



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

NOTICE OF ACTIONS – ACCREDITATION STATUS (7.18.24)

The ARC-PA took the actions displayed below at its February 29-March 2, 2024 meeting. The accreditation decisions were based on the programs’ compliance with the accreditation Standards or adherence to ARC-PA policies for accredited programs.

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

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

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

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

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

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
Alvernia University, PA	Provisional ²	TBD
<i>No report related to Standards</i>		
Widener University, PA	Provisional ²	TBD
<i>Report due May 15, 2024</i>		
<ul style="list-style-type: none"> 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) 		
<i>No report required:</i>		
<ul style="list-style-type: none"> Standard A3.13b (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience) Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) Standard B3.07c (lacked evidence supervised clinical practice 		

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
<p><i>experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)</i></p> <ul style="list-style-type: none"> • <i>Standard D1.01c (lacked evidence that based on the qualifications outlined in the Standards, the program must have 2.0 FTE PA-C principal faculty and 1.0 FTE support staff hired by the institution on a permanent basis at least 9 months prior to the date of the scheduled site visit)</i> • <i>Standard D1.02c (lacked evidence the developing program publishes and makes readily available to everyone who requests information, applies, or plans to enroll the implications of non-accreditation by the ARC-PA)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
<p>Northwest University, WA</p>	<p>Provisional²</p>	<p>TBD</p>
<p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		

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

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Faulkner University, AL	Probation ³	March 2025
<i>Report due August 15, 2024</i>		
<ul style="list-style-type: none"> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> 		
Samford University, AL	Continued	March 2034
<i>Report due May 1, 2024:</i>		
<ul style="list-style-type: none"> • <i>Update Attrition Table on program website</i> • <i>Update Student Tab of Program Management Portal</i> 		
<i>Report due October 1, 2024:</i>		
<ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> • <i>Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.08c (lacked evidence the program defines, publishes, makes readily available and consistently applies policies that clearly define financial responsibility addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk)</i> • <i>Standard A3.19 (lacked evidence student health records are confidential and 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)</i> • <i>Standard B1.03d (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students detailed information in syllabi or appendix to the syllabi including course goal/rationale)</i> • <i>Standard B1.03f (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students detailed information in syllabi or appendix to the syllabi including outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent,</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>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)</i></p> <p>Report due October 1, 2024 modified Self-Study Report:</p> <ul style="list-style-type: none"> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Continued	March 2024
<p>Report due April 15, 2024:</p> <ul style="list-style-type: none"> • <i>Update PANCE report on program website</i> <p>Report due October 1, 2024:</p> <ul style="list-style-type: none"> • <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)</i> • <i>Standard A3.13a (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups (if applicable))</i> • <i>Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury areas of social and behavioral sciences and their application to clinical practice)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	March 2026 (Probation Review)
<p>Report due June 15, 2024:</p> <ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A3.03 (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors)</i> • <i>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)</i> • <i>Standard A3.12g (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)</i> • <i>Standard A3.15b (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)</i> • <i>Standard A3.15c (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B3.03e (lacked evidence supervised clinical practice</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>experiences enable all students to meet the program’s learning outcomes for behavioral and mental health conditions)</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>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)</i> <p><i>Report due June 9, 2025 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.01a (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)</i> • <i>Standard C1.01d (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
Point Loma Nazarene University, CA	Provisional ²	March 2026

