**Quarterly Report**

(Standard E1.05)

October 2024

Accredited PA programs are required to submit quarterly updates informing the ARC-PA of their progress on filling vacant principal faculty, medical director, and program director positions as detailed in Section E of the accreditation *Standards*, 5th edition, Standard E1.05. **The quarterly updates are required by the ARC-PA every 3 months after the date of the effective change** (standard E1.05).

**Quarterly Reports (E1.05)**

Following notification of a resignation or termination, the ARC-PA requires that the program provide quarterly updates on the program’s **progress in filling that vacant position until the program submits another Change in PA Program Faculty form** to inform the ARC-PA of the appointment of the person filling that vacancy. These quarterly reports require the use of an ARC-PA form. The program’s quarterly report is to be submitted via the program Portal.

**Program Name:** Click here to enter program name

**Program Director:** Click here to enter name

**Name and title of person completing this form:** Click here to enter name and title

**Date of form completion**: Click here to enter date

**Date form submitted to ARC-PA:** Click here to enter date

**Total number of FTE vacancies:** Number of FTEs vacant.

**Exact title of vacant position:** Click here to enter title

**Name of individual who vacated position:** Click here to enter name

**FTE:** Click here to enter FTE

**Standards required role:** Click here to enter role

**Date of vacancy:** Click here to enter date

**Please provide an update regarding the progress the program has made in filling this position, including any changes to the original timeline, recruitment strategies, and support of the sponsoring institution. Include a narrative describing how the program is addressing the workload adjustments resulting from this vacancy:**

Click here to enter text

**Exact title of vacant position:** Click here to enter title

**Name of individual who vacated position:** Click here to enter name

**FTE:** Click here to enter FTE

**Standards required role:** Click here to enter role

**Date of vacancy:** Click here to enter date

**Please provide an update regarding the progress the program has made in filling this position, including any changes to the original timeline, recruitment strategies, and support of the sponsoring institution. Include a narrative describing how the program is addressing the workload adjustments resulting from this vacancy:**

Click here to enter text

**Exact title of vacant position:** Click here to enter title

**Name of individual who vacated position:** Click here to enter name

**FTE:** Click here to enter FTE

**Standards required role:** Click here to enter role

**Date of vacancy:** Click here to enter date

**Please provide an update regarding the progress the program has made in filling this position, including any changes to the original timeline, recruitment strategies, and support of the sponsoring institution. Include a narrative describing how the program is addressing the workload adjustments resulting from this vacancy:**

Click here to enter text

**Exact title of vacant position:** Click here to enter title

**Name of individual who vacated position:** Click here to enter name

**FTE:** Click here to enter FTE

**Standards required role:** Click here to enter role

**Date of vacancy:** Click here to enter date

**Please provide an update regarding the progress the program has made in filling this position, including any changes to the original timeline, recruitment strategies, and support of the sponsoring institution. Include a narrative describing how the program is addressing the workload adjustments resulting from this vacancy:**

Click here to enter text

**SIGNATURES**

The signatures of the chief administrative officer and Program Director attest to the completeness and accuracy of the information provided in this application and supporting materials.

I understand and agree that the Program will be subject to an adverse accreditation action which could include denial of accreditation or withdrawal of accreditation, and that future eligibility for accreditation may be denied in the event that any of the statements or answers made in this submitted response are false or in the event that the Program violates any of the policies governing accredited programs.

**Chief Administrative Officer** of Program’s Sponsoring Institution:

*As listed in the Program Management Portal*

 Enter name Enter date

*The name that appears here is deemed an electronic signature.*

**Program Director:** Enter name Enter date

*The name that appears here is deemed an electronic signature.*

**SUBMISSION INSTRUCTIONS**

The program should submit this form by uploading it as a Quarterly Report document type from the program’s portal page. From the portal Program Dashboard, click on Manage Program Documents in the Action Center or click the Documents icon, which looks like several sheets of paper, in the dashboard’s upper-right corner. Click on the link to the pdf Help document “How to Upload.” Do not send any paper copies.

Receipt of this Quarterly Support Form and any supporting materials required will be acknowledged by the ARC-PA via correspondence sent to the program.

Submit a report 90 days from the date of the effective change and every 90 days thereafter**.**