## Table of Contents

1. Category: Scope ................................................................. 4
   1.1 Scope of the Commission .............................................. 4
   1.2 Geographic Scope of Accreditation ................................. 5

2. Category: Commission Composition, Selection, Election ........ 6
   2.1 Commission Composition and Selection........................... 6
   2.2 Election of Commissioners .......................................... 7
   2.3 Commissioner Responsibility and Duty of Care ................ 8

3. Category: Commissioner Qualifications ............................ 9
   3.1 Physician Commissioner Qualification ............................ 9
   3.2 Dean Commissioner Qualification ................................ 10
   3.3 Public Commissioner Qualification .............................. 11
   3.4 AAPA, PAEA nominated Commissioner Qualification ........ 12
   3.5 At-Large Commissioner ........................................... 13

4. Category: Committees ..................................................... 14
   4.1 Executive Committee ................................................ 14
   4.2 Committee on Finance .............................................. 15
   4.3 Standards Committee ............................................... 16

5. Category: Internal Operations .......................................... 17
   5.1 Confidential Documents and Information ....................... 17
   5.2 Record Retention ................................................... 18
   5.3 Conflict of Interest ................................................ 20
   5.4 Continuous Quality Improvement ................................ 22
   5.5 Fair Practices in Educational Accreditation ................... 23
   5.6 Fair Business Practices ........................................... 24
   5.7 ARC-PA Research Policy ......................................... 25
   5.8 Spokesperson for the ARC-PA .................................... 26
   5.9 Use of ARC-PA Logo by Programs and Sponsoring Institutions .... 27
   5.10 ARC-PA Whistleblower Policy ................................... 28
   5.11 Consultation .......................................................... 29

6. Category: Concerns ......................................................... 30
   6.1 Concerns about Program Compliance ............................ 30
   6.2 Concerns about the ARC-PA ...................................... 32
   6.3 Concerns about a Site Visit ....................................... 33

7. Category: Finances .......................................................... 34
   7.1 Fiscal Year ................................................................ 34
   7.10 Site Visitor Expenses ............................................. 35
   7.11 Fees .................................................................... 36

8. Category: Education Standards ......................................... 37
   8.1 Accreditation Standards Criteria ................................ 37
   8.2 Accreditation Standards Review Cycle ......................... 38

9. Category: Accreditation Related ........................................ 39
   9.1 Program Accreditation .............................................. 39
   9.2 Accreditation Status ................................................ 40
   9.3 Accreditation Decision Process ................................... 43
   9.4 Documents of record ................................................ 44
   9.5 Effective Date of any commission accreditation action ....... 45
   9.6 Effective Date of Voluntary Withdrawal or Closure .......... 46
   9.7 Deferral of Accreditation Action .................................. 47
   9.8 Terminology used by the ARC-PA ............................... 48
   9.9 Warning Letter ....................................................... 50
## 9.10 Notification of an Accreditation Action

9.11 Public Notification of Program Accreditation Status by ARC-PA

### 9.12 Public Notification of Accreditation Status

- 9.12a Accreditation - Continued
- 9.12b Accreditation - Clinical Postgraduate Program
- 9.12c Accreditation – Probation
- 9.12d Accreditation - Provisional
- 9.12e Provisional Applicant Program
- 9.12f Accreditation Withdrawn (Voluntary)
- 9.13 Disclosure of Probationary Status by ARC-PA
- 9.14 Student Notification of an Adverse Action
- 9.15 Accreditation Actions Subject to Appeal and Appeal Procedures
- 9.16 Modification of Commission Action
- 9.17 Expedited Review

### 10. Category: Program Specific

- 10.1 Eligibility for expansion to a distant campus
- 10.2 Eligibility for submission of application for increase in class size
- 10.3 Program Self-Assessment
- 10.4 Required Reports
- 10.5 Noncompliance with Accreditation Actions or Procedures
- 10.6 Curriculum Teach Out
- 10.7 Transfer of Sponsorship
- 10.8 Voluntary Inactive Status
- 10.9 Delinquency of Payment of Fees Assessed to Programs

### 11. Category: Site Visit

- 11.1 Types of Site Visits and Related Processes
- 11.2 Site Visit Team Selection
- 11.3 Site Visit Process
- 11.4 Site Visit Report Structure
- 11.5 Program Response to Observations

---

pg. 3
1. Category: Scope

Initially Adopted: 01.01.2001
Review/Revision History: 03.9.2007
Cross-referenced to: Bylaws Article 1 Section 1.2
Page 1 of 1

1.1 Scope of the Commission

The ARC-PA:

- Is the recognized accrediting agency for Physician Assistant education leading to the professional credential (PA) and provides accreditation services to institutions that sponsor PA programs
- Provides accreditation services to programs sponsored by institutions offering clinical postgraduate education programming

The Council for Higher Education Accreditation (CHEA) recognized scope of accreditation is as follows:

"Programs preparing individuals for physician assistant practice located in institutions in the United States that are accredited by recognized regional accrediting bodies." (2.14.14)

The ARC-PA is requesting a modification to the statement for clarity purpose:

“Programs preparing individuals for entry into physician assistant practice located in institutions in the United States that are accredited by recognized regional accrediting bodies.

The CHEA scope does not cover the accreditation of clinical postgraduate PA programs
1.2 Geographic Scope of Accreditation

The ARC-PA only accredits qualified PA programs offered by, or located within, institutions chartered by, and physically located within, the United States\(^1\), and where students are geographically located within the United States for their education.

The ARC-PA does not accredit educational programs leading to the PA credential in institutions that are chartered outside the United States or programs provided in foreign countries by ARC-PA accredited U.S. PA programs.

\(^1\) the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, Guam, the Virgin Islands, American Samoa, Wake Island, the Midway Islands, Kingman Reef, and Johnston Island.
2. **Category: Commission Composition, Selection, Election**

Initially Adopted: 01.01.2001  
Review/Revision History: 09.09.2004  
Cross-referenced to: Bylaws Sections 4.2(b), (c)  
Page 1 of 1

2.1 **Commission Composition and Selection**

The bylaws of the Accreditation Review Commission on Education for the Physician Assistant require the ARC-PA commissioners to elect new commissioners from a list nominated by its collaborating organizations and the public commissioners nominated by the ARC-PA nominating committee.

The ARC-PA Executive Director notifies each collaborating organization in advance of the need to submit nominations for commissioners to the ARC-PA, or of the need to re-nominate a currently seated commissioner.

Commissioner election and terms of service shall be consistent with the bylaws of the Commission.

- An individual will not be eligible for election to or service on the commission if he/she
- Has a real or perceived conflict of interest with a currently sitting commissioner or with the actions, mission or values of the ARC-PA
- Currently serves on the board of directors of any of the collaborating organizations
- Is an employee of a collaborating organizations
2.2 Election of Commissioners

Commissioner election and terms of service shall be consistent with the bylaws of the Commission.

The nomination committee shall prepare ballots in accordance with its defined responsibilities for vote by the full commission.

A simple majority of the commissioners voting elected determines the election of a new commissioner.
2.3 Commissioner Responsibility and Duty of Care

Each commissioner has a fiduciary responsibility to the ARC-PA. During the course of conducting business of the ARC-PA, each commissioner should act in the ARC-PA’s best interests in accord with the mission and philosophy of the ARC-PA.

Each Commissioner is expected to follow commission rules regarding:

- Conflict of Interest
- Abstentions during the course of voting
- Reminder of Confidentiality
- Meeting attendance
- Assignments

\[\text{2} \text{ The duty of care stands for the principle that directors and officers of a corporation in making all decisions in their capacities as corporate fiduciaries, must act in the same manner as a reasonably prudent person in their position would.}\]
3. Category: Commissioner Qualifications

Initially Adopted: 03.05.2011
Review/Revision History:
Cross-referenced to: Commissioner Responsibilities Document
Page 1 of 1

3.1 Physician Commissioner Qualification

The ARC-PA seeks to elect physicians, nominated by the physician collaborating organizations of the ARC-PA, who should be familiar with Physician Assistants in a work setting and, ideally, teach in a program (didactical or clinical) or who currently serve as a PA program medical director. If not in PA education, a background in program accreditation (Joint Commission, allied health, residency, etc.) would give additional understanding to the Commission's work (and workload).

An individual elected as an ARC-PA Commissioner may not serve on the board of directors of collaborating organizations (CO) -- or be an employee of the collaborating organizations.
3.2 Dean Commissioner Qualification

The ARC-PA seeks to elect a self-nominated individual who is a full Dean of a school of health professions, medical school, institutions of higher education or degree granting health care institution which may or may not have oversight responsibility of a PA program.

