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 **October 1-3, 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
Elon University-Charlotte, NC	Provisional[2]	TBD
• *No report related to Standards*		
Molloy University, NY	Provisional[2]	TBD
Report due December 16, 2026: • *Standard A3.01 (lacked evidence program policies apply to all students, principal faculty and the program director regardless of location. A signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site)* • *Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective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 A3.15b (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 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)*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
• *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 February 26, 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 D1.04e (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including learning outcomes and instructional objectives)* *No report required:* • *Standard 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 E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)*		
Oklahoma Baptist University, OK	Provisional[2]	TBD
Report due April 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 B1.03g (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students in syllabi or appendix to the syllabi, methods of student assessment/evaluation)* • *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that align with what is expected and taught)*		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
• *Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components and that allow the program to identify and address any student deficiencies in a timely manner)* • *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)* • *Standard D1.04g (lacked evidence the program has a course syllabus for each course and rotation offered in the program that has detailed information including methods of student assessment/evaluation)*		
Southern Nazarene University, OK	Provisional[2]	TBD
Report due October 1, 2026: • *No report related to Standards*		
Lincoln Memorial University-Chattanooga, TN	Provisional[2]	TBD
Commission observation[5] response due November 23, 2026: • *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)* • *Standard D1.01e (lacked evidence that based on the qualifications outlined in the Standards, the program has at least 1.0 FTE support staff hired by the institution and working on a permanent basis at least 9 months prior to the first day of the scheduled site visit)*		
Texas Christian University, TX	Provisional[2]	TBD
Report due April 19, 2027: • *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)*		

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
Harding University, AR	Continued	October 2034
Report due March 30, 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 B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *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)* *Commission observation[5] response due March 30, 2027:* • *Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students the outline of topics to be covered that align with learning outcomes and instructional objectives in syllabi or an appendix to the syllabi)*		
University of Arkansas for Medical Sciences, AR	Continued	October 2036
Report due December 15, 2026: • *Update Graduation Rate Table on website.* *Report due December 15, 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)*		
University of Colorado-Denver, CO	Continued	April 2027
• *Accreditation decision deferred*		
Louisiana State University Health Sciences Center-Shreveport, LA	Continued	October 2036
No report required:		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)*		
Lawrence Technological University, MI	Continued	October 2036
Report due December 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)*		
Michigan State University, MI	Continued	October 2036
Report due August 30, 2019: • *Update accreditation status statement and NCCPA PANCE Pass Rate Summary Report on website.* *Report due January 11, 2027:* • *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)*		
Pfeiffer University, NC	Continued	October 2034
• *No report related to Standards*		
University of North Dakota, ND	Continued	October 2036
Report due November 16, 2026: • *Update accreditation status NCCPA PANCE Pass Rate Summary Report on website.* *Report due March 31, 2027:* • *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 B1.02 (lacked evidence the curriculum design reflects content and course sequencing that builds upon previously achieved student learning)* • *Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
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 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 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 B3.06a (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 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 June 30, 2027:* • *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)*		

