



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

Accreditation Manual ©

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The only difference in this September 2006 copy of the manual compared to the April 2006 copy relates to a clarification in the footnote for *Standard A2*,

Disclaimer: This manual is provided strictly as an informational resource for physician assistant program faculty and staff. Adherence to any suggestions is completely voluntary and does not assure compliance with any accreditation standard(s). The suggestions provided should not be considered inclusive of all proper methods and procedures needed to obtain a successful accreditation outcome. The program director and faculty should apply their own professional skills and experience to determine the applicability to their program of any specific suggestion.

Table of Contents

Introduction	1
Accreditation Defined	1
ARC-PA Mission, Philosophy, and Goals	1
Process and Requirements for Accreditation	2
Definitions	5
Introduction to the <i>Standards</i>	8
Demonstrating Compliance with the <i>Standards</i>	9
Format of Evidence Suggestions	9
Responsibility for Demonstrating Compliance	10
Examples of Evidence of Compliance and Performance Indicators	11
Section A: Administration	11
Section B: Curriculum	23
Section C: Evaluation	31
Section D: Student Services	36
Section F: Accreditation Maintenance	38
Section E: Provisional Accreditation	41
Accreditation Policies	45
Accreditation Types and Review Cycle	45
<i>Accreditation Status</i>	45
<i>Review Cycle</i>	46
Noncompliance with Accreditation Actions and Procedures	46
Effective Date of Withdrawal	46
Program Closure/Voluntary Withdrawal	47
Voluntary Inactive Status	47
Accreditation Decision Process	47
Appeals of Adverse Actions	48
Confidentiality	48
<i>Public Information</i>	48
<i>Public Notification of a Program's Accreditation Status</i>	48
Complaints	49
Ongoing Program Self-Assessment	50
Background	50
Participants in the Self-Assessment Process	50
Definitions	51
Instructions for the Self-Study Report (SSR) or the Descriptive Report	51
Responding to Observations and Citations	52
Contact Information:	55

Introduction

The Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) is the recognized accrediting agency that protects the interests of the public and physician assistant (PA) profession and the welfare of PA students by defining the standards for PA education and evaluating PA educational programs within the territorial United States to ensure their compliance with those standards.

The ARC-PA derives its identity from its history, its involvement with other accreditation organizations, its collaborating sponsors, and the PA profession.

This manual has been designed for use by currently accredited PA programs and those interested in starting PA programs. The ARC-PA hopes that the information provided will be useful and welcomes comments concerning the manual. Additional information on the ARC-PA and the accreditation process can be found at the ARC-PA web site (www.arc-pa.org).

Accreditation Defined

Accreditation is a process of external peer review. In the United States, the accreditation system is administered primarily by nongovernmental, voluntary organizations that grant recognition to institutions or specialized programs of study that meet established qualifications and educational standards. Compliance with such standards is determined through initial and subsequent periodic evaluations.

The accreditation process:

- encourages educational institutions and programs to continuously evaluate and improve their processes and outcomes,
- helps prospective students identify programs that meet nationally accepted standards,
- protects programs from internal and external pressures to make changes that are not educationally sound,
- involves faculty and staff in comprehensive program evaluation and planning and stimulates self-improvement by setting national standards against which programs can be measured.

Accreditation also benefits society by providing reasonable assurance of quality educational preparation for professional licensure and practice.

The ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA). It is also a member of the Association of Specialized and Professional Accreditors (ASPA) and, as such, subscribes to the ASPA code of ethics, as posted on the ASPA web site (<http://www.aspa-usa.org/>).

ARC-PA Mission, Philosophy, and Goals

The role of the ARC-PA is to:

1. establish educational standards utilizing broad-based input,
2. define and administer the process for comprehensive review of applicant programs,
3. define and administer the process for accreditation decision-making,
4. determine if PA educational programs are in compliance with the established standards,
5. work together with its collaborating organizations,
6. define and administer a process for appeal of accreditation decisions

PA program accreditation must be voluntary, private, and nongovernmental. It must encourage efforts toward maximal educational effectiveness by building on mutual trust among all parties involved. It must be devoid of conflict of interest and assure due process.

The ARC-PA holds the philosophy that high quality education for all physician assistants best serves the interests of both the public and the PA profession and that continual self-study is the foundation for improving quality in the content and processes of education.

