



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

NOTICE OF ACTIONS – ACCREDITATION STATUS (1.7.2026)

The ARC-PA took the actions displayed below at its **September 17-20, 2025** meeting. The accreditation decisions were based on the programs' compliance with the accreditation *Standards* or adherence to ARC-PA policies for accredited programs.

All accredited programs are required to file annual and periodic reports to document continuing compliance with the accreditation *Standards* throughout the accreditation cycle. Programs that received citations¹ from the commission are required to submit a report describing the manner in which the citation(s) have been addressed or resolved.

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

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

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

THE FOLLOWING LIST REFLECTS RESULTS OF ACCREDITATION ACTIONS FOR NEW PROGRAMS APPLYING FOR ACCREDITATION - PROVISIONAL² INCLUDING COMMENTARY REGARDING PROGRAM-SPECIFIC REPORTS TO THE COMMISSION DESCRIBING THE CITATION(S)¹ THAT MUST BE ADDRESSED OR RESOLVED.

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
Lincoln Memorial University-Tampa, FL	Provisional ²	TBD
<i>No report required:</i> 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)		
Ottawa University KS	Provisional ²	TBD
<i>No report related to Standards</i>		
Oakland University, MI	Provisional ²	TBD
<i>No report required:</i> 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)		
Nazareth University, NY	Provisional ²	TBD

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
<i>No report related to Standards</i>		
Tarleton State University, TX	Provisional ²	TBD
<i>Report due May 14, 2026:</i>		
• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i>		

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
Northern Arizona University, AZ	Continued	October 2035
<i>Report due December 8, 2025:</i> - Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals) - 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) <i>Report due November 3, 2027 modified self-study report:</i> - 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)		
A.T. Still University of Health Sciences Central Coast, CA	Continued	January 2026
<i>Accreditation decision deferred</i>		
Quinnipiac University, CT	Continued	July 2033
<i>No report related to Standards</i>		
Miami Dade College, FL	Probation ³	October 2027
<i>Report due December 1, 2025:</i> Update PANCE data in Program Management Portal and update		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>PANCE report and Graduation Rate Table on program website</i> <i>Report due June 1, 2026:</i> • <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)</i> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> • <i>Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)</i> • <i>Standard A1.10a (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)</i> • <i>Standard A2.01 (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.</i> • <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.13a (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])</i> • <i>Standard A3.13b (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience)</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.</i> • <i>Standard A3.15b (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)</i> • <i>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</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>include documentation that the student has met published admission criteria including advanced placement if awarded)</i> • <i>Standard A3.17d (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)</i> Report due September 1, 2026: • <i>Standard B1.03d (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course goal/rationale)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B1.03f (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>Standard B1.03g (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)</i> • <i>Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical)</i> • <i>Standard B3.01 (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences.</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03e (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• <i>Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard B4.03e (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)</i> • <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)</i>		
Report due February 1, 2027 modified self-study report:		
• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>		
No report required:		
• <i>Standard B1.04b (lacked evidence the program ensures educational equivalency of course content, student experience and access to didactic and laboratory materials when instruction is provided by different pedagogical and instructional methods or techniques for some students)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
- Standard B4.04b (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students) Commission observation⁵ response due February 1, 2026: - Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies) - Standard B1.03a (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, the course name) - Standard B1.03b (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course description) - Standard B1.03c (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the faculty instructor of record) - Standard B1.03h (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, the plan for grading)	Continued	October 2035
South University, Savannah, GA Report due November 14, 2025: - Update accreditation status statement on website. Report due March 31, 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)	Continued	October 2035

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>Report due February 11, 2026:</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i> <i>No report required:</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i>		
Indiana State University, IN	Probation ³	October 2027
<i>Report due December 10, 2025:</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i> <i>Report due February 1, 2027 modified self-study report:</i> <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <i>No report required:</i> <i>Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> <i>Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)</i> <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)</i>		
Franciscan Missionaries of Our Lady University, LA <i>Report due November 17, 2025:</i> <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)</i> <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i> <i>Report due November 1, 2027 modified self-study report:</i> <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>	Continued	October 2033

