



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

NOTICE OF ACTIONS – ACCREDITATION STATUS (10.4.24)

The ARC-PA took the actions displayed below at its **September 19-21, 2024** meeting. The accreditation decisions were based on the programs' compliance with the accreditation *Standards* or adherence to ARC-PA policies for accredited programs.

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

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

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

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

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

PA Program at:	Accreditation Status Granted	Next Comprehensive Review
Assumption University, MI	Provisional ²	TBD
<i>Report due December 15, 2024</i>		
<i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i>		

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

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
University of South Alabama, AL <i>Report due November 15, 2024:</i> - Update Budget Tab of Program Management Portal <i>Report due March 3, 2025</i> - Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students) - Standard A1.11b (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies) - Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program) - Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)	Continued	September 2034
Harding University, AR <i>Report due December 1, 2024:</i> - Update Goals and Attrition Table on program website <i>Report due January 15, 2025:</i> - Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment) - Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership) - Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies) - Standard A1.11b (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies) - Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing retention strategies) - Standard A1.11d (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws,	Probation ³	September 2026 (probation review)

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by making available, resources which promote diversity, equity and inclusion)</i> • <i>Standard A2.09d (lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.09h (lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>Standard A3.15b (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, requirements and deadlines for progression in and completion of the program)</i> • <i>Standard B1.01d (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B2.15c (lacked evidence the curriculum includes instruction in concepts of public health as they relate to the role of the practicing PA and patient advocacy)</i> • <i>Standard B2.20a (lacked evidence the curriculum includes instruction about provider personal wellness including prevention of impairment)</i> <i>Report due May 1, 2025:</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard B3.07b (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for emergency medicine)</i> • <i>Standard B3.07c (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for internal medicine)</i> • <i>Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i>		
Report due March 2, 2026 modified Self-Study Report:		
• <i>Standard C1.01a (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses administrative aspects of the program and institutional resources)</i> • <i>Standard C1.01b (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum)</i> • <i>Standard C1.01c (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum)</i> • <i>Standard C1.01d (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>preparation of graduates to achieve program defined competencies)</i> • <i>Standard C1.01e (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses PANCE performance)</i> • <i>Standard C1.01f (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff)</i> • <i>Standard C1.01g (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <i>No report required:</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i>	Continued	June 2029
• <i>No report related to Standards</i>		
Florida State University, FL	Continued	September 2032
<i>No report required:</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>		
Nova Southeastern University-Jacksonville, FL	Continued	March 2026
<i>No report required:</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>		
Chamberlain University, IL	Provisional ²	September 2026
<i>Report due January 20, 2025:</i> • <i>Standard A2.13a (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects)</i> • <i>Standard B3.06c (lacked evidence supervised clinical practice experiences occur with other licensed health care providers qualified in their area of instruction)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i>		
Indiana State University, IN	Probation ³	September 2025 (Probation Review)
<i>Report due December 1, 2024:</i> • <i>Update class size and PANCE pass rate data in Program Management Portal</i> • <i>Update goals, Attrition Table, and NCCPA PANCE report on program website</i> <i>Report due January 25, 2025:</i> • <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i> • <i>Standard A1.02c (lacked evidence the sponsoring institution is responsible for ensuring effective program leadership)</i> • <i>Standard A1.02d (lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies)</i> • <i>Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)</i> • <i>Standard A2.02b (lacked evidence the program has at least three FTE principal faculty, of which two FTE principal faculty are PAs who are currently NCCPA-certified)</i> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)		
Northwestern College, IA	Continued	September 2034
Report due November 1, 2024:		
Update Budget tab in Program Management Portal		
Report due December 10, 2024:		
- Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities) - Standard C2.01b (lacks evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations) - Standard C2.01c (lacks evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)		
Grand Valley State University, MI	Continued	September 2034
Report due November 1, 2024:		
Update Budget Tab in Program Management Portal		
Report due December 10, 2024:		
- Standard A1.02k (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees) - Standard A3.13c (lacked evidence the program defines, publishes, consistently applies and makes readily available to prospective students, policies and procedures to include practices for awarding or granting advanced placement) - Standard A3.18 (lacked evidence PA students and other unauthorized persons do not have access to the academic records or other confidential information of other students or faculty)		
Report due April 1, 2025:		
- Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include evidence of its effectiveness in meeting its goals) - Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• <i>Standard B2.11g (lacked evidence the curriculum includes instruction in the violence identification and prevention area of social and behavioral sciences and its application to clinical practice)</i> • <i>Standard B3.07d (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for surgery)</i> • <i>Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard C1.01g (lacked evidence the program defines its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses success in meeting the program's goals)</i>		
Lawrence Technological University, MI	Provisional²	September 2026
<i>Report due November 1, 2024:</i>		
• <i>Update Budget tab in Program Management Portal</i>		
<i>Report due January 6, 2025:</i>		
• <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B1.03f (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students detailed information in syllabi or appendix to the syllabi, including outline of topics to be covered that align with learning outcomes and instructional objectives)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>address any student deficiencies in a timely manner)</i> No report required: - Standard C1.01b (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the didactic curriculum) - Standard C1.01c (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses effectiveness of the clinical curriculum) - Standard C1.01f (lacked evidence the program defined its ongoing self-assessment process that is designed to document program effectiveness and foster program improvement and addresses sufficiency and effectiveness of principal and instructional faculty and staff) - Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data) - Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths) - Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment) - Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)		