The goals of the ARC-PA are to:

- foster excellence in PA education through the development of uniform national standards for assessing educational effectiveness;
- foster excellence in PA programs by requiring continuous self-study and review;
- assure the general public, current and prospective students, as well as professional, educational, and licensing agencies and organizations, that accredited programs have met defined educational standards for preparing PAs for practice;
- provide information and guidance to individuals, groups, and organizations regarding PA program accreditation.

Process and Requirements for Accreditation

The accreditation process is voluntary and is initiated only at the invitation of the PA program and sponsoring institution. The process is a multifaceted one, involving extensive review of the program by the program itself, as well as by the ARC-PA.

A critical component of the accreditation process is that of continuous program self-assessment. Continuous self-assessment is a comprehensive, regular, and analytical process conducted within the context of the mission and goals of both the sponsoring institution and the program whereby a program regularly and systematically reviews the quality and effectiveness of its educational practices and policies. Using the *Accreditation Standards for Physician Assistant Education (Standards)* as the point of reference, the program critically assesses all aspects of itself. It identifies strengths as well as problems, develops plans for corrective intervention, and evaluates the effects of the interventions. Ongoing self-assessment provides the means by which programs can envision attain, and maintain quality PA education.

The accreditation process involves the program completing a Self-Study Report based on its self-assessment process and completing a detailed accreditation application in advance of an onsite evaluation (site visit) by ARC-PA prepared site visitors.

The purpose of the site visit is to allow the site visit team to verify, validate, and clarify the information supplied by the program in its application forms and Self-Study Report. The site visit team also reviews the nature and manner in which the program's objectives are being pursued, and the manner in which the program's self-identified concerns and problems are being addressed. The team evaluates the program based on the *Standards* and conveys its evaluation to the ARC-PA in light of the evidence presented *at the time of the site visit*. The team's observations about the program, in reference to the program's compliance with the *Standards*, are sent to the program shortly after the completion of the site visit.

Within a specified period of time after the site visit, programs are invited, but not required, to respond to any of the observations contained in the site visit summary in order to eliminate

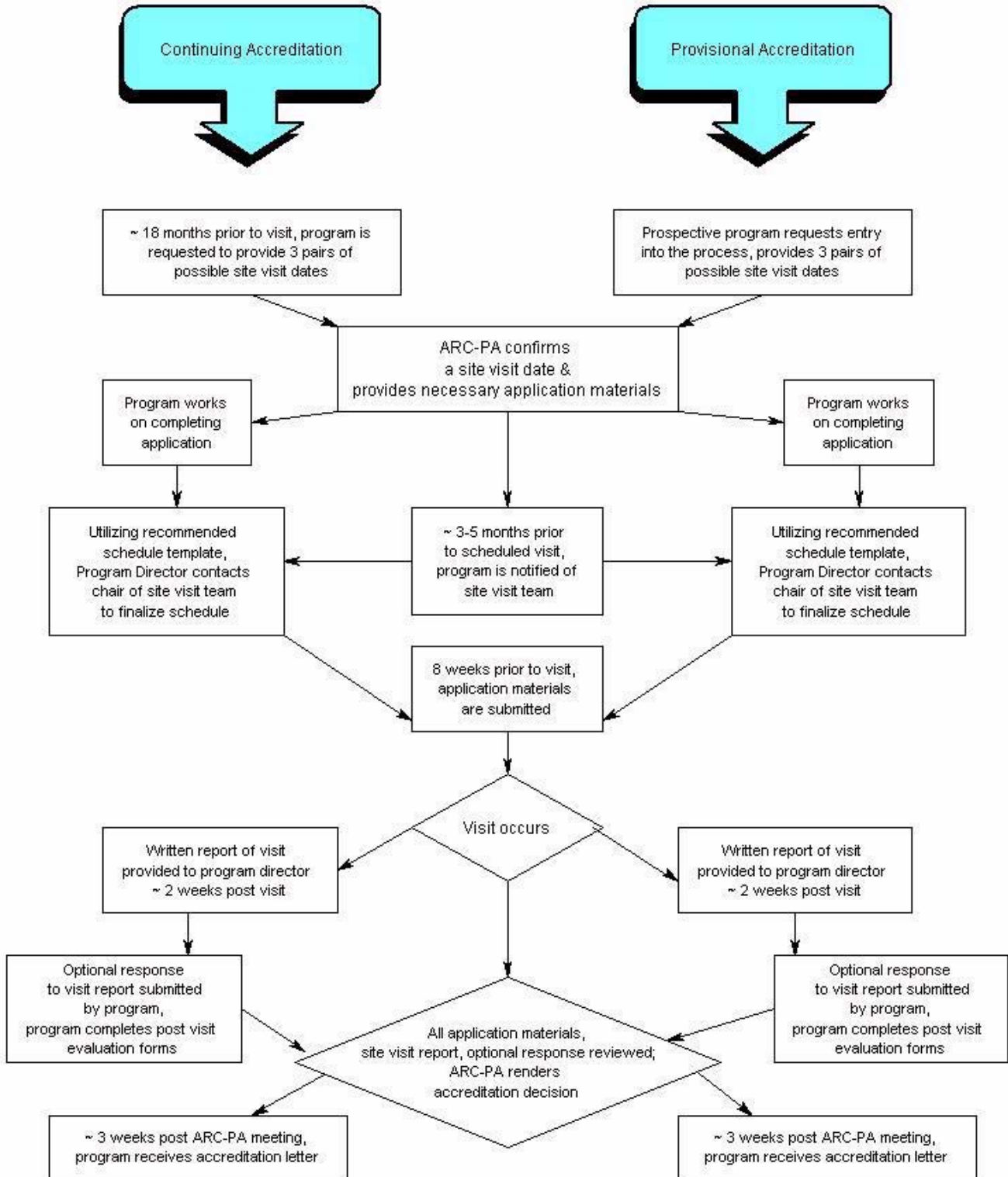
errors of fact or challenge perceived ambiguities and misperceptions. The response should NOT be used to provide new information regarding changes made since the visit or plans for changes in response to the observations contained in the report.

