



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

NOTICE OF ACTIONS – ACCREDITATION STATUS (9.24.24)

The ARC-PA took the actions displayed below at its June 20-21, 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 citations<sup>1</sup> from the commission are required to submit a report describing the manner in which the citation(s) have been addressed or resolved.

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

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

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

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

Table with 3 columns: PA Program at:, Accreditation Status Granted, Next Comprehensive Review. Rows include Touro University California-Los Angeles, CA and Hawai'i Pacific University, HI, both with Provisional<sup>2</sup> status and TBD next review dates. Includes report due dates and specific standard citations for each.

PA Program at:	Accreditation Status Granted	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>No report required:</p>		
<ul style="list-style-type: none"> <li>• <i>Standard D1.01b (lacked evidence that based on the qualifications outlined in the Standards, the program had a medical director appointed by the institution on a permanent basis at least 15 months prior to the date of the scheduled site visit)</i></li> <li>• <i>Standard D1.01c (lacked evidence that based on the qualifications outlined in the Standards, the program had 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></li> </ul>		

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)<sup>1</sup> THAT MUST BE ADDRESSED OR RESOLVED.

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Yale Physician Assistant Online Program, CT	Probation <sup>3</sup>	N/A
<i>Report due August 15, 2024:</i>		
<ul style="list-style-type: none"> <li>• <i>Update SCPE data and PANCE pass rate data in Program Management Portal</i></li> <li>• <i>Update Attrition Table on program website</i></li> </ul>		
<i>Report due October 1, 2024:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard B3.01 (lacked evidence the program has 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></li> <li>• <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></li> <li>• <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, and post-operative care)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)</i>		
Kansas State University, KS	Probation <sup>3</sup>	June 2026 (Probation Review)

*Report due October 1, 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 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 continuous 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 B2.06a (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for disability status or special health care needs)*
- *Standard B2.06d (lacked evidence the curriculum includes instruction to prepare students to provide medical care to patients with consideration for religion/spirituality)*
- *Standard B2.11d (lacked evidence the curriculum includes instruction in the patient response to illness or injury area of social and behavioral sciences and its application to clinical practice)*
- *Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)*
- *Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)*
- *Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program’s learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components 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)*

*No report required:*

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<ul style="list-style-type: none"> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>	Probation <sup>3</sup>	June 2026 (Probation Review)
<i>Report due September 1, 2024:</i>		
<ul style="list-style-type: none"> <li>• <i>Update website to accurately reflect the success of the program in achieving its goals</i></li> </ul>		
<i>Report due February 1, 2025:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <i>Standard A2.01 (lacked evidence all program faculty possesses the educational and experiential qualifications to perform their assigned duties)</i></li> <li>• <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></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i></li> <li>• <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></li> <li>• <i>Standard A3.15d (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for withdrawal and dismissal)</i></li> <li>• <i>Standard B1.03e (lacked evidence that for each didactic and</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<p><i>clinical course [including required and elective rotations], the program defines and publishes for students, in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i></p> <ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul> <p><i>Report due February 1, 2026 modified Self-Study Report:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>	Continued	June 2034
<p><i>Report due October 1, 2024:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to mee the program’s learning outcomes for women’s health [to include prenatal and gynecologic care])</i></li> <li>• <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></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
University of North Carolina-Chapel Hill, NC	Continued	March 2030
<i>Report due August 5, 2024:</i>		
<ul style="list-style-type: none"> <li>• <i>Update link to program website in Program Management Portal</i></li> <li>• <i>Update Attrition data in Program Management Portal or Attrition Table on program website</i></li> <li>• <i>Update NCCPA PANCE Exam Performance Summary Report (All Test Takers) on program website</i></li> </ul>		
<i>Report due October 1, 2024:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i></li> <li>• <i>Standard A2.03 (lacked evidence principal faculty is sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i></li> <li>• <i>Modified Self-Study Report:</i></li> <li>• <i>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)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		
<i>Report due January 27, 2025:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> </ul>		

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"> <li>• <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></li> <li>• <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i></li> <li>• <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for continuous completion of ARC-PA required documents)</i></li> <li>• <i>Standard A3.12d (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 discipline)</i></li> <li>• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i></li> <li>• <i>Standard B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)</i></li> <li>• <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></li> </ul> <p><i>No report required:</i></p> <ul style="list-style-type: none"> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>	Provisional <sup>2</sup>	June 2026



PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>Report due October 1, 2024:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <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></li> <li>• <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></li> </ul>		
<i>No report required:</i>		
<ul style="list-style-type: none"> <li>• <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></li> <li>• <i>Standard A2.10 (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program)</i></li> <li>• <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></li> <li>• <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></li> <li>• <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></li> <li>• <i>Standard B4.04b (lacked evidence the program documents equivalency of student evaluation methods and outcomes when instruction is provided by different pedagogical and instructional methods or techniques for some students)</i></li> <li>• <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 that students are able to fulfill program learning outcomes with access to physical facilities)</i></li> <li>• <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 that students are able to fulfill program learning outcomes with access to patient populations)</i></li> <li>• <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation</i></li> </ul>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>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>		
Utah Valley University, UT	Provisional <sup>2</sup>	June 2026
<i>Report due August 5, 2024:</i>		
<ul style="list-style-type: none"> <li>• <i>Update Attrition Table on program website</i></li> </ul>		
<i>No report required:</i>		
<ul style="list-style-type: none"> <li>• <i>Standard C1.02a (lacked evidence the program implements its ongoing self-assessment process by conducting data collection)</i></li> <li>• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i></li> </ul>		
West Virginia University, WV	Continued	June 2034
<i>Report due February 1, 2025: modified Self-Study Report:</i>		
<ul style="list-style-type: none"> <li>• <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></li> </ul>		

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 <sup>3</sup>	Accepted/Reviewed, More Information Requested *	March 2025
Quinnipiac University, CT <sup>3</sup>	Reviewed, More Information Requested */ Reviewed, More Information Requested */ <b>Warning Letter</b>	September 2025 (probation review)
George Washington University, DC	Accepted	September 2033
Florida State University, FL <sup>3</sup>	<b>Deferred until 2024S</b>	September 2024 (probation review)
Rush University, IL <sup>3</sup>	Accepted	March 2026 (probation review)
Indiana State University, IN <sup>3</sup>	<b>Deferred until 2024S</b>	September 2025 (probation review)
Franciscan Missionaries of Our Lady University, LA <sup>3</sup>	Reviewed, More Information Requested *	September 2025 (probation review)
Xavier University of Louisiana, LA	Accepted	June 2034
Frostburg State University, MD <sup>3</sup>	Reviewed, More Information Requested */Not Accepted*	September 2025 (probation review)
Towson University, MD <sup>2</sup>	Accepted*	September 2025 (probation review)
University of Michigan, Flint, MI <sup>3</sup>	Reviewed, More Information Requested */Accepted/ <b>Warning Letter</b>	June 2025
Monmouth University, NJ <sup>3</sup>	Accepted	September 2025 (probation review)
Pace University, Lenox Hill Hospital, NY <sup>3</sup>	Reviewed, More Information Requested */Accepted/Accepted	September 2025 (probation review)
St. John’s University, NY <sup>3</sup>	Accepted	March 2025 (probation review)
Weill Cornell School of Medicine, NY <sup>3</sup>	Reviewed, More Information Requested *	March 2025 (probation review)
Pfeiffer University, NC <sup>3</sup>	Not Accepted*/Accepted	September 2024 (probation review)

Thiel College, PA <sup>3</sup>	Reviewed, More Information Requested */ Reviewed, More Information Requested */ <b>Warning Letter</b>	June 2025
St. Joseph's University, PA	Reviewed, More Information Requested *	March 2025
Presbyterian College, SC	Accepted	September 2033
University of Texas Rio Grande Valley, TX	Reviewed, More Information Requested *	September 2033
Marshall, WV <sup>3</sup>	Accepted/Reviewed, More Information Requested *	June 2025