Michigan State University, MI	Provisional ²	September 2026
Report due December 13, 2024: - Standard A3.14 (lacked evidence the program makes student admission decisions in accordance with clearly defined and published practices of the institution and program) No report required: - Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)		
Mayo Clinic School of Health Sciences, MN	Continued	September 2034
Report due November 15, 2024: - Update Goals on website specific to PANCE performance Report due December 16, 2024: - Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)		
University of New Mexico, NM	Continued	September 2034
Report due November 15, 2024: - Update Budget tab in Program Management Portal Report due April 15, 2025: - Standard A2.17b (lacked evidence that in each location to which a student is assigned for didactic instruction or supervised clinical practice experiences, the program orients all instructional faculty		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>to specific learning outcomes it requires of students.),</i> • <i>Standard B1.01d (lacked evidence the curriculum is of sufficient breadth and depth to prepare the student for the clinical practice of medicine)</i> • <i>Standard B1.03g (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi information to include methods of student assessment/evaluation)</i> • <i>Standard B3.03a (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome for preventive, emergent, acute, and chronic patient encounters)</i> • <i>Standard B3.03b (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome for across the life span, to include infants, children, adolescents, adults, and the elderly)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome for women's health (to include prenatal and gynecologic care))</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcome for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard C1.03 modified self-study report(lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>	Probation ³	September 2026 (Probation Review)
Pfeiffer University, NC		
Report due January 15, 2025:		
• <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)</i> • <i>Standard A1.11c (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws,</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in having a documented action plan for diversity, equity and inclusion)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <i>Report due March 2, 2026 modified Self-Study Report:</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> <i>No report required:</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i>	Continued	September 2034
<i>Wingate University, NC</i> <i>Report due February 1, 2025:</i> • <i>Standard A3.01 (lacked evidence program policies apply to all students, principal faculty and the program director regardless of location; a signed clinical affiliation agreement or memorandum of understanding may specify that certain program policies will be superseded by those at the clinical site)</i> • <i>Standard A3.15c (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission, policies and procedures for remediation and deceleration)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)</i> • <i>Standard B4.01b (lacked evidence the program conducts</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> No report required: Standard C1.03 (<i>lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment</i>)		
CUNY School of Medicine, NY	Probation ³	September 2026 (Probation Review)
Report due November 1, 2024: - Update program URL and PANCE pass rate data in Program Management Portal Report due May 15, 2025: - Standard A1.02a (<i>lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment</i>) - Standard A1.02d (<i>lacked evidence the sponsoring institution is responsible for complying with ARC-PA accreditation Standards and policies</i>) - Standard A1.07 (<i>lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students</i>) - Standard A2.03 (<i>lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program</i>) - Standard A2.04 (<i>lacked evidence principal faculty and the program director have academic appointments and privileges comparable to other faculty with similar academic responsibilities in the institution</i>) - Standard A2.09d (<i>lacked evidence the program director is knowledgeable about and responsible for continuous programmatic review and analysis</i>) - Standard A2.09h (<i>lacked evidence the program director is knowledgeable about and responsible for adherence to the Standards and ARC-PA policies</i>) - Standard A3.08c (<i>lacked evidence the program defines, publishes, makes readily available and consistently applies policies addressing student exposure to infectious and environmental hazards before students undertake any educational activities which would place them at risk and that clearly define financial responsibility</i>) - Standard A3.12i (<i>lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include the most current annual student attrition information, on the table provided by the ARC-PA, no later than April first each year</i>)		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
• <i>Standard B3.07a (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for family medicine)</i> • <i>Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard B4.03a (lacked evidence the program conducts and documents a summative evaluation of each student within the final four months of the program to verify that each student meets the program competencies required to enter clinical practice, including clinical and technical skills)</i>		
Report due March 2, 2026 modified Self-Study Report:		
• <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>		
No report required:		
• <i>Standard A3.17a (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation that the student has met published admission criteria including advanced placement if awarded)</i> • <i>Standard A3.17d (lacked evidence student academic records kept by the sponsoring institution or program, in a paper or electronic format, are readily accessible to authorized program personnel and includes documentation of remediation efforts and outcomes)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
D'Youville University, NY <i>Report due November 1, 2024:</i> - Update Budget tab of Program Management Portal <i>Report due December 16, 2024:</i> - Standard A3.11 (lacked evidence the sponsoring institution and program's announcements and advertising accurately reflect the program offered)	Continued	September 2029
Touro University-Manhattan, NY <i>Report due November 1, 2024:</i> - Update Budget Tab of Program Management Portal <i>Report due January 3, 2025:</i> - Standard A2.13a (lacked evidence instructional faculty are qualified through academic preparation and/or experience to teach assigned subjects) - Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction) - Standard B3.06b (lacked evidence supervised clinical practice experiences occur with NCCPA certified PAs) - Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities) - Standard C2.01b (lacks evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations) <i>Report due September 28, 2026 modified Self-Study Report:</i> - Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement) - Standard C1.03 (lacked evidence the program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)	Continued	September 2034
Touro University-Middletown, NY <i>No report required:</i> Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)	Provisional ²	September 2026
University of Oklahoma-Oklahoma City, OK <i>Report due January 20, 2025:</i> Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and	Continued	September 2034

