# RECOMMENDED[[1]](#footnote-2)Site Visit Schedule Template Continuing Validation Visit

**Single Campus Program**

# (To be completed by the program and emailed to accreditationservices@arc-pa.org and the site visit team chair eight (8) weeks prior to the site visit)

(11.2024)

**NOTE:** Content below is to show details that should be provided to the members of the site visit team for each event and represents the recommended sequence and timing that programs are expected to follow, as they prepare to discuss the schedule with the site visit team chair.

**This template is best reviewed in conjunction with the Site Visit Protocol, the Rationale for Site Visit Sessions (Continuing), which provides a description and rationale for each session of the visit, and the Organizing Materials document. All documents are available on the ARC-PA website.**

Enter University Name

Enter Program Name

**ARC-PA Site Visit Schedule**

Enter dates (month, days, year)

Evaluators: Enter name of team chair

Enter name of evaluator

Hotel: Enter hotel Enter program name

 Enter street address Enter street address

 Enter city, state, zip code Enter city, state, zip code

 Phone: Enter phone # Phone: Enter phone #

 Website: Enter web address Fax: Enter fax#

PD Cell Phone: Enter cell #

 PD home phone: Enter home #

Hotel Confirmation2

# Enter CFs#

DAY ONE

Select date

7:30 AM TRANSPORT TO PA PROGRAM

Enter name of person providing transportation

7:45 AM MEETING WITH PROGRAM DIRECTOR

Room: Enter room #

Enter name and credentials, Program Director

8:30 AM DISCUSSION OF THE SUBMITTED APPENDIX 14 (Self-Study Report), including process, outcomes, analysis, and plans.

Must include individuals requested by the team who can speak on issues identified in the SSR. These individuals will be identified by the ARC-PA and site team chair in advance of the site visit and discussed with the program director when planning the visit. This may include individuals identified by the program to meet the *Standards* definition for *principal faculty* (Individual(s) responsible for Didactic and Clinical phases of the program.)

Room: Enter room #

Enter name and credentials, Program Director

Enter name and credentials, *Medical Director*

Enter name, credentials, and title, *Principal Faculty*

Enter name, credentials, and title, *Principal Faculty*

Enter name, credentials and title, other Faculty/*Staff*, e.g. program data manager etc. (list and separate names with a coma)

10:15 AM BREAK

10:30 AM DISCUSSION WITH PROGRAM FACULTY (continues)

12:00 PM LUNCHEON: team EXECUTIVE session

1:00 PM REVIEW AND CLARIFICATION OF THE APPLICATION AND APPENDICES

Must include individuals identified by the program to meet the *Standards* definition for *principal faculty* (Individual(s) responsible for the Didactic and Clinical phases of the program)

Room: Enter room #

Enter name and credentials, Program Director

Enter name and credentials, *Medical Director*

Enter name, credentials, and title, *Principal Faculty*

Enter name, credentials, and title, *Principal Faculty*

Enter name, credentials and title, other Faculty/*Staff*, e.g. program data manager etc. (list and separate names with a coma)

2:15 PM BREAK

2:30 PM MEETING WITH STUDENTS – CLASS of Enter year (Clinical)

Room: Enter room #

Enter name Enter name

Enter name Enter name

Enter name Enter name

Enter name Enter name

Enter name Enter name

3:15 PM BREAK

3:30 PM MEETING WITH STUDENTS – CLASS of Enter year (Didactic)

Room: Enter room #

Enter name Enter name

Enter name Enter name

Enter name Enter name

Enter name Enter name

Enter name Enter name

4:15 PM REVIEW OF RECORDS/DOCUMENTS

Room: Enter room #

5:00 PM BRIEF MEETING WITH PROGRAM DIRECTOR, to plan for the next day and request materials that may not have been available or found

5:30 PM ADJOURN

Enter name of person providing transportation

DAY TWO

Select date

7:30 AM TRANSPORT TO PA PROGRAM

Enter name of person providing transportation

7:45 AM BRIEF MEETING WITH PROGRAM DIRECTOR, regarding schedule for day, needed materials

Room: Enter room #

8:15 AM INTERVIEWS/CONFERENCE CALLS WITH TWO CORE ROTATION PRECEPTORS (Program should have more than two readily available to assure that two are actually able to participate on the date of the visit)

Enter names, practice type/rotations involved, city and state, phone #

Enter names, practice type/rotations involved, city and state, phone #

Alternate Preceptor(s)

8:45 AM BREAK

9:00 AM MEETING WITH KEY SENIOR INSTITUTIONAL OFFICIALS

Room: Enter room #

Enter name and title of President/Provost/Dean

Enter name and title of any others included

10:00 AM REVIEW OF RECORDS/DOCUMENTS

Room: Enter room #

10:45 AM BREAK

11:00 AM BRIEF MEETING WITH DIRECTOR, FACULTY & STAFF (as requested by team) for final clarification of questions

Room: Enter room #

12:00 PM LUNCH FOR TEAM AND PREPARATION OF REPORT

(program director should be available if needed by team)

1:30 PM TEAM MEETS WITH PROGRAM FACULTY TO CLOSE VISIT

1:45 PM TEAM DEPARTS

**NOTE:** The application submitted by the program to the ARC-PA office is considered the program's application of record. It is one component of the official program record the commission uses throughout the accreditation review process. Site visitors have been instructed not to accept any new or revised application materials from the program at the time of the visit. If, during the process of the visit, the site visitors suggest additional information or materials be submitted to the ARC-PA office, these materials should be sent with the program’s response to observations.

1. This recommended agenda may be altered by programs **only if** approved by the site visit team chair.

2 Program are responsible for making hotel reservations but are **NOT** responsible for paying the hotel accommodations. Site visitors will provide a credit card to pay for the hotel upon check in. [↑](#footnote-ref-2)