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

NOTICE OF ACTIONS – ACCREDITATION STATUS (5.12.26)

The ARC-PA took the actions displayed below at its **April 23-25, 2026** meeting. The accreditation decisions were based on the programs' compliance with the accreditation *Standards* or adherence to ARC-PA policies for accredited programs.

All accredited programs are required to file annual and periodic reports to document continuing compliance with the accreditation *Standards* throughout the accreditation cycle. Programs that received citations[1] from the commission are required to submit a report describing the manner in which the citation(s) have been addressed or resolved.

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

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

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

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

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
Chamberlain University-Phoenix	Provisional[2]	TBD
Report due July 31, 2026: • *Standard A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)* • *Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)* • *Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
• *Standard D1.04e (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including learning outcomes and instructional objectives)* *Commission observation[5] response due July 31, 2026:* • *Standard A1.01c (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, terms are clearly described and documented in a manner signifying agreement by the involved institutions and signed affiliation agreement(s) include the terms of participation for the PA program students)* • *Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)* • *Standard B2.07b (lacked evidence the curriculum includes instruction performing complete and focused physical examinations across all age groups)* • *Standard B2.07d (lacked evidence the curriculum includes instruction in ordering and interpreting diagnostic studies)* • *Standard B2.07e (lacked evidence the curriculum includes instruction in patient management, including acute and chronic care plans)* • *Standard B3.03a (lacked evidence supervised clinical practice experiences must enable all students to meet the program's learning outcomes for preventive patient encounters)* • *Standard B3.03b (lacked evidence supervised clinical practice experiences must enable all students to meet the program's learning outcomes for acute patient encounters)* • *Standard B3.03c (lacked evidence supervised clinical practice experiences must enable all students to meet the program's learning outcomes for chronic patient encounters)* • *Standard B3.06b (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for emergency medicine, including emergent care)* • *Standard B3.06c (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for internal medicine, including elderly patients)* • *Standard B3.06d (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for surgery, including pre-operative, intra-operative, and post-operative care)* • *Standard B3.06e (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for pediatrics, including care for infants, children, and adolescents)* • *Standard B3.06f (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for women's health, including prenatal and gynecologic care)*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
• *Standard B3.06g (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for behavioral and mental health care* •		
University of Arizona, AZ	Provisional[2]	TBD
Report due August 1, 2026: • *Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)* • *Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)*		
University of New Haven, CT	Provisional[2]	TBD
No report required: • *Standard D1.01c (lacked evidence that based on the qualifications outlined in the Standards, the program has 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit)*		
Brescia University, KY	Provisional[2]	TBD
Report due July 27, 2026: • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)*		
University of Montana, MT	Provisional[2]	TBD
Report due January 4, 2027: • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)* • *Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner) • *Standard B4.03c (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including interpersonal skills)* • *Standard D1.04e (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including learning outcomes and instructional objectives)* *No report required:* • *Standard D1.01c (lacked evidence that based on the qualifications outlined in the Standards, the program has 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit)*		
Rowan University, NJ	Provisional[2]	TBD
• *No report related to Standards*		
Northeast College, NY	Provisional[2]	TBD
Report due July 31, 2026: • *Standard A1.01c (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, terms are clearly described and documented in a manner signifying agreement by the involved institutions and signed affiliation agreement(s) include the terms of participation for the PA program students)* • *Standard A3.14e (lacked evidence the program publishes, consistently applies, and makes readily available to enrolled and prospective students policies and procedures for withdrawal)* • *Standard A3.14f (lacked evidence the program publishes, consistently applies, and makes readily available to enrolled and prospective students policies and procedures for dismissal)* • *Standard A3.14h (lacked evidence the program publishes, consistently applies, and makes readily available to enrolled and prospective students policies and procedures for student appeals)* • *Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective, and documented evaluations of student performance to ensure students meet the program's learning outcomes for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective, and documented evaluations of student performance to ensure students meet the program's learning outcomes for both*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner) • *Standard D1.01b (lacked evidence that based on the qualifications outlined in the Standards, the program has a medical director hired by the institution and working on a permanent basis at least 15 months prior to the first day of the scheduled site visit)* *Commission observation response due July 1, 2026:* • *Standard A1.01d (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, terms are clearly described and documented in a manner signifying agreement by the involved institutions and signed affiliation agreement(s) are signed by an authorized individual(s) of each participating entity)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the course learning outcomes in measurable terms that are assessed and guide student acquisition of required competencies in syllabi or an appendix to the syllabi)* • *Standard B1.03f (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the instructional objectives in measurable terms that guide student learning in syllabi or an appendix to the syllabi)*		
Sam Houston State University, TX	Provisional[2]	TBD
Report due January 11, 2027: • *Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)* • *Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)* • *Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
experience components and that allow the program to identify and address any student deficiencies in a timely manner) • *Standard B4.03c (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including interpersonal skills)* • *Standard B4.03e (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)* • *Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)* • *Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)* • *Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)* *No report required:* • *Standard B2.11c (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)* • *Standard D1.04e (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including learning outcomes and instructional objectives)*		