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>No report required:</i> - Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents) <i>Commission observation⁵ response due December 15, 2025:</i> - Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)		
Frostburg State University, MD	Continued	October 2033
<i>No report required:</i> Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)		
Towson University, MD	Continued	October 2033
<i>Report due December 15, 2025:</i> - Update PANCE report on program website. <i>Report due December 15, 2025:</i> - Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions) - 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 B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) - Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine) - Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics) - 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/ Confirmed	Next Comprehensive Review
<i>experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i>		
Bay Path University, MA	Continued	October 2035
<i>Report due November 14, 2025:</i> <i>Update SCPE data and link to program website in the Program Management Portal.</i> <i>Report due December 5, 2025:</i> <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)</i> <i>Commission observation⁵ response due December 5, 2025:</i> <i>Standard B3.01 (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences)</i>		
University of Detroit Mercy, MI	Continued	April 2029
<i>Report due October 1, 2027 modified self-study report:</i> <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>		
St. Catherine University, MN	Probation ³	October 2027

Report due March 27, 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 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 B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)*
- *Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)*
- *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 B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)*
- *Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)*
- *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)*
- *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)*
- *Standard 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 February 1, 2027 modified self-study report:

- *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)*

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
- 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 observation⁵ response due March 27, 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 A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff) - Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program) - Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis) - Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies. - Standard B1.03d (lacked evidence that for each didactic and clinical [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the course goal/rationale) - 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 C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)		
Monmouth University, NJ	Continued	January 2029
Report due November 14, 2025: - Update PANCE data, attrition data and program length data in Program Management Portal. Report due December 1, 2017 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 and follows the guidelines provided by the ARC-PA)		
Pace University-Lenox Hill Hospital, NY	Continued	July 2033
No report related to Standards		
East Carolina University, NC	Continued	October 2035
Report due December 15, 2025: Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
- 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 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 B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught) - Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner) - Standard 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) No report required: - 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)		
Ashland University, OH	Continued	October 2035
No report related to Standards		
Mercy College of Ohio, OH	Continued	October 2035
Report due November 14, 2025:		
Update attrition data in Program Management Portal.		
Report due November 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)		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
- 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 C1.03 (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)		
Ohio Dominican University, OH	Probation ³	October 2027
Report due November 14, 2025: - Update personnel in Program Management Portal. Report due January 9, 2026: - Standard B3.01 (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program's learning outcomes for supervised clinical practice experiences. - Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction) - Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine) - Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics) - Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care) - Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner) - Standard C2.01a (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 C2.01c (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 November 1, 2027modified self-study report: - 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
• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>	Continued	October 2035

Report due February 3, 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 B3.07a-part 1 (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)*
- *Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)*

Report due November 1, 2026:

- *Standard B3.07a-part 2 (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)*

Report due April 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)*
- *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 observation⁵ response due February 3, 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 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 B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)*
- *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)*
- *Standard 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*

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>program competencies required to enter clinical practice, including clinical and technical skills)</i>		
Oregon Health & Science University, OR	Continued	October 2035
Report due August 22, 2025: - Update Details tab in Program Management Portal. Report due November 3, 2025 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)		
West Chester University, PA	Continued	October 2035
Report due December 1, 2021: - 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 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 B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care) - Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught) - Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)		
US Army Medical Center of Excellence (Interservice), TX	Probation ³	October 2027
Report due January 12, 2026: Update Personnel, Student, Main Campus, and Courses tabs of		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>Program Management Portal and upload affiliation agreements.</i> <i>Report due March 23, 2026:</i> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)</i> • <i>Standard A1.08 (lacked evidence the sponsoring institution provides the program with the physical facilities to operate the educational program in accordance with the Standards and to fulfill its obligations to matriculating and enrolled students)</i> • <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.)</i> • <i>Standard A2.14 (lacked evidence that in addition to the principal faculty, there is sufficient didactic instructional faculty to provide students with the necessary attention and instruction to acquire the knowledge, skills, and competencies required for entry into the profession)</i> • <i>Standard A2.16 (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> <i>Report due June 22, 2026:</i> • <i>Standard B1.01b (lacked evidence the curriculum is consistent with program competencies)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B1.03f (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, an outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>Standard B1.03h (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, the plan for grading)</i> • <i>Standard B2.06c (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for gender identity)</i> • <i>Standard B2.06d (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)</i> • <i>Standard B2.06e (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for sexual orientation)</i> • <i>Standard B2.07b (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 performing complete and focused physical examinations)</i> • <i>Standard B2.07d (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 ordering and interpreting diagnostic studies)</i> • <i>Standard B2.07e (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 patient management including acute and chronic care plans)</i> • <i>Standard B2.11b (lacked evidence the curriculum includes instruction in the human sexuality area of social and behavioral sciences and its application to clinical practice)</i> • <i>Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical)</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>outcomes for women's health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B3.03e (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for behavioral and mental health conditions)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)</i> • <i>Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)</i> • <i>Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)</i> • <i>Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> • <i>Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)</i> • <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)</i> Report due February 28, 2027 modified self-study report: • <i>Standard C1.01a (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)</i> • <i>Standard C1.01b (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)</i> • <i>Standard C1.01c (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)</i> • <i>Standard C1.01d (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)</i> • <i>Standard C1.01e (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i> • <i>Standard C1.01f (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)</i> • <i>Standard C1.01g (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)</i> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
- 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 E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA) Commission observation⁵ response due January 12, 2026: - 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 A2.09e (lacked evidence the program director is knowledgeable about and responsible for program planning) - Standard B1.01d (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)		
Marquette University, WI	Continued	July 2033
Commission observation⁵ response due December 1, 2025: 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)		
University of Wisconsin-Madison, WI	Continued	October 2035
Report due February 9, 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 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 B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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)		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
- 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 November 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) - 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 due required: - Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly) - Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) Commission observation⁵ response due February 9, 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)		