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> Update Student Tab in Program Management Portal <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents) 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 A3.17a (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 includes documentation that the student has met published admission criteria including advanced placement if awarded) Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components 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 that allow the program to identify and address any student deficiencies in a timely manner) Standard E1.04c (lacked evidence the program informs the ARC-PA in writing, with a plan and timeline to fill those positions, using forms and processes developed by the ARC-PA, of personnel changes in its positions of principal faculty within 30 days of the vacancy) <p><i>No report required:</i></p> <ul style="list-style-type: none"> Standard C1.03 (lacked evidence 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 (the program did not submit documents as required by the ARC-PA) 	Probation ³	March 2025 (Probation Review)
<p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> Standard A3.13e (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment) 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) 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) 		
<p>Nova Southeastern University – Orlando, FL</p>	<p>Probation³</p>	<p>March 2026 (Probation Review)</p>
<p>Report due May 1, 2024:</p>		
<ul style="list-style-type: none"> Update Attrition Table and NCCPA PANCE report on program website 		
<p>Report due May 15, 2024:</p>		
<ul style="list-style-type: none"> 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 for complying with ARC-PA accreditation Standards and policies) Standard A1.11b (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies) Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies) Standard A2.09a (lacked evidence the program director is knowledgeable about and responsible for program organization) Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents) 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 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 B2.08b (lacked evidence the curriculum includes instruction in preventive, emergent, acute, chronic, and rehabilitative patient counters) Standard B2.12a (lacked evidence curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients adhere to treatment plans) Standard B2.12c (lacked evidence curriculum includes instruction 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients develop coping mechanisms)</i></p> <ul style="list-style-type: none"> • <i>Standard B2.13d (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to includes types of sampling methods)</i> • <i>Standard B2.15a (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)</i> • <i>Standard B2.15b (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)</i> • <i>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)</i> • <i>Standard B2.15d (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)</i> 		
<p><i>Report due October 1, 2024</i></p>		
<ul style="list-style-type: none"> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program must define and publish for students detailed information in syllabi or appendix to the syllabi including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health [to include prenatal and gynecologic care])</i> • <i>Standard 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)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>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)</i> 		
<p><i>Report due June 9, 2025:</i></p>		
<ul style="list-style-type: none"> • <i>Standard C1.03 modified Self-Study Report (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.13e (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include any required technical standards for enrollment)</i> • <i>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)</i> • <i>Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury areas of social and behavioral sciences and their application to clinical practice)</i> • <i>Standard B2.11g (lacked evidence the curriculum includes instruction in the violence identification and prevention areas of social and behavioral sciences and their application to clinical practice)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Continued	March 2034
<p>The University of Tampa, FL</p> <p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update Student Tab of Program Management Portal and Attrition Table on the program website</i> <p><i>Report due July 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02k (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in defining its goal(s) for diversity, equity and inclusion)</i> • <i>Standard A2.09b (lacked evidence the program director is knowledgeable about and responsible for program administration)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.07a (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy on immunization and health screening of students that is based on then current Centers for Disease Control and Prevention recommendations for health professionals and state specific mandates)</i> • <i>Standard B1.03g (lacks evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students the methods of student assessment/evaluation)</i> • <i>Standard B2.13a (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include framing of research questions)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> 	Continued	March 2034

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard B4.03e (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)</i> <p><i>Report due October 1, 2024 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.12c (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)</i> • <i>Standard A3.12d (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual NCCPA PANCE Exam Performance Summary Report Last 5 Years provided by the NCCPA through its program portal, no later than April first each yea)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		
North Central College, IL	Provisional²	March 2026
<p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard A3.15b (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission requirements and deadlines for progression in and completion of the program)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent,</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>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)</i></p> <ul style="list-style-type: none"> • <i>Standard C2.01b (lacks evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)</i> <p>No report required:</p> <ul style="list-style-type: none"> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	March 2026 (Probation Review)
Rush University, IL		
<p>Report due April 25, 2024:</p> <ul style="list-style-type: none"> • <i>Update Student Tab in Program Management Portal</i> <p>Report due April 26, 2024:</p> <ul style="list-style-type: none"> • <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)</i> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> • <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.02g (lacked evidence the sponsoring institution is</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)</i></p>		
<ul style="list-style-type: none"> • <i>Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)</i> • <i>Standard A1.10a (lacked evidence the sponsoring institution supports the program in securing clinical sites and preceptors sufficient in number to allow all students to meet the program’s learning outcomes for supervised clinical practice experiences)</i> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>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)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> 		
<p>Report due June 9, 2025:</p>		
<ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>experience components that allow the program to identify and address any student deficiencies in a timely manner)</i></p> <ul style="list-style-type: none"> • <i>Standard B4.03e (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)</i> • <i>Modified Self-Study Report:</i> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Continued	March 2034
<p><i>University of Saint Francis – Fort Wayne, IN</i></p> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.17a (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met published admission criteria including advanced placement if awarded)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> 	Continued	March 2034