Programs are reviewed by the full commission in March and September each year. Accreditation decisions are based on the ARC-PA's review of information contained in the accreditation application and Self-Study Report, the report of site visit evaluation teams, any additional requested reports or documents submitted to the ARC-PA by the PA program, and the program's past accreditation history. Additional data to clarify information submitted with the application may be requested at the time of the site visit. New unsolicited information submitted after a site visit will not be accepted or considered by the ARC-PA as part of that accreditation review process.

Accreditation Process



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



Definitions

ABMS	American Board of Medical Specialties
Accurately	Free from error
All sites	Sites used for supervised clinical practice in the curriculum, to include those for program required rotations or preceptorships as well as elective rotations or preceptorships throughout the program
Analysis	Study of compiled or tabulated data interpreting cause and effect relationships and trends, with the subsequent understanding and conclusions used to validate current practices or make changes as needed for program improvement
AOA	American Osteopathic Association
Citations	Areas of the program judged not in compliance with the <i>Standards</i>
Comparable	Similar but not necessarily identical
Competencies	The knowledge; interpersonal, clinical, and technical skills; professional behaviors; and clinical reasoning and problem solving abilities required for PA practice
Core Faculty	The program director, medical director, and at least 2 additional FTE positions (occupied by no more than 4 individuals) who must be currently NCCPA-certified PAs
Course director	Faculty member primarily responsible for the organization, delivery, and evaluation of a course
Distant Campus	A campus geographically separate from the main PA program at which didactic or preclinical instruction occurs for all or some of the students enrolled
Diversity	Differences within and between groups of people that contribute to variations in habits, practices, beliefs, and values
Equivalent	Resulting in the same outcomes or end results
Formative Evaluation	Intermediate or continuous evaluation of students that may include feedback to help in achieving goals
General/Additional Comment(s)	Narrative that may be included in the accreditation letter or other correspondence with the program from the ARC-PA, the purpose of which is to clarify a global issue which may or may not be linked with a specific Standard(s). General or additional comments may convey a concern or express congratulatory comments. They are not used to give advice or specify “how to” resolve issue(s).

