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

NOTICE OF ACTIONS – ACCREDITATION STATUS (11.9.26)

The ARC-PA took the actions displayed below at its **July 16-18, 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
Agnes Scott College, GA	Provisional[2]	TBD
Report due April 30, 2027: • *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)* • *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*		

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 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 September 30, 2026:* • *Standard A3.15c (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)*		
Concordia University, St. Paul, MN	Provisional[2]	TBD
No report related to Standards		
University of Southern Mississippi, MS	Provisional[2]	TBD
Report due October 5, 2026: • *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 B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)* • *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 B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)* • *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 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)*		
Logan University, MO	Provisional[2]	TBD
Report due October 1, 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 that allow the program to identify and address any student deficiencies in a timely manner)* *No report due:* • *Standard D1.01b (lacked evidence that based on the qualifications outlined in the Standards, the program had a medical director*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit) *Commission observation[5] response due October 1, 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 that align with what is expected and taught)*		
Royal College of Surgeons, Ireland	Provisional[2]	TBD
Report due March 26, 2027: • *Standard A3.11c (lacked evidence the program publishes and makes readily available to enrolled and prospective students current program information, including the current annual "NCCPA PANCE Exam Performance Summary Report Last 5 Years" listing pass rates at each distant campus individually provided by the NCCPA through its program portal, when complete or no later than April first (4/1) of each year)* • *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 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 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 A2.03 (lacked evidence the program has at least three (3.0) FTE principal faculty members, of which at least two (2.0) FTE principal faculty members are PAs who are currently NCCPA certified or emeritus)* • *Standard A2.16a (lacked evidence the supervised clinical practice experience (SCPE) instructional faculty consists of PAs who hold or have held NCCPA certification)* • *Standard A2.16b (lacked evidence the supervised clinical practice experience (SCPE) instructional faculty consists of physicians who hold or have held board certification)* • *Standard A2.16d (lacked evidence the supervised clinical practice experience (SCPE) instructional faculty consists of no more than 10% other clinicians who are vetted by the program as qualified)* • *Standard D1.01c (lacked evidence that based on the qualifications outlined in the Standards, the program has at least 2.0 FTE PA-C principal faculty hired by the institution and working on a permanent basis at least 9 months prior to the first day of the scheduled site visit)* *Commission observation[5] response due March 26, 2027:*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
• *Standard A1.10b (lacked evidence the sponsoring institution ensures that clinical sites and preceptors located outside of the United States are only used for elective rotations)*		

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
A.T. Still University of Health Sciences Central Coast, CA	Continued	January 2036
• *No report related to Standards*		
Point Loma Nazarene University, CA	Continued	July 2036
Report due September 20, 2026: • *Standard B2.08a (lacked evidence the curriculum includes instruction in the provision of medical care across the life span including prenatal, infant, children, adolescents, adults and elderly)* • *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 September 7, 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)* • *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 September 20, 2026:* • *Standard A1.02b (lacked evidence the sponsoring institution is responsible for supporting the program faculty in effective program self-assessment)* • *Standard A2.09d (lacked evidence the program director provides program leadership through effective continuous programmatic review and analysis*		
Nova Southeastern University-Jacksonville, FL	Continued	July 2036
Report due November 9, 2026: • *Standard A1.03a (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, maintenance of certification and licensure)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard A1.03b (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for professional development directly relevant to PA education)* • *Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)* • *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 B3.06c (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)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* • *Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)* *Report due February 15, 2027 modified self-study report:* • *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)*		
Emory University, GA	Continued	April 2033
Report due September 14, 2026: • *Update personnel data in the Program Management Portal and update Graduation Rate Table on program website* *Report due November 1, 2026:*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 A2.01a (lacked evidence all program faculty, including didactic and clinical instructional faculty meet program-defined academic and experiential qualifications to teach in their assigned instructional areas)*		
Morehouse School of Medicine, GA	Continued	October 2033
Report due September 14, 2026: • *Update success in achieving goals on program website* *Commission observation[5] response due July 1, 2027:* • *Standard C1.01 (lacked evidence the program documents ongoing self-assessment of its overall effectiveness in operating the program and preparing graduates for clinical practice by collecting data [which at a minimum includes program-defined admissions data; PANCE scores and sub-scores; didactic attrition, clinical attrition, and overall attrition; course grades, didactic and clinical (including exam scores as appropriate); course and instructor evaluations, including clinical sites and preceptors; summative evaluation results; graduate/exiting student evaluation of the program; program-defined measures of effectiveness of the program director, principal faculty, and medical director in their roles outside of teaching; and remediation], using critical analysis to draw conclusions, and creating self-improvement action plans.* • *Standard C1.02 (lacked evidence the program documents ongoing self-assessment of the sufficiency of program personnel by collecting data [which will include at a minimum: student, faculty, and staff evaluation of the sufficiency of personnel by type or task; principal faculty and staff full-time equivalents (FTE) filled and vacant with attrition rates; and workload calculation for each program faculty and staff member], using critical analysis to draw conclusions, and creating self-improvement action plans)*		
Kansas State University, KS	Probation[3]	July 2028 Probation Review
Report due September 15, 2026: • *Update Graduation Rate Table on program website* *Report due January 5, 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 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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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)* • *Standard B2.10c (lacked evidence the curriculum prepares students to work collaboratively in interprofessional patient centered teams with instruction that includes application of these principles in interprofessional teams)* • *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 B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)* • *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 B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)* • *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 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)* *Report due April 12, 2027:* • *Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *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)* • *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
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)* • *Standard B4.03b (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 reasoning and problem-solving abilities)* • *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 B4.03d (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 medical knowledge)* • *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)* *Report due September 6, 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 C1.03 (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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Commission observation[5] response due January 5, 2027: • *Standard A3.14b (lacked evidence the program publishes, consistently applies, and makes readily available to enrolled and prospective students requirements and deadlines for completion of the program)* • *Standard B1.01d (lacked evidence the curriculum provides the necessary breadth and depth to prepare students for the clinical practice of medicine)* • *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)*		
University of the Cumberlands, Northern Kentucky Campus, KY	Probation[3]	July 2028 Probation Review
Report due September 15, 2026: • *Update Graduation Rate Table on program website* *Report due September 6, 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 C1.03 (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 A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)*		
University of New England, ME	Probation[3]	July 2028 Probation Review
Report due December 1, 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 A2.18b (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)* • *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.*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)* • *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 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)* *Report due February 1, 2027:* • *Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)* • *Standard A3.13d (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required academic standards for enrollment)* • *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 B1.03d (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 B1.03e (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 B1.03g (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 B2.08b (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient encounters)* • *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*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
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 B4.03c (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)* *Report due September 6, 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 C1.02b (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)*		