The dean commissioner may not derive his or her livelihood from the Physician Assistant profession.
3.3 Public Commissioner Qualification

The ARC-PA seeks to elect self-nominated individuals to serve as a consumer advocate, representing the public interest in relation to the accreditation of physician assistant programs.

The public commissioner may not be a physician, a physician assistant or a faculty member within a PA program.

The public commissioner may not derive his or her livelihood from the Physician Assistant profession. Those working in educational administration, health-related organizations and the accreditation community are eligible for consideration.
3.4 AAPA, PAEA nominated Commissioner Qualification

The ARC-PA seeks to elect physician assistants, educators, physicians or administrators, nominated by the physician assistant (AAPA, PAEA) collaborating organizations of the ARC-PA, ideally currently serving as a program director, medical director or, teaching in a program (didactical or clinical) or who are clinically practicing Physician Assistants. Familiarity with PA program education or accreditation experience, while beneficial is not a requirement for consideration.

An individual who has been elected as an ARC-PA Commissioner may not serve on the board of directors of collaborating organizations (CO) -- or be an employee of the collaborating organizations.
3.5 **At-Large Commissioner**

At-large commissioners may include:

- Former commissioners retired from the Commission for at least 1 year before being eligible for election. Term of service limited to a three year term.
- Current ARC-PA site visitors. Term of service is three years with eligibility for a second three year term.

At-large commissioners hold the same rights and responsibilities of the other commissioners.
4. **Category: Committees**

Category: Committees  
Initially Adopted: 03.11.2005  
Review/Revision History: 03.05.2011; 09.08.2012  
Cross-referenced to: Bylaws Article 6 Section 6.3(a); Executive Committee Charges/Responsibilities

Page 1 of 1

### 4.1 Executive Committee

The executive committee meets at least once a year. Its responsibilities include:

- Conducting the ongoing strategic planning process of ARC-PA
- Conducting the performance evaluation of the Executive Director, and developing his/her contract
- Addressing timely issues that arise between meetings of the commission
- Addressing incentive and/or compensation issues, as needed and appropriate
- Acting on behalf of the commission between meetings of the commission
4.2 Committee on Finance

The Committee on Finance meets at least once a year.

Members include ARC-PA Treasurer and at least two other commissioners appointed by the ARC-PA Chair.

Ex-Officio members include executive director and ARC-PA accountant.

Reviews/evaluates/recommends adoption of or changes to:

- The ARC-PA financial documents
- Fiscal budgets, directly with the Executive Director and staff the commission finances
- Proposals coming to the board and offer comments about financial ramifications of those proposals
- The investment performance and fiscal policies to the commission for consideration/approval
4.3 **Standards Committee**

The committee for review of standards meets as necessary to fulfill its obligations.

Members include ARC-PA Vice-Chair and at least two other commissioners appointed by the ARC-PA Chair.

Ex-Officio members include executive director and associate executive director.

- Conducts the periodic formal, comprehensive review of ARC-PA’s Standards, recommending revisions as necessary

- Composes/compiles documents that support the implementation and understanding of the Standards (such as the Accreditation manual)
5. **Category: Internal Operations**

Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011  
Cross-referenced to:  
Page 1 of 1

5.1 **Confidential Documents and Information**

The ARC-PA is sensitive to the need both for maintaining the confidentiality of, and for disclosing certain information and documents acquired during the accreditation process and in the course of conducting the business of the commission.

Confidential Documents/Information

The following documents and information contained therein are considered privileged and confidential in order to ensure candid disclosure and, thereby protect the integrity of the accreditation process.

The following documents and the information must not be copied, discussed, published or otherwise disclosed, in whole or in part, except as required for ARC-PA accreditation procedures, with the consent of the affected PA program, or as required by law:

- Program accreditation files
- Program completed accreditation materials
- Completed site visit reports
- ARC-PA required reports submitted by programs
- Correspondence related to the accreditation decisions/process between the ARC-PA, programs and site visitors
- Minutes of regular or special meetings of the ARC-PA
- Information and correspondence relating to concerns about program quality
- Information and correspondence relating to requests for reconsideration of an adverse accreditation action
- Information and correspondence relating to any appeal of an adverse accreditation action
- Blank and completed site visit worksheets and related materials
- Documents associated with the business of the commission not otherwise approved for distribution to the public or the collaborating organizations of the ARC-PA. Examples of confidential documents include but are not limited to, financial reports, legal documents, business plan etc.
- Confidentiality of the whistleblower related documents
- Financial Records
- Personnel Records
- Inter-organizational
- Electronic documents or passwords
- Concern Documents
- Any other documents deemed confidential

Any ARC-PA document or information not specifically addressed by this policy should be considered confidential. Any questions about the confidentiality of any documents should be referred to the ARC-PA executive director.

The executive director in discussion with the chair shall have the authority to deem certain documents and pieces of information as public.
5.2 Record Retention

In accordance with the Bylaws, the ARC-PA keeps correct and complete books and records of account and keeps minutes of the proceedings of the commission, and committees having any authority of the commission, and keeps at its registered office or principal office a record giving the names and addresses of its commissioners, officers and committee members.

The handling of documents will be in accordance with the ARC-PA Confidential Documents and Information.

<table>
<thead>
<tr>
<th>Description of record(s)</th>
<th>Manner of record keeping</th>
<th>Disposition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Corporate/organizational records</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorporation documents including articles of incorporation, bylaws, and related documents, most recent ASPA and CHEA applications</td>
<td>Store in corporate record book. Copy with Legal Counsel</td>
<td>Permanent</td>
</tr>
<tr>
<td>Tax-exemption documents including application for tax exemption (IRS Form 1023), IRS determination letter, and any related documents</td>
<td>Store in corporate record book. Copy with Legal Counsel</td>
<td>Permanent</td>
</tr>
<tr>
<td>Meeting/board documents including agendas, minutes and related documents</td>
<td>Compile &amp; file records on yearly basis; Store in corporate record book</td>
<td>Permanent. Care is taken to include only necessary information in these documents.</td>
</tr>
<tr>
<td>Director and Officer Liability Insurance and Contracts</td>
<td>Store in corporate record book</td>
<td>Permanent</td>
</tr>
<tr>
<td>Commissioner and Site Visitor signed Conflict of Interest, Confidentiality of Documents and Information, Work for Hire documents</td>
<td>Store in corporate record book</td>
<td>Three Years. Store w/corporate records. Destroy three years after completion of commissioner’s term.</td>
</tr>
<tr>
<td><strong>II. Financial records</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year-end Treasurer’s financial report/statement audit report</td>
<td>Store in corporate record book. Copy with Legal Counsel</td>
<td>Permanent</td>
</tr>
<tr>
<td>Treasurer’s reports, periodic</td>
<td>Compile &amp; file records on yearly basis</td>
<td>Three Years. Store w/financial records. Destroy after three years.</td>
</tr>
<tr>
<td>Bank statements, canceled checks, check registers, investment statements, and related documents</td>
<td>Compile &amp; file records on a yearly basis. Currently stored by ARC-PA Fiscal Agent</td>
<td>Seven Years. Store w/financial records. Destroy after seven years</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Annual information returns (IRS Forms 990)</td>
<td>Federal law requires that the three most recent years returns be kept in the organization’s headquarters office and be made available for public inspection upon request. Copy with Legal Counsel</td>
<td>Seven Years. Store w/financial records. Destroy after seven years.</td>
</tr>
<tr>
<td><strong>III Program Records/Files</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program file, Correspondence related to the accreditation decisions/process between the ARC-PA programs</td>
<td>Paper or electronic</td>
<td>Five years after accreditation decision final</td>
</tr>
<tr>
<td>Program completed accreditation materials, self-study reports; required reports submitted by programs, completed site visit reports</td>
<td>Paper or electronic</td>
<td>Most recent two versions, previous versions to be destroyed</td>
</tr>
<tr>
<td>Information and correspondence relating to concerns about program quality</td>
<td>Paper or electronic</td>
<td>Five years.</td>
</tr>
<tr>
<td>Information and correspondence relating to requests for reconsideration of an adverse accreditation action. Information and correspondence relating to any appeal of an adverse accreditation action</td>
<td>Paper or electronic</td>
<td>Five years after appeal decision is final</td>
</tr>
</tbody>
</table>
5.3 Conflict of Interest

The accreditation process is an evaluative one, not a consultative one. ARC-PA representatives, by virtue of their education, experience and position, are presented with opportunities to provide factual information and to offer professional and/or technical advice or opinion to faculty, staff, administrators, students, and other parties involved in the planning, development and operation of PA educational programs. ARC-PA representatives must take precautions to ensure that they do not serve in a consultative role, thus creating a potential conflict of interest.

In order to avoid actual conflicts of interest, or even the appearance of such conflicts, the following policy has been adopted for ARC-PA commissioners, staff and site visit team members (collectively, ARC-PA representatives).