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>documented in a manner signifying agreement by the involved institutions)</i> • <i>Standard A1.02g (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)</i> • <i>Standard A2.09g (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students general program information to include estimates of all costs (tuition, fees, etc.) related to the program)</i> • <i>Standard B1.03b (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, course description)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, learning outcomes and instructional objectives, in measurable terms that can be assessed, and that guide student acquisition of required competencies)</i> • <i>Standard B1.03h (lacked evidence that for each didactic and clinical course (including required and elective rotations), the program defines and publishes for students in syllabi or appendix to the syllabi, plan for grading)</i> • <i>Standard B2.11c (lacked evidence the curriculum includes instruction in the normal and abnormal development across the lifespan area of social and behavioral sciences and its application to clinical practice)</i> • <i>Standard B2.14d (lacked evidence the curriculum includes instruction about the business of health care to include health policy)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> • <i>Standard C2.01a (lacked evidence the program defines and maintains effective processes and documents the initial and</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to physical facilities)</i> • <i>Standard C2.01b (lacks evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)</i> • <i>Standard C2.01c (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to supervision)</i> Report due May 1, 2025: • <i>Standard C1.03 modified self-study report (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> No report required: • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i>	Probation ³	September 2026
Report due January 11, 2025: • <i>Standard A1.02b (lacked evidence the sponsoring institution is responsible for hiring faculty and staff)</i> • <i>Standard A1.07 (lacked evidence the sponsoring institution provides the program with the human resources, including sufficient faculty, administrative and technical staff, necessary to operate the educational program, comply with the Standards, and fulfill obligations to matriculating and enrolled students)</i> • <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)</i> • <i>Standard A2.03 (lacked evidence principal faculty are sufficient in number to meet the academic needs of enrolled students and manage the administrative responsibilities consistent with the complexity of the program)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard A2.09g (lacked evidence program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i> • <i>Standard A2.12 (lacked evidence the medical director is an active participant in the program and supports the development of the program competencies to meet current, practice standards as they relate to the PA role)</i> • <i>Standard A2.18b (lacked evidence administrative support for the program is sufficient in number to manage the administrative</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>responsibilities consistent with the organizational complexity and total enrollment of the program)</i> • <i>Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include evidence of its effectiveness in meeting its goals)</i> • <i>Standard A3.12f (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include estimates of all costs (tuition, fees, etc.) related to the program)</i> • <i>Standard A3.15f (lacked evidence the program defines, publishes, consistently applies and makes readily available to students upon admission policies and procedures for allegations of student mistreatment)</i> • <i>Standard B3.06a (lacked evidence supervised clinical practice experiences occur with physicians who are specialty board certified in their area of instruction)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i> <i>No report required:</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>Standard E1.03 (the program did not submit documents as required by the ARC-PA)</i>	Continued	September 2027
<i>Report due November 21, 2024:</i> • <i>Update Budget tab in Program Management Portal and PANCE pass rate data on program website</i> • <i>Standard A1.02g (lacked evidence the sponsoring institution is responsible for documenting appropriate security and personal safety measures for PA students and faculty in all locations where instruction occurs)</i> • <i>Standard A1.06 (lacked evidence the sponsoring institution provides the program with sufficient financial resources to operate the educational program and fulfill obligations to</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>matriculating and enrolled students)</i> - Standard A2.10 (lacked evidence the program director supervises the medical director, principal and instructional faculty and staff in activities that directly relate to the PA program) - Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include evidence of its effectiveness in meeting its goals) - Standard B3.07e (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for pediatrics) - Standard B3.07f (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for women's health including prenatal and gynecologic care) - Standard B3.07g (lacked evidence supervised clinical practice experiences occur with preceptors who enable students to meet program defined learning outcomes for behavioral and mental health care) - Standard C2.01b (lacked evidence the program defines and maintains effective processes and documents the initial and ongoing evaluation of all sites and preceptors used for supervised clinical practice experiences, to ensure students are able to fulfill program learning outcomes with access to patient populations)		
Delaware Valley University, PA	Provisional ²	September 2026
<i>Report due November 22, 2024:</i> - Standard A3.12b (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include evidence of its effectiveness in meeting its goals) - Standard A3.12i (lacked evidence the program defines, publishes and makes readily available to enrolled and prospective students, general program information to include the most current annual student attrition information, on the table provided to the ARC-PA, no later than April first each year) - Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner) <i>No report required:</i> - Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)		
Elizabethtown College, PA	Provisional ²	September 2026
<i>Report due November 1, 2024:</i> Update Budget tab in Program Management Portal and success		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>of the program in achieving its goals on the program website</i> <i>Report due December 15, 2024:</i> <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions.)</i> <i>Standard A1.02k (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees)</i> <i>Standard A1.11a (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity and inclusion by supporting the program in implementing retention strategies)</i> <i>No report required:</i> <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>	Provisional ²	September 2026
<i>Report due January 17, 2025:</i> <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> <i>No report required:</i> <i>Standard C1.03 (lacked evidence program prepares a self-study report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i>	Provisional ²	September 2026
<i>Report due July 1, 2025:</i> <i>Standard A1.02a (lacked evidence the sponsoring institution is responsible for supporting the planning by program faculty of curriculum design, course selection, and program assessment)</i> <i>Standard A2.09g (lacked evidence the program director is knowledgeable about and responsible for completion of ARC-PA required documents)</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>Report due May 10, 2025:</i> • <i>Standard A1.01 (lacked evidence that when more than one institution is involved in the provision of academic and/or clinical education, responsibilities of the respective institutions for instruction and supervision of students are clearly described and documented in a manner signifying agreement by the involved institutions.)</i> • <i>Standard A1.02k (lacked evidence the sponsoring institution is responsible for defining, publishing, making readily available and consistently applying to students, its policies and procedures for refunds of tuition and fees))</i> • <i>Standard A1.11b (lacked evidence the sponsoring institution, in a manner consistent with its own mission and applicable laws, demonstrates a commitment to student, faculty and staff diversity, equity, and inclusion by supporting the program in implementing recruitment strategies)</i> • <i>Standard A2.09d (lacked evidence program director is knowledgeable about and responsible for continuous programmatic review and analysis)</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i>		
<i>No report due:</i> • <i>Standard C1.02b (lacked evidence the program implements its ongoing self-assessment process by performing critical analysis of data)</i> • <i>Standard C1.02c.i (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program strengths)</i> • <i>Standard C1.02c.ii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify program areas in need of improvement)</i> • <i>Standard C1.02c.iii (lacked evidence the program implements its ongoing self-assessment process by applying the results leading to conclusions that identify action plans)</i> • <i>Standard C1.03 (lacked evidence program prepares a self-study</i>		