Health record(s)	The primary legal record documenting the health care services provided to a person in any aspect of the health care system (This term includes routine clinical or office records, records of care in any health related setting, preventive care, lifestyle evaluation, research protocols, and various clinical databases.)
Instructional Objectives	A statement that describes what the learner will be able to do after completing a unit of instruction. Instructional objectives are related to intended outcomes, not to the process for achieving those outcomes.
Instructional Faculty	Individuals providing instruction or supervision during the didactic and clinical phases of the program, regardless of length of time of instruction or faculty rank
Long-term care settings	Facilities for patients who require assistance with activities of daily living or are unable to live independently
Maximum Aggregate Student Enrollment	The maximum potential number of students enrolled simultaneously at any point in time
Maximum class size	Maximum potential number of students enrolled for each admission cycle
Must	A term used to designate requirements that are compelled or mandatory. "Must" indicates an absolute requirement.
NCCPA	National Commission on Certification of Physician Assistants
Note	An explanation that often will accompany a citation in the accreditation letter or other correspondence dealing with program compliance with the <i>Standards</i> . The purpose of the "note" is to clarify the issue of noncompliance with a specific <i>Standard</i> for the program and not to specify "how to" comply with the cited <i>Standard</i> .
Observation	Wording used by the site visit team and shared with the program indicating that the team was unable to validate information provided in the materials as submitted by the program or that the program failed, in writing or in person, to sufficiently demonstrate compliance with the <i>Standard</i>
PANCE	Physician Assistant National Certification Exam administered by the National Commission on Certification of Physician Assistants
Prospective Students	Any individuals who have requested information about the program or submitted information to the program
Published	Presented in written or electronic format
Readily Available	Made accessible to others in a timely fashion via defined program or institution procedures

Recognized Regional or Specialized and Professional Accrediting Agencies	Liaison Committee on Medical Education American Osteopathic Association Middle States Association of Colleges and Schools New England Association of Schools and Colleges New York State Education Department North Central Association of Colleges and Schools Northwest Association of Schools and Colleges Southern Association of Colleges and Schools Western Association of Schools and Colleges
Remediation	The program's defined process for addressing deficiencies in a student's knowledge and skills, such that the correction of these deficiencies is measurable and can be documented
Should	The term used to designate requirements that are so important that their absence must be justified
Succinctly	Marked by compact, precise expression without wasted words
Sufficient	Enough to meet the needs of a situation or proposed end
Student(s)	Individuals enrolled in the professional phase of a PA program
Summative Evaluation	An assessment of the learner conducted by the program to assure that the learner has the knowledge, interpersonal skills, patient care skills, and professionalism required for entry into the profession
Timely	Without undue delay; as soon as feasible after giving considered deliberation

Introduction to the *Standards*

The ARC-PA accredits qualified PA programs offered by, or located within, institutions chartered by and physically located within the territorial United States.

The Accreditation *Standards* for Physician Assistant Education constitute the minimum requirements to which an accredited program is held accountable and provide the basis on which the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) will confer or deny program accreditation.

The American Academy of Family Physicians, the American Academy of Pediatrics, the American Academy of Physician Assistants, the American College of Physicians, the American College of Surgeons, the American Medical Association, and the Physician Assistant Education Association cooperate with the ARC-PA to establish, maintain, and promote appropriate standards of quality for entry level education of physician assistants (PAs) and to provide recognition for educational programs that meet the minimum requirements outlined in these *Standards*. These *Standards* are to be used for the development, evaluation, and self-analysis of physician assistant programs.

Physician assistants are academically and clinically prepared to practice medicine with the direction and responsible supervision of a doctor of medicine or osteopathy. The physician-PA team relationship is fundamental to the PA profession and enhances the delivery of high quality health care. Within the physician-PA relationship, PAs make clinical decisions and provide a broad range of diagnostic, therapeutic, preventive, and health maintenance services. The clinical role of PAs includes primary and specialty care in medical and surgical practice settings. PA practice is centered on patient care and may include educational, research, and administrative activities.

The role of the PA demands intelligence, sound judgment, intellectual honesty, appropriate interpersonal skills, and the capacity to respond to emergencies in a calm and reasoned manner. An attitude of respect for self and others, adherence to the concepts of privilege and confidentiality in communicating with patients, and a commitment to the patient's welfare are essential attributes of the graduate PA. The professional curriculum for PA education includes basic medical, behavioral, and social sciences; patient assessment and clinical medicine; supervised clinical practice; and health policy and professional practice issues.

The *Standards* acknowledge the ongoing evolution of the PA profession and continue to endorse competency-based education as a fundamental tenet of PA education. They reflect the realization that a commonality in the core professional curriculum of programs remains desirable and necessary in order to offer curricula of sufficient depth and breadth to prepare all PA graduates for practice in a dynamic and competitive health care arena. The *Standards* allow programs to remain creative and innovative in program design and the methods used to enable students to achieve program goals and acquire the competencies needed for entry into clinical practice. They support the underlying rights of the sponsoring institution as it works with the program to meet the *Standards*. Program mission statements should be consistent with the *Standards* and the mission of the sponsoring institution.