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

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Arizona School of Health Sciences, AZ	Continued	April 2034
Report due June 29, 2026 (Standards, 5th edition): • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)*		
Creighton University-Phoenix, AZ	Provisional[2]	April 2028
No report required: • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)*		
Point Loma Nazarene University, CA	Continued	April 2036
• *Accreditation decision deferred*		
Howard University, DC	Provisional[2]	April 2028
Report due December 7, 2026: • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies) • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* *No report due:* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *Commission observation[5] due July 13, 2026:* • *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)*		
Barry University, FL *Report due June 15, 2026:* • *Update PANCE Pass Rate data and Graduation Rate data in program portal and update program's link in accreditation history on website.* *Report due August 1, 2026:* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)*	Continued	April 2036

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard B1.03f (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* *Report due May 1, 2028 modified self-study report:* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *No report required:* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)* • *Standard C1.01b (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* *Commission observation[5] response due June 15, 2026:* • *Standard A1.02b (lacked evidence the sponsoring institution is responsible for supporting the program faculty in effective program self-assessment)* • *Standard B1.03h (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the description of the student assessment(s) and evaluation(s))*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard B1.03i (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the plan for grading)* • *Standard B3.06e (lacked evidence preceptors for supervised clinical practice experiences enable students to meet program-defined learning outcomes for pediatrics, including care for infants, children, and adolescents)*		
Nova Southeastern University-Orlando, FL	Continued	April 2034
• *No report related to Standards* *Commission observation[5] response due October 30, 2026:* • *Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the course learning outcomes in measurable terms that are assessed and guide student acquisition of required competencies in syllabi or an appendix to the syllabi)* • *Standard B1.03f (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the instructional objectives in measurable terms that guide student learning in syllabi or an appendix to the syllabi)* • *Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)*		
North Central College, IL	Continued	April 2036
Report due July 24, 2026: • *Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)*		
Rush University, IL	Probation[3]	April 2028 (probation review)
Report due July 1, 2027 modified self-study report: • *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)*		
Tufts University, MA	Continued	April 2036
Report due June 1, 2026: • *Update PANCE Pass Rate data in the program portal.* *Report due September 30, 2026:* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* *No report required:* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)*		
Kean University, NJ	Probation[3]	April 2028 (probation review)
Report due September 30, 2026: • *Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)* • *Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)* • *Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)* *Report due July 1, 2027 modified self-study report:* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* •		
Ithaca College, NY	Probation[3]	April 2028 (probation review)
Report due June 19, 2026: • *Update success in achieving goals, NCCPA PANCE Pass Rate Summary Report and Graduation Rate Table on website.* • *Update PANCE pass rate data and Student Enrollment data in Program Management Portal.* *Report due August 10, 2026:* • *Standard A1.06 (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill the program's obligations to matriculating and enrolled students)* • *Standard A2.01 (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.* • *Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)* • *Standard A3.02 (lacked evidence the program defines, publishes, makes readily available and consistently applies its policies and practices to all students)* • *Standard A3.10 (lacked evidence the program defines, publishes, makes readily available and consistently applies written procedures that provide for timely access and/or referral of students to services addressing personal issues which may impact their progress in the PA program)* • *Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.* • *Standard B2.07a (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis, and management across all age groups and from initial presentation through ongoing follow-up, including interviewing and eliciting a medical history)* • *Standard B2.08a (lacked evidence the curriculum includes instruction in the provisional of medical care across the life span including prenatal, infant, children adolescents, adults and elderly)* • *Standard B2.10c (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction including application of these principles in interprofessional teams)* • *Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard B4.03a (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)* *Report due March 8, 2027:* • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)* • *Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)* • *Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A2.14 (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)* • *Standard A2.17b (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty to specific learning outcomes it requires of students)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)* • *Standard B1.03f (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)* • *Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner) • *Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)* • *Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)* • *Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)* *Report due July 1, 2027 modified self-study report:* • *Standard C1.01a (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)* • *Standard C1.01b (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)* • *Standard C1.01c (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)* • *Standard C1.01d (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)* • *Standard C1.01e (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)* • *Standard C1.01f (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)* • *Standard C1.01g (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)* • *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *No report required:* • *Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)* • *Standard B2.11c (lacked evidence the curriculum includes instruction in the normal and abnormal development across the life span area of social and behavioral sciences and its application to clinical practice)*		
Yeshiva University, NY	Probation[3]	April 2028 (probation review)
Report due September 23, 2026: • *Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* *Report due March 15, 2027:* • *Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)* • *Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)* • *Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision) *Report due July 1, 2027 modified self-study report:* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)*		
Bethel University, TN	Probation[3]	April 2028 (probation review)
Report due September 30, 2026: • *Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)* • *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 modified self-study report (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)*		
Franklin Pierce University-Austin, TX	Probation[3]	April 2028
Report due October 26, 2026: • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)* • *Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)* • *Standard A2.09a (lacked evidence the program director is knowledgeable about and responsible for program organization)* • *Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)* • *Standard A2.09c (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)* • *Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.* • *Standard A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)* • *Standard A3.13a (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])* • *Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.* • *Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)* • *Standard A3.17d (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)* • *Standard A3.20b (lacked evidence faculty records, including program director, medical director and principal faculty include current curriculum vitae)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)* • *Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review