PA Program at:	Accreditation Status Granted/ Confirmed	Next Comprehensive Review
<i>report as part of the application for accreditation that accurately and succinctly documents the process, application and results of ongoing program self-assessment)</i> • <i>Standard E1.03 (lacked evidence the program submits reports or documents as required by the ARC-PA)</i>		
University of North Texas Health Science Center, TX	Continued	September 2034
<i>Report due November 15, 2024:</i> • <i>Update Student and General tabs of Program Management Portal and NCCPA PANCE Exam Performance Summary Report on program website</i> <i>Report due January 22, 2025:</i> • <i>Standard B1.03e (lacked evidence that for each didactic and clinical course [including required and elective rotations], the program defines and publishes for students, detailed information in syllabi or appendix to the syllabi that includes learning outcomes and instructional objectives, in measurable terms that can be assessed, that guide student acquisition of required competencies)</i> • <i>Standard B3.03c (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for women's health [to include prenatal and gynecologic care])</i> • <i>Standard B3.03d (lacked evidence supervised clinical practice experiences enable all students to meet the program's learning outcomes for conditions requiring surgical management, including pre-operative, intra-operative, post-operative care)</i> • <i>Standard B4.01a (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that align with what is expected and taught)</i> • <i>Standard B4.01b (lacked evidence the program conducts frequent, objective and documented evaluations of student performance in meeting the program's learning outcomes and instructional objectives for both didactic and supervised clinical practice experience components that allow the program to identify and address any student deficiencies in a timely manner)</i>		