ARC-PA representatives:

1. Shall not participate in consultative activities related to PA program accreditation to any program subject to ARC-PA accreditation, even if not for personal gain, outside the context of fulfilling usual commission or staff responsibilities. Such activities shall not be conducted while a representative of the ARC-PA or for one year thereafter.

2. Shall not participate in consultative activities related to PA educational program accreditation that might be construed to be part of the accreditation process.

3. Shall not participate in a site visit, in deliberations concerning accreditation actions at a regular or special meeting, as part of an appeal, or in a vote regarding any of the following:

   a) A program with which the ARC-PA representative or an immediate family member is or recently has been connected as a student, faculty member, administrative officer, staff member or agent;

   b) A program located in the same sponsoring institution as the program of the ARC-PA representative or an immediate family member;

   c) A program which has substantial cooperative, competitive or contractual relationship with the program of the ARC-PA representative or an immediate family member;

   d) A program which has engaged the ARC-PA representative or an immediate family member to act as a consultant on behalf of the program within the past three years;

   e) A program in which the ARC-PA representative or an immediate family member has any financial, political, professional or any other interest that may conflict with the interests of the ARC-PA.
4. May not act for or on behalf of the ARC-PA without authorization by the executive director or Chair of the ARC-PA. This does not preclude representatives of the ARC-PA from reporting non-confidential information regarding ARC-PA activities to appropriate collaborating organizations.

5. Will not accept personal compensation for ARC-PA related speaking assignments or other activities, except for reimbursement for reasonable related expenses.

6. Shall disclose real, perceived or potential conflicts of interest as appropriate or when requested.

Definitions:

**ARC-PA representative**: an ARC-PA commissioner, staff member or site team member

**Immediate family member**: a spouse, life partner, child, parent or sibling of an ARC-PA representative.

**Consultation**: the provision of advice to another PA program on such matters as program development or evaluation, organizational structure or design, and institutional management or financing. This term is not meant to exclude the provision of short-term educational service, e.g., guest lecturer.

**ARC-PA Discretion**: When a question arises in the mind of an ARC-PA representative regarding a potential conflict of interest, the question shall be brought to the ARC-PA executive director who, in discussion with the chair, will make a final determination.

Whenever in these guidelines a term is not expressly defined, the definition of such term and its potential for creating a conflict of interest shall be at the sole discretion of the ARC-PA executive director in discussion with the chair.
5.4 Continuous Quality Improvement

The ARC-PA evaluates its policies and procedures for the purpose of continuous quality improvement.

The ARC-PA objectively evaluates the effectiveness of the accreditation process through both systematic monitoring and focused studies that assess quality of both accreditation process and outcome.

In all quality improvement actions, the ARC-PA maintains confidentiality of educational institutions and PA programs.

The standards for quality include consistency of accreditation decisions with the Standards, compliance with ARC-PA policies and procedures, observance of fair treatment, and maintenance of the validity and reliability of the process in assessing educational outcome.

The ARC-PA uses the following methodologies of quality improvements including, but not limited to:

- self-evaluation
- self-study and analysis
- periodic review of the accreditation decision making process
- review of information gathered from programs
- focused studies of important aspects of accreditation
- providing feedback to the site visit team

When opportunity for improvement is identified by quality improvement activity, the ARC-PA develops corrective action plans and monitors implementation of those plans and resultant changes.
5.5 Fair Practices in Educational Accreditation

The ARC-PA, complies with fair practice standards in educational accreditation. The commission endorses and adheres to the Association of Specialized and Professional Accreditors (ASPA) Member Code of Good Practice.
5.6 **Fair Business Practices**

The ARC-PA, complies with principles of fair business practices.

The ARC-PA policy and business practices are designed to reasonably assure timely, equitable and fair treatment of the institutions and individuals it serves.
5.7  ARC-PA Research Policy

The purpose of this research policy is to guide the development, conduct, and publication of research associated with ARC-PA accreditation activities.

Definition of Research
For the purpose of this policy, research is defined as a systematic investigation for the accumulation of scientific knowledge. This policy is in effect whenever ARC-PA resources are used for such an investigation.

Eligibility
Only those authorized by resolution of the commission may have access to ARC-PA resources in the conduct of research. Such research shall be conducted consistent with the purposes and values of the ARC-PA.

ARC-PA reserves the right to set priorities among areas of research interest.
5.8 Spokesperson for the ARC-PA

The CEO is the official spokesperson for the organization.
5.9 Use of ARC-PA Logo by Programs and Sponsoring Institutions

The ARC-PA logo is the exclusive property of ARC-PA. The ARC-PA allows accredited programs and their sponsoring institutions to use the ARC-PA logo in publications and displays. All other entities must obtain permission from the ARC-PA prior to use of the logo. All users must adhere to the following:

- The logo must be used in its entirety and not modified except that it may be reduced or enlarged to suit the use. The scale of the elements must be retained.

- The logo may be reproduced in black and white.

- The logo may NOT be used by programs that have applied for, but not yet received accreditation.

- When programs that are not accredited by the ARC-PA are included in the publication and/or displays then accompanying text must be included clarifying which programs are ARC-PA accredited.

- Use of the logo shall be subject at all times to revocation and withdrawal by ARC-PA when, in its sole judgment, its continued use would not serve the best interests of ARC-PA or the public.
5.10    ARC-PA Whistleblower Policy

Reporting Responsibility:

It is the responsibility of all officers, commissioners, representatives/designees and employees to comply with high standards of business and personal ethics and to report violations or suspected violations of law, regulations and policies or any material accounting or auditing matter.

Acting in Good Faith:

Anyone filing a complaint pursuant to the whistleblower policy must be acting in good faith and have reasonable grounds for believing the matter raised may constitute a violation of law, regulations, policies or a material accounting or auditing matter.

Confidentiality:

Concerns of violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Such concerns will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation, to inform the ARC-PA Treasurer of material accounting or auditing practices and to respond to any law enforcement or regulatory authority, as required by law.
5.11 Consultation

The ARC-PA does not:

- Provide consultation services but is available to answer questions regarding accreditation processes and procedures
- Maintain a list of individual consultants and does not recommend any individuals when asked
6. Category: Concerns

Initially Adopted: 01.01.2001
Review/Revision History: 03.05.201, 09.10.11, 03.08.13
Cross-referenced to: Policy 5.1 Confidential Documents and Information
Page 1 of 2

6.1 Concerns about Program Compliance with Policies and/or Standards

The ARC-PA will investigate, according to its procedures, concerns regarding PA programs only if the concern contains facts or allegations that, if substantiated, may indicate that the program is not following established ARC-PA policies or does not comply with accreditation Standards.

The ARC-PA will only consider concerns submitted in writing and signed. The ARC-PA procedures provide programs with an opportunity to respond to the nature of the concern.

These procedures also protect the confidentiality of individuals, information and results of the investigation of concerns.

The ARC-PA will not take any action based on an anonymous concern or concerns in litigation through the legal system. The ARC-PA will not intervene on behalf of an individual concerned about program or institutional issues unrelated to the Standards, will not serve to mediate or determine the results of disputes between program applicants, students or faculty and the PA program or institution.

Procedure

- To receive formal consideration, all concerns shall be submitted in writing and signed. The ARC-PA will not take any action based on an anonymous concern. The concern should demonstrate that reasonable efforts have been made to resolve the concern, or alternatively that such efforts would be unavailing.

- In consultation with the Executive Director, the Chair of the ARC-PA will determine whether a concern raises issues relating to compliance with the Standards or ARC-PA policy. If the chair determines that the concern does not raise such issues, the executive director will notify the complainant, within 20 working days that the concern is beyond the purview of the ARC-PA.

- If it is determined that the concern raises issues relating to compliance with the Standards or ARC-PA policy, the Program Director will be notified and will be provided with a summary of the allegations. The Program Director will be requested to respond in writing within 30 days. The Program Director also may be requested to answer specific questions or provide other information, documentation, or materials.

- The complainant will be informed that an ARC-PA investigation has been initiated, but the result(s) of any ARC-PA investigation will be treated as confidential and will be entered into the Program's confidential accreditation file.

- The ARC-PA will conduct a confidential investigation of the concern indicating that a program may not be in compliance with the Standards or ARC-PA policy. Such an investigation will typically be conducted by one or two members of the ARC-PA, appointed by the Chair to conduct
the investigation, who will review the concern and its supporting evidence. The ARC-PA may request further information or material relative to the concern from the complaining party, the institution, or other relevant sources. The findings of the investigation, which may or may not include recommendations for action, will be presented at the next regularly scheduled ARC-PA meeting occurring not less than 60 days after the written, signed, concern and any requested corroboration are received by the ARC-PA. If the investigation has not been completed by the time of such meeting, a required report will be presented.