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
Arizona School of Health Sciences, AZ ³	Accepted	April 2026 (probation review)
Franklin Pierce University-hybrid, AZ ³	Reviewed, More Information Requested*/ Reviewed, More Information Requested*	April 2027
Harding University, AR ³	Reviewed, More Information Requested*	October 2026 (probation review)
Point Loma Nazarene University, CA ²	Reviewed, More Information Requested*	April 2026
Samuel Merritt University, CA	Accepted	July 2029
West Coast University-CA ²	Reviewed, More Information Requested*	January 2027
Quinnipiac University, CT	Accepted	July 2033
Nova Southeastern University, Fort Lauderdale, FL	Elevated*	April 2035
Nova Southeastern University-Orlando, FL ³	Accepted	April 2026 (probation review)
Rush University, IL ³	Deferred	January 2026 (probation review)
Indiana State University, IN ³	Reviewed, More Information Requested*/Accepted	October 2027 (probation review)
Trine University, IN	Accepted	April 2033
Kansas State University, KS ³	Accepted	July 2026
University of the Cumberlands, Northern Kentucky, KY ³	Reviewed, More Information Requested*	July 2026 (probation review)
Northeastern University, MA	Not Accepted*/Accepted	April 2035
University of Detroit Mercy, MI	Accepted	April 2029
Wayne State University, MI	Elevated*	April 2033
Mississippi College, MS	Accepted	July 2034
College of St. Mary, NE ³	Not Accepted*	July 2027 (probation review)
Kean University, NJ ³	Not Accepted	April 2026

St. Elizabeth University, NJ ³	Reviewed, More Information Requested*	April 2027 (probation review)
Clarkson University, NY	Elevated*	January 2035
CUNY School of Medicine, NY ³	Reviewed, More Information Requested*	October 2026 (probation review)
Pfeiffer University, NC ³	Accepted	October 2026 (probation review)
South College-Asheville, NC ²	Accepted	January 2027
Mercy College of Ohio, OH ²	Accepted	October 2035
University of Findlay, OH	Not Approved	October 2035
Northeastern State University, OK ³	Reviewed, More Information Requested*	April 2027 (probation review)
Oregon Health & Science University, OR	Approved	October 2035
Commonwealth University, PA ³	Reviewed, More Information Requested*	April 2027 (probation review)
St. Joseph's University, PA ³	Accepted	April 2027 (probation review)
Bethel University, TN ³	Accepted	January 2026 (probation review)
Lincoln Memorial University-Harrogate, TN	Accepted	January 2035
Lincoln Memorial University-Knoxville, TN	Accepted	January 2035
University of Lynchburg, VA	Not Approved	January 2029