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)* *No report required:* • *Standard A2.11a (lacked evidence the medical director is a currently licensed allopathic or osteopathic physician)* • *Standard A2.11b (lacked evidence the medical director is certified by an ABMS- or AOA-approved specialty board)* • *Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)* *Commission observation[5] response due November 2, 2026:* • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)* • *Standard A1.02b (lacked evidence the sponsoring institution is responsible for supporting the program faculty in effective program self-assessment)* • *Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective leadership by the program director)* • *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)* • *Standard A1.10a (lacked evidence the sponsoring institution secures clinical sites and preceptors sufficient in number to allow all students to meet the program's learning outcomes for supervised clinical practice experiences)* • *Standard A2.09a (lacked evidence the program director provides program leadership through effective program organization)* • *Standard A2.09b (lacked evidence the program director provides program leadership through effective program administration)* • *Standard A2.09d (lacked evidence the program director provides program leadership through effective continuous programmatic review and analysis* • *Standard A2.09f (lacked evidence the program director provides program leadership through effective adherence to the Standards and ARC-PA policies)* *Commission observation[5] response due December 1, 2026:* • *Standard B3.05d (lacked evidence supervised clinical practice experiences support the achievement of learning outcomes for technical skills)* • *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)*		
Bethel University, MN	Probation[3]	July 2028