THE FOLLOWING LISTS REFLECT ACTIONS FOR PROGRAMS WHICH APPLIED FOR PROGRAM CHANGES OR HAD REQUIRED REPORTS DUE TO THE COMMISSION.

Reports and program changes considered at the meeting

PA Program at:	Accepted/Not Accepted/Approved/Defer Decision /Not Approved/Acknowledged/Not Acknowledged/Reviewed, More Information Requested	Next Comprehensive Review
Western University of Health Sciences, CA ³	Accepted/Reviewed, More Information Requested*/Deferred	March 2025 (probation review)
Indiana State University, IN ³	Reviewed, More Information Requested* (see details in previous section)	September 2025 (probation review)
Frostburg State University, MD ³	Reviewed, More Information Requested*	September 2025 (probation review)
Concordia University-Ann Arbor, MI ²	Reviewed, More Information Requested*	June 2025
University of Detroit Mercy, MI ³	Reviewed, More Information Requested*	September 2025 (probation review)
University of Michigan-Flint, MI ³	Accepted	June 2025
Kean University, NJ ³	Reviewed, More Information Requested	March 2026
University of New Mexico, NM	Reviewed, More Information Requested*	September 2034
University of St. Francis, New Mexico, NM ³	Accepted	N/A
St. John's University, NY ³	Reviewed, More Information Requested*	March 2025 (probation review)
Yeshiva University, NY ³	Reviewed, More Information Requested*/Reviewed, More Information Requested*	March 2026
University of Oklahoma School of Community Medicine, OK ³	Accepted	March 2026 (probation review)
Arcadia University, PA ³	Reviewed, More Information Requested *	June 2025 (probation review)
Commonwealth University, PA	Distant Campus Not Approved* (see details in previous section)	September 2027
San Juan Bautista School of Medicine, PR ³	Not Accepted/Not Accepted	N/A
Bethel University, TN ³	Accepted	March 2026 (probation review)
Christian Brothers University, TN ³	Reviewed, More Information Requested*/Not Accepted	N/A

University of Washington, WA	Not Accepted/Not Accepted	September 2029
Marquette University, WI ³	Accepted	September 2025 (probation review)

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

Reports considered via expedited process

PA Program at:	Next Validation Review
Faulkner University, AL ³	March 2025
Northern Arizona University, AZ	September 2025
California Baptist University, CA	September 2030
California Baptist University, CA	September 2030
Charles Drew University of Medicine and Science, CA*	March 2031
Loma Linda University, CA	March 2027
Loma Linda University, CA	March 2027
Marshall B. Ketchum University, CA	March 2029
Marshall B. Ketchum University, CA	March 2029
Sacred Heart University, CT*	March 2031
AdventHealth University, FL	June 2029
University of Tampa, FL	March 2034
Augusta University, GA	June 2029
Morehouse School of Medicine, GA	September 2033
University of Saint Francis, Fort Wayne, IN	March 2034
Louisiana State University Health Sciences Center - New Orleans, LA	March 2027
Boston University, MA	September 2028
MCPHS Boston University, MA	September 2032
Concordia University - Ann Arbor, MI ^{2,*}	June 2025
Augsburg University, MN	June 2029
Mississippi College, MS*	March 2034
College of St. Mary, NE*	March 2031
Creighton University-Omaha, NE	March 2034
University of North Carolina - Chapel Hill, NC	March 2030
Daemen University, NY	March 2033
Mercy University, NY*	June 2027
Pace University-Pleasantville, NY	March 2032
Ashland University, OH ²	September 2025
Ashland University, OH ²	September 2025
Case Western University, OH	June 2030
Kettering College, OH	March 2034
Miami University Ohio, OH ²	June 2025