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• *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 September 30, 2027 modified self-study report:* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *Commission observation[5] response due December 15, 2026* • *Standard A1.07a (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including sufficient program faculty)* • *Standard 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)*		
CUNY School of Medicine, NY	Probation[3]	October 2028
Report due December 15, 2026: • *Update attrition and tuition and fees data in the Program Management Portal* • *Update NCCPA PANCE Exam Performance Summary Report on the program website* *Report due December 15, 2026:* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* *Report due December 3, 2027 full self-study report:* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *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 December 15, 2026:* • *Standard A1.07a (lacked evidence the sponsoring institution provides the program with the human resources necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students, including sufficient program faculty)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Commission observation[5] response due December 3, 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)*		
Touro University Middletown, NY	Continued	October 2036
Report due November 1, 2027: • *Standard B4.03 (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, clinical reasoning and problem-solving abilities, interpersonal skills, medical knowledge, and professional behaviors)* • *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 C1.02b (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)*		
Alvernia University, PA	Probation[3]	October 2028
Report due November 30, 2026: • *Update SCPEs in Program Management Portal* *Report due January 15, 2027:* • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)* • *Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)* • *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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)* • *Standard 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 A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.* • *Standard 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)* • *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 A2.18b (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 A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)* • *Standard A3.13a (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups [if applicable])* • *Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program.* • *Standard 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*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
measurable terms that can be assessed, that guide student acquisition of required competencies) • *Standard B2.15c (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)* • *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 B3.06a (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 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)* • *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*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
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 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 C1.01f (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 C1.02a (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)* • *Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)*		
Carlow University, PA	Probation[3]	October 2028
Report due January 20, 202): • *Standard A3.17d (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation of remediation efforts and outcomes)* • *Standard B1.03f (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)* *Report due December 3, 2027 modified self-study report:*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *No report required* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)*		
Delaware Valley University, PA	Continued	October 2036
Report due November 30, 2026: • *Update Personnel tab and Program Details tab in Program Management Portal.* *Report due March 1, 2027:* • *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 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)* *No report required:* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)*		
Elizabethtown College, PA	Continued	October 2036
Report due November 1, 2026: • *Update SCPE data in Program Management Portal.*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Report due February 1, 2027: • *Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)* • *Standard 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 April 5, 2028 modified self-study report:* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)* • *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *No report required:* • *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)* *Commission observation[5] response due February 1, 2027:* • *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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Middle Tennessee State University, TN	Continued	October 2036
Report due March 30, 2027: • *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 A3.12i (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year)* • *Standard A3.17a (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and include documentation that the student has met published admission criteria including advanced placement if awarded)* • *Standard 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)*		
James Madison University, VA	Probation[3]	October 2028 (probation review)
Report due December 7, 2026: • *Update Personnel and Budget tabs of Program Management Portal* *Report due March 1, 2027:* • *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 A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard A1.02c (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 A1.06 (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 A2.01 (lacked evidence all program faculty possess the educational and experiential qualifications to perform their assigned duties.* • *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 A2.09a (lacked evidence the program director is knowledgeable about and responsible for program organization)* • *Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)* • *Standard A2.09c (lacked evidence the program director is knowledgeable about and responsible for fiscal management of the program)* • *Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)* • *Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)* • *Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies.* • *Standard 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 A2.17b (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)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *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 A3.15b (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 A3.19 (lacked evidence student health records are confidential and are not accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.* • *Standard 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 B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)* • *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 June 15, 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 B1.03f (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)*		

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 B3.07d (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*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
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)* *Report due December 3, 2027 modified self-study report:* • *Standard C1.01a (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)* • *Standard C1.01b (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)* • *Standard C1.01c (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)* • *Standard C1.01d (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)* • *Standard C1.01e (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)* • *Standard C1.01f (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)* • *Standard C1.01g (lacked evidence program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)* • *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)* • *Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)* • *Standard C1.02c.i. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)* • *Standard C1.02c.ii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)* • *Standard C1.02c.iii. (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)*		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• *Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)* *No report required:* • *Standard E1.03 (lacked evidence program submits reports or documents as required by the ARC-PA)* *Commission observation[5] response due December 7, 2026:* • *Standard A2.05g (lacked evidence program faculty maintain responsibility designing, implementing, coordinating, and evaluating the curriculum)* • *Standard A2.05h (lacked evidence program faculty maintain responsibility evaluating the program)*		
University of Washington, WA	Probation[3]	October 2028 (probation review)
Report due May 14, 2027: • *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)* *Report due December 3, 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 A2.08a (lacked evidence the program director provides effective leadership by exhibiting responsiveness to issues related to personnel)* • *Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)* • *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)*		

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	Not Accepted	October 2034
Franklin Pierce University, AZ[3]	Accepted	April 2027
A.T. Still University of Health Sciences Central Coast, CA	Accepted	January 2036
Yale Physician Assistant Online Program, CT[3]	Not Accepted	N/A
Howard University, DC[2]	Accepted	April 2028
Brenau University, GA	Not Accepted*	July 2035
Touro University Illinois, IL[2]	Elevated	July 2027
Indiana State University, IN[3]	Elevated*	October 2027 (probation review)
CUNY School of Medicine, NY[3]	Not Accepted	October 2028 (probation review)
Rochester Institute of Technology, NY	Not Accepted*	October 2027
Touro University Middletown, NY	Not Accepted*	October 2036
University of Mount Saint Vincent, NY[3]	Accepted/Accepted	April 2027
Carlow University, PA[3]	Not Accepted*/ Not Accepted*/Accepted/Accepted	October 2028 (probation review)
Commonwealth University, PA[3]	Reviewed, More Information Requested	April 2027 (probation review)
Seton Hill University, PA	Accepted/Accepted	April 2034
Trevecca Nazarene University, TN[3]	Not Accepted	April 2027 (probation review)
Army Medical Center of Excellence, TX[3]	Reviewed, More Information Requested*/Not Accepted	October 2027 (probation review)
ECPI University, VA[2]	Accepted	January 2029