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> 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) <p>No report required:</p> <ul style="list-style-type: none"> Standard C1.03 (lacked evidence 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) 	Probation ³	March 2026 (Probation Review)
<p>Report due October 1, 2024:</p> <ul style="list-style-type: none"> 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 for complying with ARC-PA accreditation Standards and policies) Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws demonstrate a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion) Standard A2.08b (lacked evidence the program director provides effective leadership by exhibiting strong communication skills) 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 adherence to the Standards and ARC-PA policies) Standard A2.16 (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site) Standard A3.03 (lacked evidence the program defines, publishes, makes readily available and consistently applies a policy for prospective and enrolled students that they must not be required to provide or solicit clinical sites or preceptors) 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 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>general program information to include estimates of all costs (tuition, fees, etc.) related to the program)</i></p> <ul style="list-style-type: none"> • <i>Standard A3.13a (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission and enrollment practices that favor specified individuals or groups (if applicable)</i> • <i>Standard A3.13c (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement)</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i> • <i>Standard A3.19 (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)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi to include learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B1.03f (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi to include an outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi to include methods of student assessment/evaluation)</i> • <i>Standard B2.07b (lacked evidence the curriculum includes instruction in patient evaluation, diagnosis and management across all age groups and from initial presentation through ongoing follow-up, including performing complete and focused physical examinations)</i> • <i>Standard B2.16c (lacked evidence the curriculum includes instruction in quality improvement)</i> • <i>Standard B2.20a (lacked evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>experiences occur with other licensed health care providers qualified in their area of instruction)</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard B4.03e (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including professional behaviors)</i> <p><i>Report due June 9, 2025 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	<p>Probation³</p>	<p>September 2025 (Probation Review)</p>
<p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update Attrition Table on program website</i> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment),</i> • <i>Standard A1.10a (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</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>learning outcomes for supervised clinical practice experiences)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>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 information to include learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B3.01 (lacked evidence the program secures clinical sites and preceptors in sufficient numbers to allow all clinical students to meet the program’s learning outcomes for supervised clinical practice experiences)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcome for women’s health (to include prenatal and gynecologic care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner</i> <p><i>Report February 6, 2025 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>to conclusions that identify action plans)</i></p> <ul style="list-style-type: none"> Standard C1.03 (lacked evidence 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) <p>No report required:</p> <ul style="list-style-type: none"> Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 	N/A	N/A
<p>Western Michigan University, MI</p> <p><i>Report due :</i></p> <ul style="list-style-type: none"> 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 for complying with ARC-PA accreditation Standards and policies) 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 are 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 must be sufficient in number to manage the administrative responsibilities consistent with the organizational complexity and total enrollment of the program.) 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 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) 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) 	Continued	March 2034
<p><i>Report due May 13, 2024:</i></p> <ul style="list-style-type: none"> Update Student tab of Program Management Portal 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A2.16 (lacked evidence all instructional faculty actively serving as supervised clinical practice experience preceptors hold a valid license to practice at the clinical site)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)</i> • <i>Standard 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)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> 	Continued	March 2034
<p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update Student tab in Program Management Portal</i> <p><i>Report due March 1, 2025:</i></p> <ul style="list-style-type: none"> • <i>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)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	March 2026 (Probation Review)
<p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update SCPE and Student tabs of program management portal</i> • <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i> • <i>Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)Standard B1.01b (lacked evidence the curriculum is consistent with program competencies)</i> • <i>Standard B1.03d (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes course goal/rationale)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	September 2025 (Probation Review)
<p>Monmouth University, NJ</p> <ul style="list-style-type: none"> • <i>No report related to Standards</i> 		
<p>Saint Elizabeth University, NJ</p> <p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>.Update Student Tab of Program Management Portal</i> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard 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)</i> 	Continued	March 2034