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
		(probation review)
Report due September 16, 2026: • *Update personnel data in Program Management Portal.* *Report due October 16, 2026:* • *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 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)* • *Standard A2.01 (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.* • *Standard A2.04 (lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution.* • *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 B2.11a (lacked evidence the curriculum includes instruction in death, dying and loss areas of social and behavioral sciences and their application to clinical practice)* • *Standard B2.11g (lacked evidence the curriculum includes instruction in the violence identification and prevention area of social and behavioral sciences and its application to clinical practice)* • *Standard B2.17e (lacked evidence the curriculum includes instruction about the PA profession to include the PA relationship with the physician and other health care providers)* • *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 B3.04b (lacked evidence supervised clinical practice experiences occur in the inpatient setting)* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)* • *Standard C1.01g (lacked evidence program defines its ongoing self-assessment process that is designed to document program*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
effectiveness and foster program improvement and addresses success in meeting the program's goals) *Report due January 22, 2027:* • *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 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 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 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 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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 September 6, 2027 modified self-study report:* • *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)* • *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)* *No report required:*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 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)* • *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)* • *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 E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)* *Commission observation[5] response due January 22, 2027:* • *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)*		
College of St. Mary, NE	Probation[3]	July 2027 (probation review)
Report due March 24, 2027 modified self-study report: • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* *No report required:* • *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 A3.17d (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)* *Commission observation[5] response due December 1, 2026:* • *Standard A1.02b (lacked evidence the sponsoring institution is responsible for supporting the program faculty in effective program assessment)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Fairleigh Dickinson University, NJ	Continued	July 2036
Report due September 1, 2026: • *Update SCPE data in Program Management Portal* *Report due November 1, 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 A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.* • *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)* *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)* *No report required:* • *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)*		
SUNY Upstate Medical University, NY	Probation[3]	July 2028 (probation review)
Report due September 15, 2026: • *Update Program, Details and Budget data in the Program Management Portal* • *Update Graduation Rate Table on the program website.* *Report due December 15, 2026:* • *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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 A1.03a (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, maintenance of certification and licensure)* • *Standard A1.03b (lacked evidence the sponsoring institution provides sufficient release time and financial resources in support of the program director and principal faculty, as applicable to the job description, for professional development directly relevant to PA education)* • *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 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 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)* • *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 A2.08c (lacked evidence the program director provides effective leadership by exhibiting proactive problem solving)* • *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 A2.10 (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program.* • *Standard A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)* • *Standard A2.13b (lacked evidence instructional faculty is knowledgeable in course content and effective in teaching assigned subjects)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 A2.16 (lacked all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)* • *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 A2.18b (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)* • *Standard A3.07a (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students and that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)* • *Standard A3.08a (lacked evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk and that address methods of prevention)* • *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 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 A3.17b (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 institution and program health screening and immunization requirements)* • *Standard A3.17c (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 student performance while enrolled)* • *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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard A3.17e (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of summaries of any formal academic/behavioral disciplinary action taken against a student)* • *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 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)* *Report due March 15, 2026:* • *Standard B1.01d (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)* • *Standard B1.02 (lacked evidence the curriculum design reflects content and course sequencing that builds upon previously achieved student learning)* • *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 B1.03d (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 B1.03e (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 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 B2.03 (lacked evidence the curriculum includes instruction in clinical medicine covering all organ systems)* • *Standard B2.04 (lacked evidence the curriculum includes instruction in interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and other health professionals)* • *Standard B2.06a (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard B2.06b (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for ethnicity/race)* • *Standard B2.06d (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)* • *Standard B2.06f (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for social determinants of health)* • *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)* • *Standard B2.07f (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 education and referral)* • *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 B3.03d (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)* • *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)* • *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 B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified 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 B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)* • *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 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 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)* • *Standard B4.03b (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 reasoning and problem-solving abilities)* • *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 B4.03d (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 medical knowledge)* • *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*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
program competencies required to enter clinical practice, including professional behaviors) *Report due September 6, 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)* • *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)* • *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 E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)* *Commission observation[5] response due September 15, 2026 (Standards, 6th edition):* • *Standard A2.06 (lacked evidence the program director had at least three years of full-time higher education experience at the time of appointment)*		
Wagner College, NY *Report due September 14, 2026:*	Continued	October 2029

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 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 August 31, 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)*		
Baldwin Wallace University, OH	Probation[3]	July 2028 (probation review)
Report due December 1, 2026: • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course design, course selection, and program assessment)* • *Standard A1.02d (lacked evidence the sponsoring institution is responsible complying with ARC-PA accreditation Standards and policies)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 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 February 15, 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 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 B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* • *Standard 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 September 6, 2027 modified self-study report:* • *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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 C1.02b (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 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)* • *Standard B2.07f (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 education and referral)* • *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 C1.01g (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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Drexel University, PA	Probation[3]	July 2028 (probation review)

Report due December 1, 2026:

- *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 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 A1.02g (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)*
- *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 A2.09a (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 A2.09d (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 A2.13a (lacked evidence instructional faculty is qualified through academic preparation and/or experience to teach assigned subjects)*
- *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 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)*

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard A3.15c (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for remediation and deceleration)* • *Standard A3.15d (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)* • *Standard A3.17b (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 institution and program health screening and immunization requirements)* *Report due March 1, 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 B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)* • *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* • *Standard C2.01a (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 August 24, 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)*		

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 A2.18b (lacked evidence administrative support for the program is sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program)* • *Standard A3.17c (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 student performance while enrolled)* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)* • *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*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
effectiveness and foster program improvement and addresses success in meeting the program's goals) • *Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)*		
Austin College, TX	Provisional[2]	July 2028
No report related to Standards		
Utah Valley University, UT	Continued	July 2036
Report due September 18, 2026: • *Update Graduation Rate Table on program website* *Report due September 18, 2026:* • *Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)* *Report due October 1, 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)* *Report due October 1, 2028 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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 C1.02b (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 E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)* *Commission observation[5] response due October 1, 2028:* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)*		
Old Dominion University, VA	Continued	July 2036
Report due September 7, 2026: • *Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on website* *Report due October 5, 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 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)* • *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
program competencies required to enter clinical practice, including clinical and technical skills) *No report required:* • *Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)*		