PA Program at:	Next Validation Review
Mt. St. Joseph University, OH	March 2032
University of Toledo, OH	September 2027
Oklahoma State University, OK*	September 2025
Pennsylvania College of Technology, PA	September 2027
Saint Francis University, PA*	September 2026
Saint Joseph's University, PA ^{2,*}	March 2025
Temple University, Lewis Katz School of Med, PA	June 2030
Thomas Jefferson University, East Falls, PA	March 2028
Widener University, PA ²	March 2027
Medical University of South Carolina, SC*	March 2033
Austin College, TX ²	June 2026
University of Washington, WA*	September 2029
Carroll University, WI	September 2033

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

ADDITIONAL ACTIONS

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

PA Program at:	Next Validation Review
Samford University, AL	March 2034
University of Alabama at Birmingham, AL	March 2034
California State University, Monterey Bay, CA ³	N/A
California State University, Monterey Bay, CA ³	N/A
Point Loma Nazarene University, CA ²	March 2026
Miami Dade College, FL	September 2025
Nova Southeastern University-Orlando, FL ³	March 2026 (probation review)
University of Tampa, FL	March 2034
University of Tampa, FL	March 2034
Idaho State University, ID	March 2025
Rush University, IL ³	March 2026 (probation review)
Concordia University-Ann Arbor, MI ²	June 2025
University of Detroit Mercy, MI ³	September 2025 (probation review)
Wayne State University, MI ³	March 2025 (probation review)
Mississippi College, MS	March 2034
Creighton University-Omaha, NE	March 2034
Fairleigh Dickinson University, NJ ²	June 2026
Kean University, NJ ³	March 2026
Saint Elizabeth University, NJ	March 2034
Ithaca College, NY ²	March 2026
Long Island University, NY ³	June 2025 (probation review)
St. John's University, NY ³	March 2025 (probation review)
Yeshiva University, NY ³	March 2026
Campbell University, NC	March 2034
Pfeiffer University, NC ³	September 2026
University of Oklahoma School of Community Medicine, OK ³	March 2026 (probation review)

PA Program at:	Next Validation Review
Arcadia University, PA ³	June 2025 (probation review)
Chatham University, PA	March 2034
Seton Hill University, PA ³	March 2026 (probation review)
Bethel University, TN ³	March 2026 (probation review)
Christian Brothers University, TN ³	N/A
Christian Brothers University, TN ³	N/A
James Madison University, VA	September 2026

¹ A **citation** is a formal statement referenced to a specific standard noting the area in which the program failed to provide evidence demonstrating that it meets the standard, or performs so poorly in regard to the standard that the efforts of the program are found to be unacceptable.

² Accreditation-**Provisional** is an accreditation status granted when the plans and resource allocation, if fully implemented as planned, of a proposed program that has not yet enrolled students appear to demonstrate the program's ability to meet the ARC-PA *Standards* or when a program holding accreditation-provisional status appears to demonstrate continued progress in complying with the *Standards* as it prepares for the graduation of the first class (cohort) of students. Accreditation-Provisional does not ensure any subsequent accreditation status. It is limited to no more than five years from matriculation of the first class. Accreditation-Provisional remains in effect until the program achieves Accreditation-Continued after its third review, closes or withdraws from the accreditation process, or until accreditation is withdrawn for failure to comply with the *Standards*.

³ Accreditation-**Probation** is a temporary accreditation status initially of not less than two years. However, that period may be extended by the ARC-PA for up to an additional two years if the ARC-PA finds that the program is making substantial progress toward meeting all applicable standards but requires additional time to come into full compliance. Accreditation-Probation is granted when a program holding an accreditation status of Accreditation-Provisional or Accreditation-Continued does not, in the judgement of the ARC-PA meet the *Standards* or when the capability of the program to provide an acceptable educational experience for its students is threatened. Once placed on probation, a program that fails to comply with accreditation requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and is subject to having its accreditation withdrawn.

⁴ Accreditation-**Administrative Probation** is a temporary status granted when a program has not complied with an administrative requirement, such as failure to pay fees or submit required reports. Once placed on administrative probation, a program that fails to comply with administrative requirements in a timely manner, as specified by the ARC-PA, may be scheduled for a focused site visit and/or risk having its accreditation withdrawn.