Concerns received in such a manner that they cannot be considered at a regular ARC-PA meeting may be handled by presentation to the Executive Committee or via conference call meeting, and vote if action is required, of the entire commission, at the discretion of the ARC-PA chair.

- If the ARC-PA, in its sole discretion, determines that sufficient evidence does not exist to indicate that the program is not in compliance with the Standards or ARC-PA policy, it will close the matter and report the same in a timely manner to the Program Director.

- If the ARC-PA, in its sole discretion, determines that sufficient evidence exists to indicate that the program may not be in compliance with the Standards, it may request additional information or a required report, or schedule a limited site visit to further investigate the matter. The cost of such a visit, if needed, will be borne by the program. The Program’s accreditation status may be affected by the results of the evidence. The Program Director will be notified in a timely manner of the ARC-PA’s action.
6.2 Concerns about the ARC-PA

ARC-PA policy is to protect the confidentiality of individuals, information and results of the investigation of concerns.

Concerns about the ARC-PA relating to accreditation standards, accreditation criteria, or procedures must be submitted in writing and signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the Executive Director and his/her written comments and the original complaint will be referred to the chair and legal counsel for further investigation, action or disposition. The complainant will be apprised of the status of the complaint throughout the process.

Concerns about the ARC-PA Executive Director must be submitted in writing to the chair and must be signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the chair and legal counsel for further investigation including a response from the Executive Director, culminating in action or disposition. If it is determined that further investigation is required and depending on the nature of the complaint, results of the investigation and any recommendations for action shall be discussed with the executive committee.

Concerns about the ARC-PA staff must be submitted to the Executive Director in writing and must be signed. Anonymous concerns will not be accepted. Concerns will be reviewed by the Executive Director (who may consult with legal counsel) and discussed with the individual(s) in question. Prior to final resolution the Executive Director may report to the chair the details of the complaint, investigation and proposed resolution.
6.3 Concerns about a Site Visit

ARC-PA policy is to protect the confidentiality of individuals, information and results of the investigation of concerns.

If a program has complaint(s) about the ARC-PA relating to the conduct of a site visit team or any of its members, such concerns should be shared with the executive director by the program director. Anonymous concerns will not be accepted.

Such concerns will be reviewed by ARC-PA and may be discussed with the site visitor/s.
7. **Category: Finances**

Initially Adopted: 01.01.2001

Review/Revision History:

Cross-referenced to: Bylaws Article 10

Page 1 of 1

7.1 **Fiscal Year**

The fiscal year of the ARC-PA shall be July 1 through June 30.
7.10 Site Visitor Expenses

Site visitors are reimbursed for expenses incurred while in service as an ARC-PA site visitor and in accordance with the commission reimbursement policy.

Site visitors receive no compensation for their services.
### 7.11 Fees

The ARC-PA determines and charges fees associated with operations of the business. Fees include but are not limited to:

- Annual Program Fee
- Provisional Accreditation Application Fee
- Continuing Accreditation Application Fee
- Administrative Application Review Fee for Clinical Postgraduate Programs
- Distant Campus Application Fee
- Focused Visit Fee
- Cancellation of Visit Fee
- Appeal Fees
- Collaborating Organization Fee
8. **Category: Education Standards**

Initially Adopted:

Review/Revision History:

Cross-referenced to: Bylaws Article 1 Section 1.2, & Article 7

Page 1 of 1

8.1 **Accreditation Standards Criteria**

The *Standards* reflect a determination that a commonality in the core professional curriculum of programs remains desirable and necessary to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice.

The *Standards* allow programs to remain creative and innovative in program design and the methods of curriculum delivery and evaluation used to enable students to achieve program goals and student learning outcomes.

Mastery of learning outcomes is essential to preparing students for entry into clinical practice.
8.2 Accreditation Standards Review Cycle

The ARC-PA develops and revises its standards for accreditation through a process of study and debate. When substantive revisions are considered, the ARC-PA encourages input from collaborating organizations and other key stakeholders.

The Standards are comprehensively reviewed on a ten-year review cycle with a mid-cycle Standards Committee review at year five*.

The Standards Review Committee:

- solicits input from the key stakeholders
- reviews input and suggests changes for presentation and discussion by the commission
- finalizes a draft for distribution to and comment from key stakeholders
- reviews feedback and proposes a reconciled version for discussion and review by the commission

ARC-PA adopts and publishes a new edition of the Accreditation Standards for Physician Assistant Education.

The commission may make technical, grammatical and clarifying changes to the Standards at any time.

This allows:

- currently accredited programs to actually use the current Standards before having to make changes to their processes,
- programs in the provisional pipeline to have consistent Standards to use in planning,
- gives ARC-PA staff time to update and improve forms and other documents associated with the Standards (such as application materials, portal documents),
- allows changes to wording of individual standards or annotations to occur as needed on an ongoing basis.
9. **Category: Accreditation Related**

Initially Adopted: 01.01.2001  
Review/Revision History: 09.06.13  
Cross-referenced to: Policy 1.1 Scope of the Commission  
Page 1 of 1

### 9.1 Program Accreditation and History

of predecessor agencies that accredited PA programs

The accreditation process is voluntary and initiated at the invitation of the sponsoring institution and PA program.

The ARC-PA does not accredit any academic degree awarded by the PA program’s sponsoring institution or any institution with which it collaborates to offer a degree.

An ARC-PA accredited physician assistant program is granted the authority to confer on its program graduates the professional Physician Assistant credential, PA.

**History** of predecessor agencies that accredited PA programs

- Before December 31, 1976 the American Medical Association Council on Medical Education
- January 1, 1977 - June 30, 1994 the American Medical Association Committee on Allied Health Education and Accreditation (CAHEA)
- July 1, 1994 - December 31, 2000 the Commission on Accreditation of Allied Health Education Programs (CAAHEP)
9.2 Accreditation Status

The ARC-PA awards eight statuses of accreditation:

<table>
<thead>
<tr>
<th>Accreditation - Provisional</th>
<th>Adverse Accreditation decisions (appealable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accreditation - Continued</td>
<td>Accreditation - Withheld</td>
</tr>
<tr>
<td>Accreditation - Administrative Probation</td>
<td>Accreditation - Withdrawn</td>
</tr>
<tr>
<td>Voluntary Inactive Status</td>
<td>Accreditation - Probation^3</td>
</tr>
<tr>
<td>Accreditation - Clinical Postgraduate Program</td>
<td></td>
</tr>
</tbody>
</table>

Accreditation - Provisional

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 is limited to no more than five years from matriculation of the first class.

Accreditation - Provisional does not ensure any subsequent accreditation status.

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.

Programs applying for Accreditation-Provisional status are not eligible to begin more than one cohort/class per calendar year or include a distant campus as part of the application.

Programs that have their accreditation withheld must re-apply via the provisional accreditation pathway starting from the beginning.

Accreditation - Continued

Accreditation - Continued is an accreditation status granted when a currently accredited program is in compliance with the Standards, in the case of a program holding Probationary Accreditation when the program has demonstrated that it is once again in compliance with the Standards, or when a program holding Provisional Accreditation demonstrates compliance with the Standards after completion of the accreditation – provisional review process.

^3 The program must provide clear evidence of its progress toward improving the program by its next ARC-PA review. The maximum period of probation is two years.
Accreditation-continued status remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards.

**Accreditation - Probation**

Accreditation - Probation accreditation is a temporary, status of accreditation, limited to two years, granted when a program holding an accreditation status of accreditation-provisional or accreditation-continued does not meet the Standards and 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/or risk having its accreditation withdrawn.

**Accreditation - Administrative Probation**

Accreditation - Administrative Probation accreditation 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.

**Accreditation - Withheld**

Accreditation - withheld is a status granted when a physician assistant program, seeking accreditation-provisional, or a clinical postgraduate PA program seeking accreditation-clinical postgraduate program, is not in compliance with the Standards.

The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

**Accreditation - Withdrawn**

Accreditation withdrawn is a status granted when an established program is determined no longer to be in compliance with the Standards and is no longer capable of providing an acceptable educational experience for its students, or when the program has failed to comply with ARC-PA accreditation requirements, actions or procedures.

The program may voluntarily withdraw from the accreditation process within the 30-day appeal timeframe.

**Voluntary Inactive Status**

Voluntary inactive status is a status that may be granted to programs that temporarily suspend instruction and cease to matriculate students but is not an eligible category if at the time of request the program is on Accreditation-Probation status.