- *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)*
- *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)*

No report required:

- *Standard A2.08a (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)*
- *Standard A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)*
- *Standard A2.09e (lacked evidence the program director is knowledgeable about and responsible for program planning)*
- *Standard A2.09f (lacked evidence the program director is knowledgeable about and responsible for program development)*
- *Standard A2.11b (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)*
- *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)*
- *Standard A3.17a (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)*
- *Standard A3.19 (lacked evidence student health records are confidential and are not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.*
- *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)*
- *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)*
- *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)*
- *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)*
- *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)*

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *Commission observation[5] response due October 26, 2026:* • *Standard A1.07a (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including sufficient program faculty)* • *Standard A3.11i (lacked evidence the program publishes and makes readily available to enrolled and prospective students current program information, including current annual student graduation rate information, on the table provided by the ARC-PA, no later than April 1st (4/1) of each year)* *No report due required:* • *Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)*		
West Coast University, TX	Continued	April 2036
Report due October 30, 2026 (self-study report:): • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)*		
University of Utah, UT	Continued	April 2036
Report due June 15, 2026: • *Update NCCPA PANCE Exam Performance Summary Report on website.* *Report due September 29, 2026:* • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard B1.03f (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)* • *Standard B1.03g (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* *Report due May 19, 2028 modified self-study report:* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *Commission observation[5] response due May 19, 2028:* • *Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)*		

THE FOLLOWING LISTS REFLECT ACTIONS FOR PROGRAMS WHICH APPLIED FOR PROGRAM CHANGES OR HAD REQUIRED REPORTS DUE TO THE COMMISSION.

Reports and program changes considered at the meeting

PA Program at:	Accepted/Not Accepted/Approved/ Not Approved/Acknowledged/ Reviewed More Information Requested/Deferred/Elevated	Next Comprehensive Review
Franklin Pierce University-hybrid, AZ[3]	Accepted	April 2027
Larkin University, FL[2]	Reviewed, More Information Requested*	April 2028
Touro University Illinois, IL[2]	Reviewed, More Information Requested*/Elevated*	July 2027
Indiana State University, IN[3]	Not Accepted*	October 2027 (probation review)
Kansas State University, KS[3]	Deferred	July 2026
University of the Cumberlands, Northern Kentucky, KY[3]	Accepted/Deferred	July 2026 (probation review)
Franciscan Missionaries of our Lady Univ, LA	Accepted	October 2033
Towson University, MD	Reviewed, More Information Requested*	October 2033
Bay Path University, MA	Accepted	October 2035
Lawrence Technological University, MI[2]	Accepted	October 2026
College of Saint Mary, NE[3]	Accepted	July 2027 (probation review)
Touro University Nevada, NV[3]	Reviewed, More Information Requested	April 2027 (probation review)
Saint Elizabeth University, NJ[3]	Accepted	April 2027 (probation review)
East Carolina University, NC	Reviewed, More Information Requested*	October 2035
Ursuline College, OH[2]	Reviewed, More Information Requested*	April 2027
Northeastern State University, OK[3]	Accepted	April 2027 (probation review)
Carlow University, PA[3]	Reviewed, More Information Requested*	October 2026
Saint Joseph's University, PA[3]	Reviewed, More Information Requested*	April 2027 (probation review)

