programs providing entry-level PA education are expected to provide reports and documents as required by the ARC-PA.

Based on the data contained in reports and documents, the program may be required to submit additional information, may be scheduled for an onsite evaluation, may have the length of time between comprehensive evaluation visits changed, or may have its accreditation status altered.

1. 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.
2. 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.
3. The program submits reports or documents as required by the ARC-PA.
4. 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,
 - b. medical director (or interim) within 30 days of the vacancy, and
 - c. principal faculty within 30 days of the vacancy.
5. 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.
6. An interim program director (IPD) meets the qualifications of the program director.
7. The appointment of the IPD position:
 - a. occurs within five business days of the vacancy caused by the resignation/termination of the program director, and
 - b. does not exceed 12 months.
8. 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
 - b. the medical director/interim medical director or principal faculty greater than 90 calendar days.

9. 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.
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.
11. 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
 - b. it encounters a substantive decrease in fiscal support of:
 - c. 20% or more decrease in overall budget or for program expenditures, or
 - d. 5% or more decrease in its operating budget.
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.
13. The program and the sponsoring institution pay ARC-PA accreditation and associated fees as determined by the ARC-PA.

Category: Program Specific

Initially Adopted: 09.20.2025

Review/Revision History:

Cross-referenced to: NP & PA Residency Program Accreditation Policies

11.12 Program and Sponsoring Institution Responsibilities for Clinical Post-Graduate Programs

Programs providing clinical post-graduate PA education are expected to provide reports and documents as required by the ARC-PA. The NP & PA Residency Program Accreditation Policies govern the responsibilities and obligations of the program.

Category: Program Specific

Initially Adopted: 09.20.2025

Review/Revision History:

Cross-referenced to: Accreditation Standards for PPDP (1st ed.) Reporting Responsibilities

11.13 Program and Sponsoring Institution Responsibilities for Post-Professional Doctoral PA Programs

Programs providing post-professional PA doctoral education are expected to provide reports and documents as required by the ARC-PA.

1. The program will inform the ARC-PA within twenty (20) business days of the program's knowledge of any:
 - a. change in the accrediting agency for the sponsoring institution
 - b. adverse accreditation action (probation, withdrawal of accreditation) received from the sponsoring institution's accrediting agency
2. The program will agree to and cooperate with periodic comprehensive and/or focused program reviews by the ARC-PA. Such reviews may include a site visit, which is scheduled as determined by the ARC-PA.
3. The program will submit reports or documents as required by the ARC-PA.
4. The program will inform the ARC-PA in writing of personnel changes of its program director (or interim) within fifteen (15) business days of the vacancy.
5. The program will demonstrate active recruitment to permanently fill vacated or interim program director positions. The program will provide an initial plan and quarterly updates to the ARC-PA on progress in filling open or interim program director positions.
6. An interim program director (IPD) will meet the qualifications of the program director.
7. The appointment of the interim program director (IPD) position must:
 - a. occur within fifteen (15) business days of the vacancy
 - b. not exceed 12 months
8. The program will notify the ARC-PA in writing, using forms and processes developed by the ARC-PA, no less than six (6) months before implementation of proposed changes in the following:
 - a. the program expands to an additional site
 - b. requirements for program completion/graduation
 - c. the curriculum that results in an increase in the learner tuition
 - d. program length, greater than one month
 - e. degree or certificate granted at program completion
9. The program will inform the ARC-PA in writing within 30 calendar days, using forms and processes developed by the ARC-PA, when it encounters a substantive decrease in fiscal support of:
 - a. 20% or more decrease in overall budget or for program expenditures
 - b. 5% or more decrease in its operating budget

10. The program and the sponsoring institution will pay ARC-PA accreditation and associated fees as determined by the ARC-PA.

12. Category: Site Visit

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 09.08.2012, 03.08.2013, 09.10.2016, 06.25.2021, 09.20.2025, 01.24.2026

Cross-referenced to: Accreditation Handbook

12.1 Applications, Types of Site Visits and Related Processes

Applications

The application and supporting materials specific to each type of program review must be submitted on or before the deadline identified by the ARC-PA and communicated to the program. The application must include all appendices as required and be completed according to the instructions provided.