**Accreditation - Clinical Postgraduate Program**

Accreditation -clinical postgraduate programs is a status granted when a new or currently accredited clinical postgraduate program is in compliance with the Standards for Clinical Postgraduate Programs
Accreditation-clinical postgraduate program remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the *Standards*, ARC-PA requirements or procedures.
9.3 Accreditation Decision Process

Decisions on accreditation actions are made by a majority vote of ARC-PA commissioners at a regular or special meeting at which a quorum is present. Adverse actions such as probation or withdrawal of accreditation require a two-thirds vote. The ARC-PA makes final accreditation decisions based on its overall professional judgment, rather than as individual commissioners recording their independent votes on a program. Therefore, the ARC-PA reports its decisions, not its votes.

Each program considered for accreditation action is assigned to two ARC-PA commissioners as primary and secondary reviewers. These commissioners review the program's application materials as submitted to the ARC-PA, the site visitors' report and the program's response, if any and the program history. Their review of these materials is directed at the program's demonstrated compliance with the Standards. Each commissioner presents his or her recommendations to the ARC-PA based on review of the materials. Following the presentations and commission discussion, the ARC-PA votes on a motion regarding the accreditation status of the program, the next scheduled commission review and any requirements for reports or focused visits.
9.4 Documents of record upon which an Accreditation Action is determined

Accreditation actions are based on information:

- Contained in the program application and all appendices submitted to the ARC-PA, the report of the site visit team, the program response and the program accreditation history (Accreditation Record)

- On the information contained in required reports submitted by the program and its accreditation history

- Receipt of a concern/complaint alleging non-compliance with a standard(s) subsequent commission investigation and findings and the program response to the allegation(s)

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 used by the commission 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.
9.5 Effective Date of any commission accreditation action

The date of the meeting at which the accreditation action occurred is the effective date unless an adverse accreditation action is appealed for which the following applies:

- Accreditation - Probation or Accreditation - Withheld
  1. Commission decision is upheld: the effective date is the date of the initial accreditation action
  2. Commission decision is reversed: the effective date is the date of the Reconsideration Panel decision

- Accreditation – Withdrawn*
  1. Commission decision is upheld: the effective date is the date of the initial accreditation action unless appealed
  2. Commission decision is reversed: the effective date is the date of the Reconsideration Panel decision

- Accreditation – Withdrawn following Appeals Panel Decision
  1. Commission decision is reversed: the effective date is the date of the Appeals Panel decision
  2. Commission decision is upheld: the effective date is the date of the Appeals Panel decision

* In cases involving an appeal of the decision to withdraw accreditation, the program is considered accredited until completion of the appeal procedure.
9.6 Effective Date of Voluntary Withdrawal or Closure

When a program voluntarily surrenders its accreditation status, the date of the program’s notification to the ARC-PA of this action becomes the effective date of withdrawal.

When a program voluntarily closes and no longer has students enrolled, the effective date of voluntary program closure is mutually determined by the program and the ARC-PA.
9.7 Deferral of Accreditation Action

The ARC-PA may defer a decision on the accreditation status of a program until no later than the next regular meeting of the Commission.

When a decision is deferred:

- the program retains its current accreditation status until a final decision is made
- the rationale for the deferral is communicated to the program
9.8 Terminology used by the ARC-PA to convey accreditation related activity of the Commission

**Accept**
A term used in official ARC-PA correspondence, most often following the commission's review of a required report submitted by a program, communicating that the report was received favorably. This term does not imply that the program is compliant with the Standards. An additional report may be required.

**Acknowledge**
A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program notifying the commission of a program change not requiring commission approval. The term is used to inform the program that the commission has received the report. Neither approval nor disapproval is implied.

**Approve(d)**
A term used in official ARC-PA correspondence, most often following the commission's review of correspondence from a program requesting a change requiring commission approval. The term is used to notify the program that the ARC-PA has given formal or official sanction to the change requested. By its nature, approval means that the program's action is in compliance with the Standards.

**Citation**
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.

**Findings**
An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the Standards. The purpose of the “findings” is to clarify the issue of noncompliance with a specific standard for the program and not to specify “how to” comply with the cited standard.

**General/Additional Comment(s)**
Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA that may or may not be linked with a specific standard(s) that conveys a concern or expresses congratulatory comments. The purpose of the “Additional Comment(s)” is to clarify for the program a more global issue between the ARC-PA and the program but not to give advice or specify “how to” resolve the issue(s).

**Observation**
A written statement by the site visit team notifying the ARC-PA and the program that the site visit team was unable to validate information provided in the materials as submitted by the program or that the program was unable, in writing or in person, to provide evidence that sufficiently supported its demonstration of compliance with the standard to which the observation refers.
Receive as information
A term used in official ARC-PA correspondence, most often following the commission's review of notification from a program of a change that is provided as a courtesy. The change notification is not officially required and unrelated to the Standards.
9.9 Warning Letter

If the ARC-PA finds a progress report deficient, it may choose to inform the program director that the ARC-PA has serious concerns about the quality of the program and that the program's future accreditation status may be in jeopardy. This "warning" is not considered an accreditation action, and, therefore is not subject to appeal.
9.10 Notification of an Accreditation Action

The Executive Director of the ARC-PA notifies each program in writing of the accreditation action.

Notification of accreditation includes the action taken by the ARC-PA, the maximum number of students approved for the program (as indicated by the program on its application or as adjusted by the commission during its review of the program), information concerning any required reports, and the approximate time for the next commission review of the program.

Notification letters are addressed to the program designated senior institutional official of the sponsoring institution and copies are mailed to the program director and his/her immediate supervisor.
9.11 Public Notification of Program Accreditation Status by ARC-PA

The ARC-PA provides accurate information to the public about a program's accreditation status through electronic and print media and upon request or as required by law. Public information includes accreditation status, the date the program was first accredited and the anticipated date of the next review for the program.

The accreditation status of each program is posted on the ARC-PA web site.

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing an appeal, the ARC-PA informs those inquiring that the program’s accreditation status remains as it was prior to the appeal. The ARC-PA does not indicate that an appeal has been filed but, depending on the nature of the request, may indicate that the commission has not completed its most recent review of the program. Further questions are referred to the program or its sponsoring institution.
9.12 **Public Notification of Accreditation Status to be by Accredited and Proposed Programs**

To communicate the program’s accreditation status in all printed and electronic media, the program and institution must use the following statement exactly as it is written.

9.12a **Accreditation - Continued**

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation - Continued** status to the sponsored by . Accreditation - Continued is an accreditation status granted when a currently accredited program is in compliance with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be . The review date is contingent upon continued compliance with the Accreditation Standards and ARC-PA policy.

9.12b **Accreditation - Clinical Postgraduate Program**

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has granted **Accreditation - Clinical Postgraduate Program** status to the sponsored by . This status is granted when a currently accredited program complies with the ARC-PA Standards.

Accreditation remains in effect until the program closes or withdraws from the accreditation process or until accreditation is withdrawn for failure to comply with the Standards. The approximate date for the next validation review of the program by the ARC-PA will be .

9.12c **Accreditation – Probation**

At its meeting, the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) has placed the **Physician Assistant** program sponsored by on **Accreditation - Probation** status until its next commission review in .

Probation is a temporary status of accreditation conferred when a program does not meet the Standards and when the capability of the program to provide an acceptable educational experience for its students is threatened.

Once placed on probation, programs that still fail to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having their accreditation withdrawn.
Specific questions regarding the Program and its plans should be directed to the Program Director and/or the appropriate institutional official(s).

9.12d Accreditation - Provisional

The ARC-PA has granted Accreditation - Provisional status to the [Name of Program] sponsored by [Name of Institution].

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.

9.12e Provisional Applicant Program

[Name of Program] has applied for Accreditation - Provisional from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). [Name of Program] anticipates matriculating its first class in [month and year], pending achieving Accreditation-Provisional status at the [month and year] ARC-PA meeting. 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.

9.12f Accreditation Withdrawn (Voluntary)

The [Physician Assistant] program sponsored by [Name of Institution] has voluntarily withdrawn the Physician Assistant from the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accreditation process, effective [Click here to enter text]. Because of the voluntary withdrawal status, the PA program will not admit another class and all admission activities will be suspended until further notice. Programs that close or voluntarily withdraw from the accreditation process lose their accreditation status and must begin the accreditation process again via the provisional accreditation pathway if they wish to pursue accreditation for a new PA program.
9.13 Disclosure of Probationary Status by ARC-PA

While Probation is a time-limited accreditation status, if not resolved it may have severe consequences for students and potential students. If the ARC-PA staff or representative receives a verbal, written or electronic inquiry regarding the status of a program currently on probation, the following information will be released:

- the fact that the program is accredited
- the fact that the program is on probation
- the definition of probation (that at its most recent review, the program was found not to be in compliance with the Standards and that the capability of the program to provide an acceptable educational experience for its students is threatened)
- the anticipated date of the next review for the program

Further questions are referred to the program or its sponsoring institution.