The ARC-PA supports the sponsoring institution's prerogative in awarding credentials and degrees, and encourages sponsoring institutions to recognize the evolution of the profession as

one that requires a graduate level of curricular intensity. Institutions that sponsor PA programs are also encouraged to incorporate this higher level of academic rigor into their programs and acknowledge it with an appropriate degree.

The ARC-PA acknowledges ongoing change in the delivery of health care and in the education of health professionals. The needs of patients and society at large should be considered by the ARC-PA, the sponsoring institutions, and the programs. Establishing an environment that will foster and promote diversity is considered essential to educating PAs to provide service to others that is not exclusionary of any group, race, or culture. The various insights and resources offered by a diverse faculty, staff, and student body will increase the overall impact the PA profession can have on the future of the global community. PA programs are encouraged to have policies and practices addressing diversity of their student bodies and faculty.

Demonstrating Compliance with the *Standards*

The purpose of this section of the Accreditation Manual is to assist programs in demonstrating their compliance with the *Standards*. The suggestions provided as evidence of compliance and performance indicators are not mandatory or inclusive lists, but examples of various means and materials that programs can use to demonstrate their compliance with individual *Standards*. Programs may have documentation in addition to or instead of the suggested evidence that also demonstrates compliance.

As an example, Standard B7.03d states that “Supervised clinical practice experience should be provided in long-term care settings.” The suggestions for evidence of compliance lists some examples of how a program can demonstrate that its students have clinical experience in ‘long-term care settings.’ The *Standards* have a definition of long-term care settings as “facilities for patients who require assistance with activities of daily living or are unable to live independently.” The suggestions for evidence of compliance indicates that programs can demonstrate compliance with this area by having a log of patients seen by each student during the clinical components of the program in ‘long-term care settings,’ i.e., those that included nursing homes, extended care facilities, rehabilitation facilities, assisted living centers, group homes, or hospice homes.

Format of Evidence Suggestions

Before each general section of the *Standards* is a paragraph that explains the intent of the section and provides some examples of materials that would be useful in demonstrating compliance for several of the individual standards within the section. Listing such materials and documents in the introductory section paragraph simplifies the table and eliminates the need to repeat the same content areas for multiple individual standards.

For example, section A indicates that compliance with many of the individual standards may be found in **institutional and program documents**, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files and records. This listing is referred to later in the table simply as institutional and program documents.

The ARC-PA recognizes that sponsoring institutions and programs vary greatly in administrative and curricular design and format. The ARC-PA also recognizes that programs vary by history

and that program faculty and staff include those new to PA education and accreditation as well as those with many years of experience. Therefore suggestions have been provided for almost every *Standard*. Some of the suggestions which may seem obvious to the experienced program director may not be as obvious to the new program director.

The ARC-PA will routinely review this manual. However, this section of the manual is a dynamic one and the ARC-PA will monitor the questions and comments it receives regarding its clarity and usefulness. Revisions will be made periodically as needed during the year to provide clarification about particular *Standards*.

Responsibility for Demonstrating Compliance

It is the responsibility of the PA program to demonstrate its compliance with the *Standards*. The role of the site visitors is to verify, validate, and clarify information and evidence as presented by the program. In some cases the ARC-PA is very prescriptive about what it needs to review, i.e., specific materials as listed in the application, appendices and required materials for review at time of visit. However, the ARC-PA does not address many process issues, allowing programs and institutions to develop those as best suited to their programs. Examples of process topics include the number of credits or hours assigned, format for curriculum and courses (i.e., traditional vs. problem-based), and delivery mechanisms. While the ARC-PA may require specific information to clarify process issues that may impact accreditation, it is the program's responsibility to address these in detail as specified in the *Standards*. For example, programs using a problem-based approach are still required to demonstrate their compliance with *Standards* B1.02 about breadth and depth of curriculum and B 1.06 about syllabi that define expectations and guide student acquisition of expected competencies.

Examples of Evidence of Compliance and Performance Indicators

Section A: Administration

Section A addresses issues related to sponsorship, personnel, and operations. Much of the evidence related to this section is found in **institutional and program documents**, such as catalogues and brochures, policy and procedure manuals, student orientation materials and handbooks, web sites, program files, and records addressing the content areas addressed in the *Standards*. Site visitors and ARC-PA commissioners will be reviewing materials to look for accuracy of current policies and procedures as well as for consistency across materials addressing the same content areas.