Failure to complete all components of the application exactly as instructed (narratives, templates, program-created documents, etc.) and/or failure to submit a complete application as required in the instructions may result in one or more of the following actions by the ARC-PA:

- removal of the program from the current ARC-PA agenda (all types of program applications)
- requirement for application resubmission (all types of program applications)
- placement of the program on administrative probation (applies only to continuing, provisional monitoring, final provisional, focused (including probation), and distant campus applications or reviews)
- reconsideration of the program's current accreditation status (applies only to continuing, provisional monitoring, final provisional, focused (including probation), and distant campus applications or reviews)
- forfeiture of all previously paid accreditation fees (provisional application only)

Additionally, programs may request a (one-time) agenda change and pay the agenda change fee. If another agenda change is requested, the program will be removed from the agenda and forfeit all previously paid fees. Re-entry into the application process would require the program to pay all current fees.

Determination of the appropriate action(s) is solely at the discretion of the ARC-PA and is not subject to appeal.

Validation Visit

A Validation Visit is conducted to programs with 'Accreditation – Continued' status. Such visits are scheduled at the direction of the Commission to review the program's compliance with the Standards and the annually required information submitted by programs via the portal. The visits also examine the program's demonstration of continuous oversight of processes and outcomes of education. An application is required with each validation visit. Programs with distant campus sites may have site visitors also at the distant site(s). The site visit team submits a report of the visit in the form of

“observations” to which the program is offered an opportunity to respond.

Focused Visit

A Focused visit may be conducted at any time to evaluate specific program/institution Standards compliance issue(s). Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. Focused visits usually are conducted by site visitor(s), who must include a Commissioner of the ARC-PA or ARC-PA staff. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

The ARC-PA retains the right to meet with faculty and students or pursue other issues that may surface during the course of the visit that are relevant to compliance with the Standards.

Provisional Visits

- An initial provisional site visit is conducted to a new developing program that is within six to 12 months of matriculation of students. This visit verifies an institution’s ability to begin a program in compliance with the Standards, and the program’s readiness to matriculate students. An application is required with the initial provisional visit. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.
- A provisional monitoring visit is conducted within six months of graduation of the first cohort of students. This visit verifies the sponsoring institution’s and provisionally accredited program’s progress in delivering the program in compliance with the Standards and their ability to continue to do so. An application is required with the provisional monitoring visit. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.
- A final provisional visit is conducted 18-24 months following the second provisional review by the Commission. This visit verifies the institution’s and program’s demonstration of compliance with the Standards including their ability to incorporate and report the findings of a robust self-assessment process as required by the ARC-PA. An application is required with the final provisional visit. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

Provisional Accreditation Process

The provisional accreditation process begins with a determination of institutional eligibility to sponsor a program. The process continues with a series of three site visits, with subsequent Commission reviews following each visit. An application is required with each provisional visit. With each visit, the site visit team submits a report of the visit in the form of “observations” to which the program is offered the opportunity to respond.

After the initial provisional site visit and Commission review, the program is eligible for an accreditation status of Accreditation - Provisional.

- two months before students begin the program, the program must update the personnel section of the program management portal to reflect current program faculty

- three months before students begin their clinical rotations, the program must update the SCPE tab of the Program Management Portal

After the provisional monitoring site visit and Commission review, the program is eligible to continue its accreditation status of Accreditation - Provisional. After the final provisional site visit, the program is eligible for the status of Accreditation - Continued.

Programs in the provisional process are not eligible to expand to a distant campus or request an increase in class size until two years after completing the Accreditation - Provisional process and having obtained Accreditation - Continued status, without an adverse accreditation action during that period of time.

Distant Campus Expansion Visit

A Distant campus expansion visit is conducted for a program with Accreditation - Continued status that is applying to expand to a distant campus location. The visit is conducted at the site(s) of the proposed campus and is made at the direction of the Commission. The visit may involve a concurrent visit to the main program campus. The site visit team submits a report of the visit in the form of “observations” for which the program is offered the opportunity to respond.

Development of an Independently Accredited Program from an Existing Program’s Distant Campus Visit

A visit is conducted when an existing program’s distant campus has applied to become an independently accredited program. The visit verifies the institution and the campus can operate an independently accredited program maintaining its compliance with the Standards, including its incorporation and reporting of the findings of a robust self- assessment process as required by the ARC-PA. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

Clinical Postgraduate Visit

A Clinical Postgraduate Visit is conducted for clinical postgraduate PA programs entering the accreditation process or already holding the status of Accreditation – Clinical Postgraduate Program. The visit is conducted by a visitor selected from a pool of visitors specifically prepared to conduct visits to clinical postgraduate programs. The visitor may be an ARC-PA Commissioner or staff member. A report of the visit is submitted to the ARC-PA in the form of “observations” for which the program is offered the opportunity to respond.