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> 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) <p>Report due October 1, 2025 modified Self-Study Report:</p> <ul style="list-style-type: none"> 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) <p>No report required:</p> <ul style="list-style-type: none"> Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction) Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA) 		
Ithaca College, NY	Provisional ²	March 2026
<p>Report due May 1, 2024:</p> <ul style="list-style-type: none"> .Update Student Tab of Program Management Portal <p>Report due October 1, 2024:</p> <ul style="list-style-type: none"> Standard A.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion) 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 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 B2.11a (lacked evidence the curriculum includes instruction in the death, dying and loss area of social and behavioral sciences and its application to clinical practice) Standard C1.01a (lacked evidence the 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 C1.01f (lacked evidence the 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) <p>No report required:</p> <ul style="list-style-type: none"> 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 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>student deficiencies in a timely manner)</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment by conducting data collection)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>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 that students are able to fulfill program learning outcomes with access to supervision)</i> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 	Probation ³	June 2025 (Probation Review)
<p>Long Island University, NY</p> <p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update Student Tab in Program Management Portal</i> • <i>Update goals and NCCPA PANCE Exam Performance Summary Report on program website</i> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A2.12 (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current, practice standards as they relate to the PA role)</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i> 	Continued	March 2032
<p>Pace University – Pleasantville, NY</p> <p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> 	Probation ³	March 2026
<p>Yeshiva University, NY</p> <p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update SCPE and Student tabs of Program Management Portal</i> • <i>Update NCCPA PANCE Exam Performance Summary Report and attrition table on program website</i> • <i>Attrition Required Report</i> <p><i>Report due July 8, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)</i> • <i>Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>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)</i> • <i>Standard A3.12g (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include program required competencies for entry level practice, consistent with the competencies as defined by the PA profession)</i> • <i>Standard A3.17a (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met published admission criteria including advanced placement if awarded)</i> • <i>Standard A3.20a (lacked evidence faculty records, including program director, medical director and principal faculty include current job descriptions that include duties and responsibilities specific to each faculty member)</i> • <i>Standard B1.01b (lacked evidence the curriculum is consistent with program competencies)</i> • <i>Standard B1.03d (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, course goal/rationale)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)</i> • <i>Standard B3.04b (lacked evidence supervised clinical practice experiences occur in the inpatient setting)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)</i> • <i>Standard B3.07g ((lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure that students are able to fulfill program learning outcomes with access to supervision)</i> 		
<p>No report required:</p>		
<ul style="list-style-type: none"> • <i>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 includes documentation of student performance while enrolled)</i> • <i>Standard A3.17f (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 includes documentation that the student has met</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>requirements for program completion)</i></p> <ul style="list-style-type: none"> • <i>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)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> • <i>Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)</i> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 	Continued	March 2034
<p>Campbell University, NC</p> <p><i>Report due May 13, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update NCCPA PANCE Performance Summary Report on program website</i> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.03 modified self-study report (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i> 	Continued	March 2034
<p>Kettering College, OH</p> <p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard B3.03b (lacked evidence supervised clinical practice</i> 	Continued	March 2034