The accreditation status of each program is posted on the ARC-PA web site.
9.14  **Student Notification of an Adverse Action**

Programs must notify students and applicants in the case of adverse actions according to procedures defined in the ARC-PA Accreditation Letter sent to the sponsoring institution and program.

If a program fails to comply, the ARC-PA takes appropriate action to ensure that students are notified of the program's current accreditation status. Any costs incurred by the ARC-PA if the program fails to comply are billed to the program and the program may be subject to further accreditation action.
9.15 Accreditation Actions Subject to Appeal and Appeal Procedures

The following adverse actions by the ARC-PA affect a PA program's accreditation status and are subject to appeal pursuant to the ARC-PA’s Appeal Procedures.

- refusal to consider a program for accreditation
- withholding of accreditation
- assignment of probationary status
- withdrawal of accreditation

Any appeal must be based upon the time and the circumstances that triggered the ARC-PA adverse action (e.g., a reaccreditation commission review, provisional application, required report, etc.). Descriptions of program changes made since that time will not be considered.

Programs receiving an adverse action are notified in writing of their right to appeal at the time of their accreditation status notification.

Appeal Procedure

Note: In extenuating circumstances, the chair of the ARC-PA may adjust these procedures to insure a fair and impartial review.

Programs enter the Appeal Process by filing a Notice of Appeal.

Appeals Fee

- Recomconsideration: $3,000
- Appeal before an Independent Appeals Panel: $6,000

(In addition to other expenses as detailed in the Appeals Procedure)

Accreditation Status, Public Release

If the ARC-PA is requested or required to provide information to a third party regarding the accreditation status of a PA program that is pursuing the Appeal Process, the ARC-PA shall advise those inquiring that the program’s accreditation status remains as it was prior to the Appeal.

A. Notice of Appeal

If a PA program wishes to appeal the ARC-PA’s adverse action, it must send a written Notice of Appeal, which must include all documentation in support of the appeal, to the ARC-PA Executive Director within thirty (30) calendar days after the date of written notification of the accreditation decision.

At a minimum, the Notice of Appeal should include:
- A statement of the accreditation decision to be reviewed,
- A description of the modification or reversal sought by the program,
- A complete and concise description of any inaccurate, incomplete or erroneous fact(s), or incorrect interpretation of the Standards, on which the Program believes the decision was based,
- Pertinent detailed supporting documentation,
- Any other relevant information the program wishes to have reviewed.

The program should submit its request electronically as an attachment to arc-pa@arc-pa.org and mail one original and six copies (two sided, three hole punched, no staples or binders, secured with clips or rubber bands) to:

John E. McCarty
Executive Director
Accreditation Review Commission on Education for the Physician Assistant
12000 Findley Road, Suite 150
Johns Creek, GA 30097

If a Notice of Appeal is not received by the ARC-PA within thirty (30) days, the ARC-PA’s initial adverse action shall constitute final action by the ARC-PA, effective immediately.

B. Reconsideration by a Review Panel

All Notices of Appeals are initially referred to a five member Review Panel consisting of two members of the executive committee, one public commissioner of the ARC-PA and two other commissioners appointed by the ARC-PA Chair.

No person shall be included on the Review Panel if he or she:

- participated in the site visit that triggered the adverse action,
- was assigned to review recent site visit findings, required reports or other ARC-PA findings regarding that PA program on behalf of the ARC-PA,
- was an assigned first or second reviewer of the program at a commission meeting
- has a conflict of interest as determined under the ARC-PA Conflict of Interest

A copy of the appeal letter and documentation will be provided to each member of the Review Panel. The Review Panel members will consider the materials independently before discussing the program via telephone conference call.

The Review Panel may find it necessary to consult with the program director or the site visit team members to verify, validate or clarify information submitted. The panel may also find it necessary to consult with ARC-PA staff regarding ARC-PA policy issues and precedent.

C. Deliberation and Report of the Review Panel

In developing its decision, the panel will give consideration to the appeal letter and documentation submitted, the particular facts or Standards at issue, as well as the existing ARC-PA policies and ARC-PA precedent. The Review Panel shall determine whether the ARC-PA’s action is supported by the evidence, and whether the action was taken in accordance with the ARC-PA’s policies and procedures.
The panel must develop a written report to include the following:

- **Activities**: a brief summary of the activities of the panel pertaining to the case, including dates and contents of any meetings or conference calls, the purpose of these meetings or conference calls and the persons involved.

- **Findings**: a statement responding to each of the issues brought forth in the program director's appeal letter, including a brief description of reasons for the panel's determination regarding each issue.

- **Decision**: the decision of the Review Panel.

- **Signatures**: The report should be signed by each member of the Review Panel.

**D. Reconsideration Decision**

The Review Panel shall make one of the following decisions:

- Affirm the initial adverse action;
- Modify the initial adverse action in whole or in part; or
- Reverse the initial adverse action.

The program will be notified of the Review Panel decision by the ARC-PA.

If the adverse action being reconsidered related to probation or refusal to consider a program for accreditation, the decision of the Review Panel is final and the appeal process is complete. The program may not request a Formal Appeal hearing by the ARC-PA.

If the program remains dissatisfied with a decision relating to withdrawal of accreditation or withholding of accreditation, it may request a Formal Appeal hearing before the ARC-PA. Such a request must be received in writing by the ARC-PA within **ten (10) days** of receipt of notification of the Review Panel decision.

**E. Formal Appeal Before an Independent Appeals Panel**

**Process for appeal of an adverse action of denial or withdrawal of accreditation action following reconsideration**

**Appeal Procedure**

Note: *In extenuating circumstances, the chair of the ARC-PA may adjust these procedures to insure a fair and impartial review.*

Institution/program enters the Appeal Process by filing a Notice of Final Appeal.

If, after reconsideration by the Review Panel, the institution/program remains dissatisfied with a decision relating to withdrawal of accreditation or withholding of accreditation, it may request a Formal Appeal hearing before an independent Appeals Panel. Such a request must be received in writing by the ARC-PA within **ten (10) days** of receipt of notification of the Review Panel decision.
The appeal shall be limited to the time and circumstances that triggered the ARC-PA action (e.g., a commission review, focused visit, required report, etc.) and shall be based solely on the information contained in the documents upon which the decision was based. Descriptions of changes made since that time will not be considered, except as expressly provided herein.

(1) Panel Selection

The Appeals Panel shall be appointed by the ARC-PA Executive Director in consultation with the ARC-PA Chair and shall include individuals who are former ARC-PA commissioners or who otherwise meet the qualifications to serve on the ARC-PA, such as educator or practitioner status as defined by the ARC-PA. There will be three members of the Appeals Panel, including a representative of the public, and three alternate members, including a representative of the public, who will be called upon to participate if an Appeals Panel member must be excused.

No person shall be included on an Appeals Panel for a given program if he or she:

- has participated in a commission review process visit that triggered the adverse action,
- reviewed recent commission review process findings, status reports, or other ARC-PA findings or conclusions regarding that program on behalf of the ARC-PA,
- has a conflict of interest as determined under the ARC-PA Conflict of Interest Guidelines.

Once the Appeals Panel has been established, neither the sponsoring institution/program nor any member of the ARC-PA shall contact any member of the Appeals Panel concerning the substance of the matter under appeal.

(2) Information Provided to the Appeals Panel

The ARC-PA Executive Director shall forward to each member of the Appeals Panel the following materials, which shall constitute the Appeal Record:

- the commission review process documents – program application, site visitor report, program response to the site visit observations, that was available to the ARC-PA and upon which the ARC-PA relied in the action that is the subject of the appeal
- a copy of the Letter of Accreditation notifying the institution/program of the adverse action
- a copy of the institution/program Notice of Appeal and supporting documentation
- a copy of the letter containing the results of the reconsideration by the review panel
- no new information will be presented to or will be considered by the Appeals Panel; provided that, if:

  a) the adverse action that is the subject of appeal was based solely upon a failure by the institution/program to meet an accreditation standard pertaining to finances, and
  b) the information was unavailable to the institution/program prior to the decision by the ARC-PA to take the adverse action, and
  c) the information is significant and bears materially on the financial deficiencies identified by the ARC-PA, that information also will be forwarded to and may be considered by the Appeals Panel.
Timing of and Representation at the Appeals Panel Hearing

The Appeals Panel shall select a Chair and the Chair of the Appeals Panel shall notify the institution in writing of the date, time and place of the hearing. The notice shall be provided at least forty-five (45) calendar days prior to the hearing. The notice shall advise the institution/program that it:

- may send representatives to appear before the Appeals Panel,
- may be represented by legal counsel, and
- may submit a written response to the ARC-PA’s cited areas of noncompliance; such response must be limited to the time and circumstances that triggered the adverse action and shall be based solely on the information contained in the accreditation letter.