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
Harding University, AR[3]	Reviewed, More Information Requested*	October 2026 (probation review)
Point Loma Nazarene University, CA	Accepted/Accepted	July 2036
Yale University Online, CT[3]	Accepted	N/A
Miami Dade College, FL[3]	Reviewed, More Information Requested*/ Accepted	October 2027 (probation review)
Trine University, IN	Accepted	April 2033
Kansas State University, KS[3]	Accepted/Elevated*	July 2028 (probation review)
University of the Cumberlands, Northern Kentucky, KY[3]	Not Accepted	July 2028 (probation review)
Concordia University Ann-Arbor, MI	Not Accepted*	July 2035
St. Catherine University, MN[3]	Elevated*/ Reviewed, More Information Requested*	October 2027 (probation review)
Drury University, MO[2]	Elevated*/Not Accepted*	January 2028
College of St. Mary, NE[3]	Not Accepted*	July 2027 (probation review)
Saint Elizabeth University, NJ[3]	Not Accepted	April 2027 (probation review)
CUNY School of Medicine, NY[3]	Deferred	October 2026 (probation review)
Long Island University, NY[3]	Reviewed, More Information Requested	July 2027 (probation review)
Northeastern State University, OK[3]	Accepted/Accepted	April 2027 (probation review)
Oklahoma State University Center for Health Sciences, OK	Accepted	October 2035
Commonwealth University, PA[3]	Accepted	April 2027 (probation review)
Saint Joseph's University, PA[3]	Accepted	April 2027 (probation review)
Trevecca Nazarene University, TN[3]	Accepted	April 2027

		(probation review)
Army Medical Center of Excellence, TX[3]	Reviewed, More Information Requested*	October 2027 (probation review)
University of Wisconsin-Madison, WI	Elevated*/Accepted	October 2035

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

Reports considered via expedited process

PA Program at:	Next Validation Review
Chapman University, CA	July 2030
West Coast University, CA[2]	January 2027
University of Colorado, CO	October 2026
Palm Beach Atlantic University, FL[2]	April 2028
South University-West Palm Beach, FL	July 2035
Brenau University, GA	July 2035
South University Savannah, GA	October 2035
Chamberlain University, IL[2]	January 2027
North Central College, IL	April 2036
Touro University Illinois, IL[2]	July 2027
University of Dubuque, IA	July 2031
University of Kentucky - Main Campus, KY	January 2027
University of Kentucky - Distant Campus, KY	January 2027
Louisiana State University-New Orleans, LA	April 2027
University of Maryland Eastern Shore, MD	April 2035
Bay Path University, MA	October 2035
Concordia University-Ann Arbor, MI	July 2035
Lawrence Technological University, MI[2]	October 2026
University of Michigan-Flint, MI	July 2035
Mississippi State University-Meridian, MS	July 2035
Mississippi State University-Meridian, MS	July 2035
St. Bonaventure University, NY	July 2035
Touro University – Manhattan, NY	October 2034
Weill Cornell Medicine, NY	January 2033
Campbell University, NC	July 2034
Gardner-Webb University, NC	April 2028
Gardner-Webb University, NC	April 2028
Cedarville University, OH[2]	April 2027
University of Dayton, OH	April 2029
Oklahoma State University Center for Health Sciences, OK	October 2035
Oklahoma State University Center for Health Sciences, OK	October 2035

PA Program at:	Next Validation Review
Arcadia University, PA	January 2028
Lipscomb University, TN	April 2033
Meharry Medical College, TN[2]	July 2027
University of Tennessee Health Science Center, TN	April 2027
University of North Texas Health Science Center, TX	October 2034
University of Texas - San Antonio, TX	April 2028
Emory and Henry University, VA	October 2031
South University Richmond, VA	April 2031
Carroll University, WI	July 2033
University of Wisconsin-Madison, WI	October 2035

*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
Barry University, FL	April 2036
South University Tampa, FL	July 2027
Midwestern University-Downers Grove, IL	January 2033
Wichita State University, KS	April 2028
Frostburg State University, MD	October 2033
Kean University, NJ[3]	April 2028 (probation review)
Stony Brook University, NY	October 2027
Touro University – Manhattan, NY	October 2034
MGH Institute of Health Professions, MA	July 2029
Lawrence Technological University, MI[2]	October 2026
University of Mount Union, OH	January 2028
Thiel College, PA[3]	N/A
Johnson & Wales University, RI	October 2027
Medical University of South Carolina, SC	January 2033
Middle Tennessee State University, TN[2]	October 2026
Army Medical Center of Excellence, TX[3]	October 2027 (probation review)
The University of Texas Rio Grande Valley, TX	October 2033
University of Utah, UT	April 2036

[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.