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>experiences enable all students to meet the program’s learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i></p> <ul style="list-style-type: none"> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> <p><i>Report due October 1, 2024 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	March 2026 (Probation Review)
<p><i>Report due April 20, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update Attrition Table on program website</i> <p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>Standard A2.12 (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current, practice standards as they relate to the PA role)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>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)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) 		
<p>Report due February 1, 2025:</p>		
<ul style="list-style-type: none"> Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes 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, detailed information in syllabi or appendix to the syllabi that includes outline of topics to be covered that align with learning outcomes and instructional objectives) 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 B3.03d (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 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) 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) 		
<p>Report due June 9, 2025 modified Self-Study Report:</p>		
<ul style="list-style-type: none"> 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 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i></p> <ul style="list-style-type: none"> Standard C1.03 (<i>lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p>No report required:</p> <ul style="list-style-type: none"> Standard E1.03 (<i>lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		<p>June 2025 (Probation Review)</p>
<p>Arcadia University, PA</p>	<p>Probation³</p>	<p>June 2025 (Probation Review)</p>
<p><i>Report due May 15, 2024:</i></p> <ul style="list-style-type: none"> <i>Update NCCPA PANCE Exam Performance Summary Report and Attrition Table on program website</i> <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for preventive, emergent, acute and chronic patient encounters)</i> <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> <i>Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs)</i> <i>Standard 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)</i> 		<p>March 2034</p>
<p>Chatham University, PA</p>	<p>Continued</p>	<p>March 2034</p>
<p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> <i>Update SCPE tab in Program Management Portal</i> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions)</i> <i>Standard A1.03a (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, for maintenance of certification and licensure)</i> <i>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)</i> <i>Standard A2.09g (lacked evidence program director is</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>knowledgeable about and responsible for completion of ARC-PA required documents)</i></p> <ul style="list-style-type: none"> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> • <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Continued	March 2034
<p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Probation ³	March 2026 (Probation Review)
<p><i>Report due May 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Update Student tab of Program Management Portal</i> <p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)</i> • <i>Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>having a documented action plan for diversity, equity and inclusion)</i></p> <ul style="list-style-type: none"> • <i>Standard A2.09b (lacked evidence program director is knowledgeable about and responsible for program administration)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>Standard A3.13b (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include admission requirements regarding prior education or work experience)</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i> • <i>Standard A3.20a (lacked evidence faculty records, including program director, medical director and principal faculty include current job descriptions that include duties and responsibilities specific to each faculty member)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B2.13c (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include the limits of medical research)</i> • <i>Standard B2.13d (lacked evidence curriculum includes instruction to prepare students to search, interpret and evaluate the medical literature to include types of sampling methods))</i> • <i>Standard B2.15a (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and disease prevention, surveillance, reporting and intervention)</i> • <i>Standard B2.15b (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and the public health system)</i> • <i>Standard B2.15d (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and maintenance of population health)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard B2.19a (lacked evidence the curriculum includes instruction in intellectual honesty)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B3.03e (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for behavioral and mental health conditions)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)</i> • <i>Standard 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)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>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)</i> 		
<p><i>Report due June 9, 2025 modified Self-Study Report:</i></p>		
<ul style="list-style-type: none"> • <i>Standard C1.01a (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)</i> • <i>Standard C1.01b (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)</i> • <i>Standard C1.01c (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)</i> • <i>Standard C1.01d (lacked evidence the program defined its ongoing self-assessment process that is designed to document program</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>effectiveness and foster program improvement and addresses preparation of graduates to achieve program defined competencies)</i></p> <ul style="list-style-type: none"> • <i>Standard C1.01d (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i> • <i>Standard C1.01d (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)</i> • <i>Standard C1.01d (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)</i> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> 		
No report required:		
<ul style="list-style-type: none"> • <i>Standard A3.12c (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include all required curricular components including required rotation disciplines)</i> • <i>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)</i> • <i>Standard B2.02e (lacked evidence the curriculum includes instruction in genetic and molecular mechanisms of health and disease and its application in clinical practice)</i> • <i>Standard B2.11f (lacked evidence the curriculum includes instruction in substance use disorders and its application to clinical practice)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Bethel University, TN	Probation ³	March 2026 (Probation Review)

Report due May 5, 2024:

- Update Attrition Table on program website

Report due May 15, 2024:

- 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 for complying with ARC-PA accreditation Standards and policies)
- Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)
- Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)
- Standard A2.09d (lacked evidence 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 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)
- 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 C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)
- Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)

Report due October 1, 2024:

- Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i></p> <ul style="list-style-type: none"> • <i>Standard B1.03g (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes methods of student assessment/evaluation)</i> • <i>Standard B2.12b (lacked evidence curriculum includes instruction about basic counseling and patient education skills that is patient centered, culturally sensitive and focused on helping patients modify their behaviors to more healthful patterns)</i> • <i>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)</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for women’s health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program’s learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are board specialty board certified in their area of instruction)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women’s health including prenatal and gynecologic care)</i> • <i>Standard 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)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <p><i>Report due June 9, 2025 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <p><i>No report required:</i></p> <ul style="list-style-type: none"> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i> 	Continued	March 2034
<p>South College – Nashville, TN</p> <p><i>Report due September 30, 2024:</i></p> <ul style="list-style-type: none"> • <i>Standard A1.11b (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)</i> • <i>Standard A1.11c (lacked evidence the sponsoring institution demonstrates its commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> <p><i>Report due September 29, 2025 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> 		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> 		
West Coast University, TX	Provisional ²	March 2026
<ul style="list-style-type: none"> <i>No report related to Standards</i> 		

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/ Defer Decision /Not Approved/Acknowledged/Not Acknowledged/Reviewed, More Information Requested	Next Comprehensive Review
Faulkner University, AL ³	Reviewed, More Information Requested */Accepted	March 2025
University of La Verne, CA ³	Accepted	June 2024
Western University of Health Sciences, CA ³	Reviewed, More Information Requested */Accepted/Accepted	March 2025 (probation review)
Trine University, IN ³	Reviewed, More Information Requested *	March 2025 (probation review)
Concordia U - Ann Arbor, MI ²	Not Accepted*	June 2025
University of Michigan – Flint, MI ³	Accepted	June 2025
Wayne State University, MI ³	Reviewed, More Information Requested *	March 2025 (probation review)
Pfeiffer University, NC ³	Not Accepted*/Accepted	September 2024
University of St. Francis - New Mexico, NM ³	Not Accepted*	March 2025 (probation review)
Monmouth University, NJ ³	Accepted	September 2025 (probation review)
D'Youville University, NY ³	Not Accepted*	September 2024
Long Island University, NY ³	Reviewed, More Information Requested */Accepted	June 2025 (probation review)
St. John's University, NY ³	Reviewed, More Information Requested *	March 2025 (probation review)
Weill Cornell University, NY ³	Accepted	March 2025 (probation review)
Arcadia University, PA ³	Reviewed, More Information Requested *	June 2025 (probation review)
Christian Brothers University, TN ³	Reviewed, More Information Requested * Reviewed, More Information Requested *	N/A
Lincoln Memorial University – Knoxville, TN ³	Accepted	March 2025
South College - Nashville, TN	Reviewed, More Information Requested *	March 2034

Trevecca Nazarene University, TN ³	Accepted	March 2025 (probation review)
Radford University, VA ³	Reviewed, More Information Requested *	March 2025 (probation review)
Marshall University, WV ³	Accepted	June 2025

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

Reports considered via expedited process

PA Program at:	Next Validation Review
University of Arkansas, AR	September 2026
California Baptist University, CA	September 2030
California Baptist University, CA	September 2030
Charles R. Drew University, CA	March 2031
Charles R. Drew University, CA	March 2031
Southern California University of Health Sciences, CA	September 2030
Southern California University of Health Sciences, CA*	September 2030
Stanford School of Medicine, CA	September 2032
Rocky Vista University, CO	March 2033
Howard University, DC ²	March 2026
Florida International University, FL	March 2029
University of Tampa, FL	March 2034
Brenau University, GA ²	June 2025
Dominican University, IL	September 2030
Midwestern University- Downer's Grove, IL*	March 2033
Midwestern University - Downer's Grove, IL*	March 2033
Northwestern University, IL	March 2033
Rosalind Franklin University, IL	March 2033
Rosalind Franklin University, IL	March 2033
University of Iowa, IA	March 2033
Xavier University of Louisiana, LA ²	June 2024
MCPHS Boston University, MA*	September 2032
Westfield State University, MA	March 2032
Frostburg State University, MD ^{2,*}	September 2025 (probation review)
Notre Dame of Maryland University, MD ²	March 2026
Concordia University Ann Arbor, MI ^{2,*}	June 2025
Mayo Clinic School of Health Sciences, MN ²	September 2024
The College of Saint Scholastica, MN	September 2031
St. Louis University, MO	June 2033
Pfeiffer University, NC ^{2,3}	September 2024
Wake Forest University, NC*	September 2032
University of Nevada-Reno, NV*	June 2033