Post-Professional PA Doctoral Program Visit

A Post-Professional PA Doctoral Program Visit is conducted for post-professional PA doctoral programs entering the accreditation process or already holding the status of Accreditation – Post-Professional PA Doctoral Program. The visit is conducted by a visitor selected from a pool of visitors specifically prepared to conduct visits to post-professional PA doctoral programs. The visitor may be an ARC-PA Commissioner

or staff member. A report of the visit is submitted to the ARC-PA in the form of “observations” for which the program is offered the opportunity to respond.

Category: Site Visit

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011

Cross-referenced to: ARC-PA Site Visitor Responsibilities

12.2 Site Visit Team Selection

The ARC-PA:

- is solely responsible for site visitor selection and assignment
- recruits and prepares site visitors
- provides ongoing required site visitor development
- inquires about, evaluates and resolves real and potential conflicts of interest of those scheduled to participate in site visits
- defines team membership and responsibilities
- evaluates site visitor performance through data collection and analysis
- provides performance feedback and suggestions for improvement to site visitors

Category: Site Visit

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 09.08.2012, 06.25.2021, 09.24.2022, 06.28.2025

Cross-referenced to:

12.3 Site Visit Process

The ARC-PA defines, publishes and distributes documents that detail the activities and procedures associated with the site visit.⁵

Site visitors and ARC-PA Commissioners review materials assessing the accuracy of current policies and procedures, ensuring consistency of materials that address the same content areas.

The application submitted by the program to the ARC-PA office is considered the program's application of record.⁶

The only individual(s) that may be present at meetings occurring during the site visit to the PA program are institutional and program administrators, faculty and students, as may be determined by the site visit team chair.

The chair is solely responsible for the final decision regarding individuals to be interviewed and who may be present during the interviews.

The use of any recording device by the program during any portion of the site visit is strictly prohibited.

Virtual vs In-person Site Visit Policy

Initial provisional site visits will be conducted virtually.

Provisional monitoring, final provisional, and continued visits will be conducted in-person.

The format of focused visits and probation visits will be at the discretion of the Commission. If probation status is extended, an in-person visit will be required.

Virtual site visits, hosted by ARC-PA staff and Site Visitors, are held on Zoom (or other ARC-PA approved) platform and can be held in place of in person onsite visits, when deemed appropriate and the sponsoring institution agrees to participate in a virtual site visit as documented by a Virtual Site Visit Agreement. Further information about virtual site visits, including the Virtual Site Visit Protocol, can be found at: <https://www.arc-pa.org/entry-level-program/virtual-site-visit-information/>

⁵ If any questions regarding these requirements, the program must communicate them to the ARC-PA President/Chief Executive Officer and site visit team chair as soon as possible and, in any event, **prior to** the visit.

⁶ It is one component of the official program record used by the Commission throughout the accreditation review process. Site visitors have been instructed not to accept any new or revised application materials from the program at the time of the visit. If, during the process of the visit, the site visitors suggest additional information or materials be submitted to the ARC-PA office, these materials should be sent with the program's response to observations.

Category: Site Visit

Initially Adopted: 06.25.2021

Review/Revision History:

Cross-referenced to: Accreditation Handbook

12.4 Survey Response Policy Acknowledgement

It is the policy of ARC-PA to accept responses to the Post Site Visit Questionnaire from applicant or accredited PA programs visited by ARC-PA site visitors no more than seven (7) days following the final day of the site visit to which the survey applies. Any submission of this survey after that designated collection period will not be acknowledged.

Category: Site Visit

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 09.08.2012

Cross-referenced to: Accreditation Handbook

12.5 Site Visit Report Structure

The report from the site visit team consists only of observations. Each observation must be referenced to a Standard.

Each observation is the site visit team's opportunity to alert the ARC-PA that the program failed, in writing or in person, to demonstrate compliance with the Standards, or that the team was unable to validate information provided in the materials as submitted by the program.

Category: Site Visit

Initially Adopted: 01.01.2001

Review/Revision History: 03.05.2011, 06.28.2025, 04.25.2026

Cross-referenced to: Accreditation Handbook

12.6 Program Response to Observations

ARC-PA actively seeks program response(s) to the observation(s) from site visits or from the commission. Observation responses are expected to succinctly clarify issues raised and explain what the program did to correct or resolve any compliance issues.

The program's response, including supporting documentation and evidence of compliance, must not exceed 250 pages in total length. The narrative must use standard font (Times New Roman or Calibri), not smaller than eleven (11) point font, and one (1) inch margins.