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

**Reports considered via expedited process**

<b>PA Program at:</b>	<b>Next Validation Review</b>
Northern Arizona University, AZ*	September 2025
A.T. Still Univ of Health Sciences-Central Coast, CA* <sup>2</sup>	September 2025
California Baptist University, CA	September 2030
Marshall B. Ketchum University, CA	March 2029
Samuel Merritt University, CA	June 2029
Southern California University of Health Sciences, CA	September 2030
Touro University California, CA	September 2029
University of California San Diego, CA <sup>2</sup>	September 2026
Colorado Mesa University, CO	September 2033
University of Bridgeport, CT	September 2033
George Washington University, DC	September 2033
Gannon University-Ruskin, FL	September 2033
South University West Palm Beach, FL*	June 2025
Emory University, GA*	March 2033
Morehouse School of Medicine, GA*	September 2033
Idaho State University, ID	March 2025
Idaho State University, ID	March 2025
Midwestern University - Downer's Grove, IL	March 2033
Midwestern University - Downer's Grove, IL	March 2033
Valparaiso University, IN*	September 2032
University of the Cumberlands, KY*	March 2029
Xavier University of Louisiana, LA	June 2034
Boston University, MA	September 2028
MCPHS University Boston, MA	September 2032
MCPHS University Boston, MA	September 2032
Mayo Clinic School of Health Sciences, MN <sup>2</sup>	September 2024
Mississippi State University – Meridian, MS <sup>2</sup>	June 2025
Seton Hall University, NJ	March 2027
College of Saint Mary, NE	March 2031
Creighton University – Omaha, NE*	March 2034
University of Nebraska Medical Center, NE	March 2027
University of Nevada – Reno, NV	June 2033
Franklin Pierce University, NH*	September 2027

<b>PA Program at:</b>	<b>Next Validation Review</b>
Daemen University, NY*	March 2033
St. Bonaventure University, NY* <sup>2</sup>	June 2025
St. Bonaventure University, NY* <sup>2</sup>	June 2025
SUNY Downstate Health Sciences University, NY	September 2026
Touro University (Long Island), NY	September 2027
Touro University (Mahanttan), NY	September 2024
York College, CUNY, NY*	March 2028
Wake Forest University, NC*	September 2032
Mt. St. Joseph University, OH	March 2032
Oklahoma State University, OK* <sup>2</sup>	September 2025
Chatham University, PA	March 2034
Drexel University, PA	September 2025
Gannon University, PA	March 2027
Pennsylvania College of Technology, PA	September 2027
Philadelphia College of Osteopathic Medicine, PA	March 2028
St. Francis University, PA*	September 2026
St. Joseph's University, PA* <sup>2</sup>	March 2025
West Chester University, PA <sup>2</sup>	September 2025
Medical University of South Carolina, SC*	March 2033
Medical University of South Carolina, SC*	March 2033
Presbyterian College, SC	September 2033
University of South Carolina, SC	June 2031
Lipscomb University, TN	March 2033
Milligan University, TN	June 2032
Franklin Pierce University Hybrid Program, TX*	March 2026
University of Mary Hardin-Baylor, TX <sup>2</sup>	June 2025
University of Texas Rio Grande Valley, TX*	September 2033
Eastern Virginia Medical School, VA*	March 2026
Eastern Virginia Medical School, VA*	March 2026
Emory and Henry College, VA*	September 2031
University of Washington – MEDEX, WA	September 2029
University of Charleston, WV*	September 2026
Carroll University, WI*	September 2033

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

## ADDITIONAL ACTIONS

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

<b>PA Program at:</b>	<b>Next Validation Review</b>
Colorado Mesa University, CO	September 2033
University of Bridgeport, CT	September 2033
University of Bridgeport, CT	September 2033
George Washington University, DC	September 2033
Florida Gulf Coast University, FL	March 2032
Indiana State University, IN <sup>3</sup>	September 2025 (Probation Review)
St. Ambrose University, IA	March 2029
Franciscan Missionaries of Our Lady, LA <sup>3</sup>	September 2025 (Probation Review)
Frostburg State University, MD <sup>3</sup>	September 2025 (Probation Review)
Grand Valley State University, MI	September 2024
College of Saint Mary, NE	March 2031
Franklin Pierce University, NH	September 2027
Fairleigh Dickinson University, NJ <sup>2</sup>	June 2026
Rutgers University, NJ	September 2026
Seton Hall University, NJ	March 2027
Northeastern State University, OK <sup>2</sup>	March 2025
Thiel College, PA <sup>3</sup>	June 2025
Thiel College, PA <sup>3</sup>	June 2025
West Chester University, PA <sup>2</sup>	September 2025
Christian Brothers University, TN <sup>3</sup>	N/A
Trevecca Nazarene University, TN <sup>3</sup>	March 2025 (Probation Review)
Carroll University, WI	September 2033

<sup>1</sup> 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.

<sup>2</sup> 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*.

<sup>3</sup> 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.

<sup>4</sup> 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.