The institution/program’s written response, names of institution/program representatives to appear before the Commissioner Appeals Panel and, if any, the legal counsel who will attend the hearing, must be received by the Chair of the Appeals Panel no later than twenty-one (21) calendar days before the scheduled date of the hearing.

The institution/program will be notified that failure to appear without good cause, or failure to notify the Chair of the Appeals Panel at least ten (10) calendar days before the scheduled date of the hearing that it will not appear, may result in the Appeals Panel making its decision based on the information before it with no further opportunity for an appearance by the institution. Any costs related to the institution/program failure to appear or to cancel the hearing will be billed to the institution/program.

During the hearing, the ARC-PA will be represented by the ARC-PA chair or commissioner designee, the Executive Director or staff designee, and legal counsel.

(3) Conduct of the Hearing before the Appeals Panel

While strict adherence to the formal rules of evidence shall not be required, irrelevant or unduly repetitious statements may be ruled out of order. The hearing shall follow the following general format:

Introductory statement by the Chair of the Appeals Panel and review of procedure by ARC-PA legal counsel

- Oral presentation by the ARC-PA Chair, or commissioner designee presenting the grounds for the adverse action (30 minutes).
- Oral presentation by the institution/program (one hour).
- Response by the ARC-PA Chair, or commissioner designee (15 minutes)
- Questions by the Appeals Panel to both parties.
- Appeals Panel executive session (15- 30 minutes).
- Additional questions by the Appeals Panel to both parties.
- Closing statement by the institution/program (15 minutes).
- Closing statement by the ARC-PA (15 minutes)
- Adjournment.

The hearing will be audio recorded.
(4) **Decision of the Appeals Panel**

At the conclusion of the hearing, the Appeals Panel shall meet in executive session to review the proceedings and to reach a decision. The Appeals Panel shall consider the Appeal Record and the information presented during the hearing. The Appeals Panel shall determine, by majority of those members present, whether the institution/program has demonstrated by the presentation of substantial evidence that the ARC-PA findings of noncompliance with each of the cited areas of accreditation standards should be overturned, and whether the adverse action should be affirmed, modified or reversed.

The Appeals Panel shall make one of the following decisions:

- Affirm the adverse action
- Reverse or modify the adverse action

The Appeals Panel determination shall be submitted to the ARC-PA using the format of the ARC-PA’s *Appeal Decision Template*, which includes a written report of the Appeals Panel decision and the reasons therefore, and specific implementation instructions for the ARC-PA, if any.

The Appeals Panel process, including the filing of the report with the ARC-PA, shall be completed within ninety (90) days from the time that the institution/program files its Notice of Final Appeal, and shall constitute the final decision on the matter.

(5) **ARC-PA Implementation of the Appeals Panel Decision**

The ARC-PA shall act in a manner consistent with the Appeals Panel decision.

The ARC-PA Executive Director shall notify the institution/program in writing of the Appeals Panel decision, and the action taken by the ARC-PA to implement such decision, including the reasons therefore, within thirty (30) calendar days after receipt of the Appeals Panel Report.

(6) **Costs of Formal Appeal**

The costs of the Formal Appeal shall be allocated in the following manner:

- the appellant institution/program shall submit payment of the Appeal Fee
- the ARC-PA and the appellant institution/program share all of the administrative and meeting costs for the Formal Appeal, including the costs of the hearing
- the appellant institution/program shall bear all of the costs involved in the development and presentation of its appeal and in the travel and other expenses of its representatives present at any hearing
- the ARC-PA shall bear the cost of audio recording the hearing. The institution/program shall be required to pay for any copies of the audio recording

(7) **Notice and Filings with the ARC-PA Executive Director**

Whenever, under any of the provisions of this procedure, there is a requirement for a written notice, request, or other writing to be submitted to the ARC-PA, said writing (e-mail attachment is acceptable) shall be addressed to the following:
9.16 Modification of Commission Action

Circumstances may arise that cause the ARC-PA to modify an accreditation action. This may occur before or after written notification of official ARC-PA action has been conveyed to the program. Such modification shall occur no later than 30 days after written notification. As appropriate, the program will be included in timely correspondence.

Depending upon the nature of the proposed modification, the chair or designee will determine the procedure to be used in addressing the proposed modification.

A modification cannot result in an assignment of a more severe adverse action.

Any changes to accreditation actions made outside of a regular meeting will be conveyed in writing to the commissioners. Modifications will be noted in an addendum to the minutes of the appropriate commission meeting.
9.17 Expedited Review

In an effort to provide timely review and notification back to the program and streamline the workload of the commission, certain reports and program change requests requiring commission review may be considered in an Expedited Review process.

The following program changes may be reviewed in an expedited manner:

- Changes in faculty
- Change in degree
- Change in program length
- Change in graduation requirements
- Transfer of program sponsorship
- Increase in student capacity

The following required documents/reports addressing the following areas may be reviewed in an expedited manner:

- Curriculum vitae
- Announcement and advertisements
- Syllabus or course objectives
- Proof of faculty or staff hire
- Adequacy of clinical experiences
- Curriculum issue(s)
- Response to citation(s)
- PANCE results

The following program change(s) is/are not eligible for expedited review:

- Expansion to a distant campus

Results of all expedited reviews are reported at the next commission meeting.

The commission, executive director or commission chair may request that a program change or required report be reviewed in an expedited manner. The information provided for review must be succinct and sufficiently detailed to allow the reviewer to render a decision without the need for additional information.

The executive director assigns each file that qualifies for expedited review to a commissioner or in some cases, staff for review.

The reviewer may take one of several actions based on the type of report/change request being reviewed in an expedited manner:
• Accept / Do Not Accept report
• Acknowledge change / report
• Approve / Do Not Approve change
• Receive as information

If the reviewer believes the materials submitted by the program are unclear or if the reviewer is not able to render a decision without additional information, the report/change request may be referred to the full commission for review and decision. Depending upon the timing of the review, additional information may be requested prior to the report/change request being referred to the commission.

The reviewer can request a follow-up report if there is a belief that an issue(s) would benefit from continued monitoring by the commission.
10. Category: Program Specific

Initially Adopted: 03.09.2012
Review/Revision History: 03.07.2014
Cross-referenced to: Standards Section E1.08, Accreditation Manual
Page 1 of 1

10.1 Eligibility for expansion to a distant campus

A program holding the status of accreditation – continued must maintain five consecutive years of accreditation – continued status before the ARC-PA will consider an application for expansion to a distant campus.

A program with the status of accreditation – probation is not eligible to request expansion to a distant campus.

A program must have outcomes from the first cohort of students at any distant campus before applying to expand to another distant campus.
10.2 Eligibility for submission of application for increase in class size

A program with the status of accreditation – probation is not eligible to request an increase in the maximum entering class size.

A program holding the status of accreditation – continued

- Must maintain five consecutive years of accreditation – continued status before the ARC-PA will consider a request for an increase in maximum entering class size.

- Must maintain four consecutive years of accreditation-continued status from the date of the last approved class size increase before the ARC-PA will consider a request for an increase in maximum entering class size.

- Must maintain two years of accreditation-continued status after completing the provisional pathway, without an approved incremental class size increase while holding accreditation-provisional status, before the ARC-PA will consider a request for an increase in maximum entering class size.

- Must maintain five years of accreditation-continued status after completing the provisional pathway, if the program was approved for incremental class size increases while holding accreditation provisional-status, before the ARC-PA will consider a request for an increase in maximum entering class size.
10.3 Program Self-Assessment

The ARC-PA embraces the self-assessment process as an integral part of accreditation.

It is important for programs to have a robust and systematic process of ongoing self-assessment to review the quality and effectiveness of their educational practices, policies and outcomes.

This process should be conducted within the context of the mission and goals of both the sponsoring institution and the program, using the Accreditation Standards for Physician Assistant Education (Standards) as the point of reference.

A well-developed process occurs throughout the academic year and across all phases of the program. It critically assesses all aspects of the program relating to sponsorship, resources, students, operational policies, curriculum and clinical sites.

The process is used to identify strengths and weaknesses and should lead to the development of plans for corrective intervention with subsequent evaluation of the effects of the interventions.
10.4 Required Reports

A program may be required to submit report(s):

- indicating the manner in which the citations have been addressed/resolved and details about how the program plans to assure compliance in the future

- describing the results of efforts at corrections that were in progress at the time of the site visit/commission review

- providing additional information in follow-up to a previously submitted report or approved substantive program change

- providing information required by the Standards

- providing data as required for the Program Required Annual Report to the ARC-PA or other documents or data as requested via the ARC-PA Program Management Portal

The ARC-PA specifies the information to be provided and a specific due date for the report.
10.5 Noncompliance with Accreditation Actions or Procedures

The ARC-PA may withdraw accreditation of a program, regardless of its current accreditation status, under the following circumstances:

- The program director/institution refuses to comply with one or more ARC-PA accreditation actions or procedures, including refusal to:
  
  a) Undergo a site visit.
  
  b) Follow directives associated with an accreditation action.
  
  c) Supply the ARC-PA with requested information.