Thiel College, PA[3]	Accepted	N/A
Meharry Medical College, TN[2]	Reviewed, More Information Requested*	July 2027
Army Medical Center of Excellence, TX[3]	Accepted/Not Accepted	October 2027 (probation review)
Franklin Pierce University, TX[2]	Not Accepted	April 2028
University of Texas Rio Grande Valley, TX	Accepted/Accepted	October 2033
Weber State University, UT[2]	Reviewed, More Information Requested	January 2027
University of Lynchburg, VA	Accepted	January 2029
Marshall University, WV	Reviewed, More Information Requested*/Elevated*	July 2035
Marquette University, WI	Accepted	July 2033

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

Reports considered via expedited process

PA Program at:		Next Validation Review
University of South Alabama, AL		October 2034
Midwestern University – Glendale, AZ		July 2028
Northern Arizona University, AZ*		October 2035
Chapman University, CA*		July 2030
West Coast University, CA[2]		January 2027
Miami Dade College, FL[3]		October 2027 (probation review)
Nova Southeastern University-Fort Lauderdale, FL		April 2035
University of Tampa, FL		January 2034
Idaho State University, ID		January 2035
Dominican University, IL*		July 2030
Midwestern University-Downers Grove, IL		January 2033
Rush University, IL[3]		April 2028 (probation review)
Franciscan Missionaries of Our Lady University, LA		October 2033
Bay Path University, MA		October 2035
Towson University, MD*		October 2033
Eastern Michigan University, MI		April 2028
University of Michigan-Flint, MI		July 2035
Wayne State University, MI		April 2033
Canisius University, NY*		July 2035
Canisius University, NY*		July 2035
Clarkson University, NY		January 2035
Clarkson University, NY*		January 2035
CUNY School of Medicine, NY[3,*]		October 2026 (probation review)
Ithaca College, NY		TBD
Pace University-Pleasantville, NY		April 2032
St. Bonaventure University, NY*		July 2035
SUNY Upstate Medical University, NY		July 2026
Touro University Middletown, NY*[,2]		October 2026
East Carolina University, NC*		October 2035
East Carolina University, NC*		October 2035

PA Program at:		Next Validation Review
East Carolina University, NC*		October 2035
Ohio Dominican University, OH		October 2035
The University of Toledo, OH*		October 2027
Ursuline College, OH		April 2027
Oklahoma City University		January 2030
Oklahoma State Univ Center for Health Sciences, OK*		October 2035
Oklahoma State Univ Center for Health Sciences, OK		October 2035
Pacific University, OR*		October 2027
Marywood University, PA*		January 2036
Pennsylvania College of Technology, PA		October 2027
Thomas Jefferson University - Center City, PA*		July 2028
West Chester University, PA		October 2035
West Chester University, PA*		October 2035
Middle Tennessee State University, TN[2]		October 2026
Army Medical Center of Excellence, TX[3]		October 2027 (probation review)
Franklin Pierce University, TX[2,] *		April 2028
University of Mary Hardin-Baylor, TX		July 2035
Emory and Henry University, VA		October 2031
Randolph Macon College, VA[2,] *		April 2027

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

ADDITIONAL ACTIONS

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

PA Program at:		**Next Validation Review**
Franklin Pierce University, AZ[3]		April 2027
A.T. Still University of Health Sciences Central Coast		January 2036
West Coast University, CA[2]		January 2027
West Coast University, CA[2]		January 2027
Red Rocks Community College, CO		July 2027
University of Bridgeport, CT		July 2033
Yale Online PA Program, CT[3]		N/A
Yale Online PA Program, CT[3]		N/A
Yale Online PA Program, CT[3]		N/A
South University-Tampa, FL		July 2027
Dominican University, IL		July 2030
Indiana State University, IN[3]		October 2027 (probation review)
Boston University School of Medicine, MA		October 2028
Tufts University, MA		April 2036
Central Michigan University, MI		April 2034
Concordia University-Ann Arbor, MI		July 2035
Grand Valley State University, MI		October 2034
Mississippi State University – Meridian, MS		July 2035
Mississippi State University-Meridian, MS		July 2035
Drury University, MO[2]		January 2028
Saint Louis University, MO		July 2033
University of New Mexico, NM		October 2034
Campbell University, NC		July 2034
Mount St. Joseph University, OH		January 2032
Northeastern State University, OK[3]		April 2027 (probation review)
Univ of Oklahoma School of Community Medicine, OK		April 2034
Commonwealth University, PA[3]		April 2027 (probation review)
Marywood University, PA		January 2036
Bethel University, TN[3]		April 2028

PA Program at:		Next Validation Review
Meharry Medical College, TN[2]		July 2027
South College Nashville, TN		January 2034
Trevecca Nazarene University, TN[3]		April 2027
Army Medical Center of Excellence (IPAP), TX[3]		October 2027 (probation review)
Shenandoah University, VA		April 2035

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

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

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

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

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