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

Reports considered via expedited process

PA Program at:	Next Validation Review
Faulkner University, AL	January 2035
Samford University, AL	January 2034
University of South Alabama, AL*	October 2034
Midwestern University – Glendale, AZ*	July 2028
Keck Graduate Institute, CA ²	April 2027
University of California-Davis, CA	January 2027
West Coast University-Orange County, CA ^{2,*}	April 2026
Colorado Mesa University, CO	October 2033
Nova Southeastern University-Fort Lauderdale, FL*	April 2035
Chamberlain University – Chicago, IL ²	January 2027
Rosalind Franklin University of Medicine and Science, IL	January 2033
Southern Illinois University – Carbondale, IL	April 2027
University of Kentucky, KY	January 2027
Eastern Michigan University, MI*	April 2028
Grand Valley State University, MI	October 2034
Wayne State University, MI	April 2033
Western Michigan University, MI	October 2027
Mayo Clinic School of Health Sciences, MN	October 2034
Mayo Clinic School of Health Sciences, MN	October 2034
East Carolina University, NC	October 2035
Elon University, NC*	October 2026
South College-Asheville, NC ²	January 2027
Creighton University-Omaha, NE	January 2034
University of New Mexico, NM*	October 2034
University of Nevada – Reno, NV	July 2033
Clarkson University, NY	January 2035
Ithaca College, NY ²	April 2026
Mercy University, NY	July 2027
St. John's University, NY	January 2033
SUNY Upstate Medical, NY*	October 2026
Cedarville University, OH ²	April 2027
Findlay University, OH	January 2027
Mercy College of Ohio, OH	October 2035

PA Program at:	Next Validation Review
Ohio Dominican University, OH*	October 2035
University of Toledo, OH	October 2027
Oklahoma State Univ Center for Health Sciences, OK*	October 2035
University of Oklahoma (OK City), OK*	July 2027
Delaware Valley University, PA ²	October 2026
Elizabethtown College, PA ²	October 2026
Pennsylvania College of Technology, PA*	October 2027
St. Francis University, PA	January 2027
St. Joseph's University, PA ³	April 2027
Thomas Jefferson University - Center City, PA*	July 2028
University of Pittsburgh PAS Hybrid, PA ²	January 2027
Bryant University, RI*	July 2028
Lincoln Memorial University, TN	January 2035
Lincoln Memorial University-Knoxville, TN	January 2035
Middle Tennessee State University, TN ^{2,*}	October 2026
Middle Tennessee State University, TN ²	October 2026
Baylor College of Medicine, TX	July 2029
Franklin Pierce University- Hybrid, TX ^{2,*}	April 2026
University of Texas Medical Branch, TX	July 2027
Radford University, VA*	April 2033
University of Lynchburg, VA	January 2029
University of Lynchburg, VA	January 2029
Northwest University, WA ²	January 2027
University of Charleston, WV	October 2026
West Liberty University, WV	April 2035
Carroll University, WI*	July 2033

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

ADDITIONAL ACTIONS

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

PA Program at:	Next Validation Review
Samuel Merritt University, CA	July 2029
Red Rocks Community College, CO	April 2027
Yale Online PA Program, CT ³	N/A
Yale Online PA Program, CT ³	N/A
Indiana State University, IN ³	October 2027
University of the Cumberlands-Northern Kentucky, KY ³	July 2026 (probation review)
Central Michigan University, MI ³	January 2026
Saint Louis University, MO	July 2033
Mississippi State University-Meridian, MS	July 2035
Touro University Nevada, NV ³	April 2027 (probation review)
St. Elizabeth University, NJ ³	July 2035
Canisius University, NY	January 2023
Canisius University, NY	July 2035
Long Island University, NY ³	July 2027 (probation review)
Weill Cornell Medicine, NY	January 2033
Northeastern State University, OK ³	April 2027
Thiel College, PA ³	September 2025
San Juan Bautista School of Medicine, PR ²	N/A
Bethel University, TN ³	January 2026 (probation review)
Christian Brothers University, TN ³	N/A
Christian Brothers University, TN ³	N/A
Meharry Medical College, TN ²	July 2027
Middle Tennessee State University, TN ²	October 2026
Trevecca Nazarene University, TN ³	April 2027 (probation review)
University of Mary Hardin-Baylor, TX	July 2035
University of Texas Rio Grande Valley, TX	October 2033
Emory & Henry University, VA	October 2031

PA Program at:	Next Validation Review
Randolph Macon College, VA ³	April 2027
Shenandoah University, VA	April 2035
Shenandoah University, VA	April 2035
University of Washington, WA ³	October 2026 (probation review)
University of Washington, WA ³	October 2026 (probation review)
Marshall University, WV	July 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.