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

Reports considered via expedited process

PA Program at:	Next Validation Review
Arizona School of Health Sciences, AZ	April 2034
Chamberlain University-Phoenix, AZ[2, *]	January 2029
Midwestern University-Glendale, AZ	July 2028
Northern Arizona University, AZ*	October 2035
University of Arizona, AZ[2]	April 2029
A.T. Still University of Health Sciences Central Coast, CA*	January 2036
Samuel Merritt, CA*	July 2029
Touro University California (Dual), CA	October 2029
University of California - Davis Medical Center, CA	January 2027
University of Southern California, CA	April 2029
University of Southern California, CA	April 2029
West Coast University-CA, CA[2, *]	January 2027
Barry University, FL*	April 2036
South College-Orlando, FL[2]	April 2028
Brenau University, GA*	July 2035
Morehouse School of Medicine, GA	October 2033
South University Savannah, GA	October 2035
Des Moines University, IA*	October 2035
North Central College, IA	April 2036
Trine University, IN*	April 2033
Sullivan University, KY	January 2028
Bay Path University, MA*	October 2035
Boston University School of Medicine, MA*	October 2028
MCPHS University-Boston, MA	July 2032
Notre Dame of Maryland University, MD[2]	January
Notre Dame of Maryland University, MD[2]	January 2028
Lawrence Technological University, MI	October 2036
Central Michigan University, MI*	April 2034
Saint Louis University, MO	July 2033
Stephens College, MO*	January 2031
Wake Forest University, NC	July 2032
Wake Forest University, NC	July 2032

PA Program at:	Next Validation Review
Union Adventist University, NE	July 2027
University of New Mexico, NM	October 2034
Canisius University, NY*	July 2035
Clarkson University, NY	January 2035
D'Youville University, NY	October 2029
Le Moyne College, NY*	July 2031
Mercy University – Bronx, NY*	October 2027
Touro University Middletown, NY*	October 2036
Northeast College of Health Sciences, NY[2,] *	January 2029
Pace University-Pleasantville, NY	April 2032
Rochester Institute of Technology*	October 2027
SUNY Downstate University, NY	October 2029
Ohio Dominican University, OH*	October 2035
University of Findlay, OH	January 2027
University of Toledo, OH	October 2027
Ursuline College, OH[2]	April 2027
Ursuline College, OH[2]	April 2027
University of Oklahoma (OK City), OK	October 2034
Pacific University, OR	October 2027
Arcadia University, PA*	January 2028
University of Pittsburgh, PA	April 2028
Marywood University, PA	January 2036
Meharry Medical College, TN[2]	July 2027
Hardin-Simmons University, TX	January 2032
Hardin-Simmons University, TX	January 2032
UT Southwestern School of Health Professions, TX*	January 2033
UT Southwestern School of Health Professions, TX	January 2033
ECPI University, VA[2]	January 2029
Shenandoah University, VA	April 2035
Shenandoah University, VA	April 2035
Concord University, WV[2,] *	January 2028

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

ADDITIONAL ACTIONS

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

PA Program at:	Next Validation Review
Franklin Pierce University, AZ[3]	April 2027
University of Colorado, CO	April 2027
Yale Online Physician Assistant Program, CT[3]	N/A
Larkin University, FL[2]	April 2028
Emory University School of Medicine, GA	April 2033
Morehouse School of Medicine, GA	October 2033
Touro University Illinois, IL[2]	July 2027
Butler University, IN	July 2027
Kansas State University, KS[3]	July 2028 (probation review)
University of the Cumberlands-Northern Kentucky, KY[3]	July 2028 (probation review)
Louisiana State University-New Orleans, LA	April 2027
Tufts University, MA	April 2036
Grand Valley State University, MI	October 2034
Augsburg University, MN	July 2029
Bethel University, MN[3]	July 2028 (probation review)
East Carolina University, NC	October 2035
Fairleigh Dickinson University, NJ	July 2036
Daemen College, NY	April 2033
Ithaca College, NY[3]	April 2028 (probation review)
University of Findlay, OH	January 2027
Pacific University, OR	October 2027
Penn State University, PA	October 2027
Salus at Drexel University, PA	April 2034
Thiel College, PA[3]	N/A
University of South Dakota, SC	January 2033
Meharry Medical College, TN[2]	July 2027
Army Medical Center of Excellence, TX[3]	October 2027 (probation review)
Old Dominion University, VA	July 2036

PA Program at:	Next Validation Review
Old Dominion University, VA	July 2036
Shenandoah University, VA	April 2035
Concord University, WV[2]	January 2028
Marshall University, WV	July 2035

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

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

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

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

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