PA Program at:	Next Validation Review
Canisius College, NY ²	June 2025
CUNY School of Medicine, NY*	September 2024
Mercy University, NY	June 2027
St. Bonaventure University, NY* ²	June 2025
SUNY Downstate Health Sciences University, NY	September 2029
SUNY Downstate Health Sciences University, NY*	September 2029
Touro University – Manhattan, NY	September 2024
University of North Dakota, ND	September 2026
Baldwin Wallace University, OH	June 2026
Mount St. Joseph University, OH	March 2032
University of Dayton, OH	March 2029
The University of Findlay, OH	September 2026
University of Mount Union, OH	March 2028
Northeastern State University, OK ²	March 2025
Northeastern State University, OK ²	March 2025
George Fox University, OR ²	March 2025
Oregon Health Science University, OR	September 2025
Chatham University, PA	March 2034
DeSales University, PA	June 2027
Duquesne University, PA	September 2032
Duquesne University, PA	September 2032
Elizabethtown College, PA ²	September 2024
Marywood University, PA	March 2026
St. Joseph's University, PA ²	March 2025
St. Joseph's University, PA* ²	March 2025
Temple University, PA	June 2030
Thomas Jefferson University-East Falls and NJ, PA	March 2028
Medical University of South Carolina, SC	March 2033
Medical University of South Carolina, SC*	March 2033
North Greenville University, SC	September 2030
Lincoln Memorial University, TN	March 2025
University of Tennessee Health Science Center, TN	March 2027
South University – Austin, TX ²	March 2025
Texas Tech University, TX	March 2033

PA Program at:	Next Validation Review
University of Texas Rio Grande Valley, TX	September 2033
UT Southwestern School of Health Professions, TX	March 2033
Emory and Henry College, VA	September 2031
Emory and Henry College, VA*	September 2031
University of Washington – MEDEX, WA	September 2029
West Virginia University, WV	June 2024

*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
Harding University, AR	September 2024
Midwestern University – Glendale, AZ	June 2028
Keck Graduate Institute, CA ²	March 2025
Marshall B. Ketchum University, CA	March 2029
Primary Care PA Program at USC, CA	June 2029
Touro University California, CA	September 2029
Barry University, FL	March 2026
Gannon University – Ruskin, FL	September 2033
South University West Palm Beach, FL ²	June 2025
St. Ambrose University, IA	March 2029
Rosalind Franklin University, IL	March 2033
Trine University, IN ^{2,3}	March 2025 (Probation Review)
Wichita State University, KS	March 2028
MCPHS Boston University, MA	September 2032
University of Maryland Eastern Shore, MD ²	March 2025
Central Michigan University, MI	TBD
Concordia University Ann Arbor, MI ²	June 2025
University of Michigan – Flint, MI ²	June 2025
University of Michigan – Flint, MI ²	June 2025
Bethel University, MN	September 2026
Saint Louis University, MO	June 2033
Saint Louis University, MO	June 2033
University of Missouri-Kansas City, MO	September 2027
Campbell University, NC	March 2034
Pfeiffer University, NC ³	September 2024
University of St. Francis - New Mexico, NM ³	March 2025 (Probation Review)
University of Nevada-Reno, NV	June 2033
Long Island University, NY ³	June 2025 (Probation Review)

PA Program at:	Next Validation Review
Long Island University, NY ³	June 2025 (Probation Review)
Yeshiva University, NY ²	March 2026
Marietta College, OH	March 2028
Mount St. Joseph University, OH	March 2032
Northeastern State University, OK ²	March 2025
Oklahoma State University, OK ²	September 2025
Arcadia University, PA ³	June 2025 (Probation Review)
Arcadia University, PA ³	June 2025 (Probation Review)
Salus University, PA	March 2034
Johnson & Wales University, RI	September 2027
University of South Dakota, SD	March 2033
Trevecca Nazarene University, TN ³	March 2025 (Probation Review)
Baylor University, TX	June 2029
Shenandoah University, VA	March 2025
West Liberty University, WV	March 2025

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.