- The program has submitted falsified information to the ARC-PA.

- The program has demonstrated grossly unethical business or educational practices such that the students are in jeopardy.

- A physician assistant program has been inactive, see inactive status Policy 10.8.

- A clinical postgraduate program has been inactive for more than three years.

- The program has sustained a catastrophic loss or complete change of resources, e.g., faculty, facilities or funding, such that the program no longer complies with the Standards.
10.6 Curriculum Teach Out

Programs no longer accredited but which remain actively engaged in delivering the curriculum to currently matriculated students are expected to teach out the curriculum in accordance with the *Standards* or to assist students in transferring to another ARC-PA accredited program in which they can continue their education.
10.7 Transfer of Sponsorship

The sponsoring institution must inform the ARC-PA in writing using ARC-PA designed forms, of the intent to transfer program sponsorship as soon as it begins considering transfer.

Transferring sponsorship of a PA program accredited by the ARC-PA is initiated at the request of the chief executive officer or designated representative of the institution sponsoring the currently accredited PA program.

Transferring sponsorship of a program to an institution with or without a currently accredited PA program requires that the program being transferred remain in compliance with accreditation standards before, during and after the transfer period. Completion of the “Request to Transfer Sponsorship” is required Additional documentation maybe requested and a focused visit may be required before transfer of sponsorship is approved.

Transfer of sponsorship may result in a reconsideration of the program’s accreditation status or an earlier scheduling of the next site visit for the program requesting transfer of sponsorship.
10.8 Voluntary Inactive Status

Voluntary Inactive is a status that may be awarded to programs that temporarily suspend instruction and cease to matriculate students. Programs holding an adverse accreditation status will not be awarded voluntary inactive status.

Programs awarded inactive status must abide by the following:

- Programs may not matriculate, enroll or instruct students while on inactive status.

- The date of the next scheduled site visit is not changed due to inactive status, unless such change is requested in advance by the program and approved by the ARC-PA.

- Programs on inactive status are required to pay all ARC-PA designated dues and fees for accreditation services.

- Programs on inactive status are required to complete all required reports, including the ARC-PA annual program report.

- Inactive status is limited to one year for physician assistant programs and three years for clinical postgraduate programs, after which accreditation of the program may be withdrawn by the ARC-PA or voluntarily surrendered by the program.

Programs requesting to become active within the one- or three-year period will be evaluated on a case-by-case basis by the ARC-PA. The program may be scheduled for a validation visit or focused visit, or may be required to reenter the accreditation process via the provisional (for physician assistant programs) or initial (for clinical postgraduate programs) accreditation pathway.
10.9 Delinquency of Payment of Fees Assessed to Programs

Programs that are delinquent in payment of fees are not eligible for accreditation review and will be placed on “administrative probation” until the fees have been paid.

The program may be subject to withdrawal of accreditation if fees have not been paid within sixty days of notification of delinquency.
11. **Category: Site Visit**

Initially Adopted: 01.01.2001  
Review/Revision History: 03.05.2011, 09.08.2012, 03.08.13  
Cross-referenced to: Accreditation Manual  
Page 1 of 2

### 11.1 Types of Site Visits and Related Processes

**Validation Visit**

A Validation Visit is conducted to programs with 'accreditation - continued' status. Such visits are scheduled at the direction of the Commission to review the program’s compliance with the *Standards* and the annually required information submitted by programs via the portal. The visits also examine the program’s demonstration of continuous oversight of processes and outcomes of education. An application is required with each validation visit. Programs with distant campus sites may have site visitors also at the distant site(s). The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

**Focused Visit**

A Focused visit may be conducted at any time to evaluate specific program/institution *Standards* compliance issue(s). Details about requirements for the focused visit are conveyed to the program in writing prior to the visit. Focused visits usually are conducted by specialist visitor(s), who must include commissioner(s) of the ARC-PA or ARC-PA staff. A report of the visit is written for consideration and action by the ARC-PA.

The ARC-PA retains the right to meet with faculty and students or pursue other issues that may surface during the course of the visit that are relevant to the stability of the program.

**Provisional Visits**

- An initial provisional site visit is conducted to a new developing program that is within six to 12 months of matriculation of students. This visit verifies an institution’s ability to begin a program in compliance with the *Standards*, and the program’s readiness to matriculate students. An application is required with the initial provisional visit. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

- A provisional monitoring visit is conducted within six months of graduation of the first cohort of students. This visit verifies the sponsoring institution’s and provisionally accredited program’s progress in delivering the program in compliance with the *Standards* and their ability to continue to do so. An application is required with the provisional monitoring visit. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

- A final provisional visit is conducted 18-24 months following the second provisional review by the commission. This visit verifies the institution’s and program’s demonstration of compliance with the *Standards* including their ability to incorporate and report the findings of a robust self-assessment process as required by the ARC-PA. An application is required with the final
provisional visit. The site visit team submits a report of the visit in the form of “observations” to which the program is offered an opportunity to respond.

Provisional Accreditation Process

The provisional accreditation process begins with a determination of institutional eligibility to sponsor a program and the submission of a feasibility study. The process continues with a series of three site visits, with subsequent commission reviews following each visit. An application is required with each provisional visit. With each visit, the site visit team submits a report of the visit in the form of “observations” to which the program is offered the opportunity to respond.

After the initial provisional site visit and commission review, the program is eligible for an accreditation status of accreditation-provisional.

- Two months before students begin the program, the program must update the personnel section of the Program Management Portal to reflect current program faculty
- Two months before students begin their clinical rotations, the program must update the SCPE tab of the Program Management Portal

After the provisional monitoring site visit and commission review, the program is eligible to continue its accreditation status of accreditation-provisional. After the final provisional site visit, the program is eligible for the status of accreditation-continued.

Programs in the provisional process are not eligible to expand to a distant campus or request an increase in class size until two years after completing the accreditation-provisional process and having obtained accreditation-continued status, without an adverse accreditation action during that period of time.

Distant Campus Expansion Visit

A Distant campus expansion visit is conducted for a program with accreditation-continuing status that is applying to expand to a distant campus location. The visit is conducted at the site(s) of the proposed campus and is made at the direction of the Commission. The visit may involve a concurrent visit to the main program campus. The site visit team submits a report of the visit in the form of “observations” for which the program is offered the opportunity to respond.

Clinical Postgraduate Visit

A Clinical Postgraduate Visit is conducted for clinical postgraduate PA programs entering the accreditation process or already holding the status of accreditation-clinical postgraduate program. The visit is conducted by a visitor selected from a pool of visitors specifically prepared to conduct visits to clinical postgraduate programs. The visitor may be an ARC-PA Commissioner or staff member. A report of the visit is submitted to the ARC-PA in the form of “observations” for which the program is offered the opportunity to respond.
11.2 Site Visit Team Selection

The ARC-PA:

- Is solely responsible for site visitor selection and assignment
- Recruits and prepares site visitors
- Provides ongoing required site visitor development
- Inquires about, evaluates and resolves real and potential conflicts of interest of those scheduled to participate in site visits
- Defines team membership and responsibilities
- Evaluates site visitor performance through data collection and analysis
- Provides performance feedback and suggestions for improvement to site visitors
11.3 Site Visit Process

The ARC-PA defines, publishes and distributes documents that detail the activities and procedures associated with the site visit. The application submitted by the program to the ARC-PA office is considered the program's application of record.

The only individual(s) that may be present at meetings occurring during the site visit to the PA program are institutional and program administrators, faculty and students, as may be determined by the site visit team chair.

The chair is solely responsible for the final decision regarding individuals to be interviewed and who may be present during the interviews.

The use of any recording device by the program during any portion of the site visit is strictly prohibited.

---

4 If any questions regarding these requirements, the program must communicate them to the ARC-PA executive director and site visit team chair as soon as possible and, in any event, prior to the visit.

5 It is one component of the official program record used by the commission 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.
11.4 Site Visit Report Structure

The report from the site visit team consists only of observations.

Each observation must be referenced to a *Standard*.

Each observation is the site visit team’s opportunity to alert the ARC-PA that the program failed, in writing or in person, to demonstrate compliance with the *Standards*, or that the team was unable to validate information provided in the materials as submitted by the program.
11.5  Program Response to Observations

ARC-PA actively seeks program response(s) to the site visit observation(s).