In addition, during their discussions with individuals (administrators, faculty and instructors, preceptors, students) during the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Compliance / performance examples
A1.01a	The sponsoring institution must be accredited by a recognized regional or specialized and professional accrediting agency to award graduates of the PA program a baccalaureate or higher degree. ¹	Copy of accreditation notice, accreditation certificate
A1.01b	The sponsoring institution must be authorized under applicable law to provide a program of post secondary education.	Program's documentation of current regional accreditation or document from state so indicating (Note: may be available on web site http://www.chea.org/degreemills/frmStates.htm)
A1.02	One sponsor must be clearly identified as being ultimately responsible for the program.	Identified on the Program Data sheet submitted with the application
A1.03	When more than one institution is involved in the provision of academic and clinical education, responsibilities of the respective institutions for instruction and supervision must be clearly described and documented in a manner signifying agreement by the involved institutions.	Copy of written agreement documenting relationship and responsibilities between sponsoring institution and other institution(s) involved, May be an affiliation agreement, Memorandum of Understanding or Business Agreement

¹ *Programs sponsored by the military branches of the federal government or accredited prior to 1/1/06 will not be held to this Standard.*

Standard	Compliance / performance examples
A1.04 The sponsoring institution, together with its affiliates, must be capable of providing clinically oriented basic science education as well as clinical instruction and experience requisite to PA education.	Affiliation agreements in quantity sufficient to provide for clinical training for currently enrolled students. If clinical experience sites are limited in number, the affiliation agreement(s) must detail the specialty of rotations offered and the number of students accommodated per year. (Some evidence will be demonstrated in review of Curriculum section B)
A1.05 Accredited PA programs must be established in: a) schools of allopathic or osteopathic medicine. b) colleges and universities affiliated with appropriate clinical teaching facilities. c) medical education facilities of the federal government.	Evident from program data sheet and application.
A1.06 The sponsoring institution has primary responsibility for a) supporting curriculum planning and course selection by program faculty and staff. b) appointment of faculty and staff. c) maintaining student transcripts permanently. d) granting the degree and/or credential documenting satisfactory completion of the educational program. e) assuring that appropriate security and personal safety measures are addressed for students and faculty in all locations where instruction occurs.	Minutes of curriculum and planning meetings Copies of academic appointment letters from the sponsoring institution in faculty files, policies re hiring and firing, documentation about how searches are conducted, time line for these processes Transcripts will be maintained by Registrar Credential awarded by sponsoring institution Measures to ensure student/faculty safety, e.g. program and institutional policies or manuals, instruction on occupational health and safety, incident-reporting processes for locations used for didactic instruction and in sites used for supervised clinical practice, harassment prevention policies and procedures, conflict resolution processes

Standard	Compliance / performance examples
A1.07 The sponsoring institution must assure that the program has the following fiscal, human, and academic resources:	
a) sufficient financial resources to operate the educational program and to fulfill obligations to matriculating and enrolled students,	Budget will be such that resources are assured for current classes, even in event of program closure.
b) the human resources needed to operate the program,	Faculty and staff positions filled
c) the human resources needed to process admission applications,	Personnel to handle admissions process in place
d) sufficient computer hardware, software, and audio/visual equipment for the faculty and staff to perform their duties,	Working, modern equipment available for faculty and staff
e) sufficient office equipment and supplies for the faculty and staff to perform their duties,	Working, modern equipment and sufficient supplies available for faculty and staff
f) sufficient instructional materials for the faculty and staff to perform their duties,	Working, modern instructional materials available for faculty and staff
g) access to and training in the use of the internet, including medical and other health-related electronic databases, for core faculty and students,	Class rooms available for instruction in using computer technology, with appropriate instruction for needs of learners and with schedule of classes that allows those in need to attend; library with online data bases available
h) readily available access to the full text of current books, journals, periodicals, and other reference materials related to the curriculum for students and faculty.	Physical proximity of library facilities or ready access to online materials, library/computer lab with extended hours for student use

	Standard	Compliance / performance examples
A1.08	<p>The sponsoring institution must assure that the program has:</p> <ul style="list-style-type: none">a) sufficient seating, lighting, heating, and ventilation to facilitate learning in classrooms and laboratories.b) appropriate space for confidential academic counseling of students by core faculty.c) offices sufficient for core faculty to perform their duties.d) space for program conferences and meetings.e) secure storage for student files and records.	<p>For A1.08a-d, verification at time of visit of program's description in application</p> <p>Policies and procedures for access to student files, tour of space during visit</p>
A2.01	<p>Core program faculty must possess the qualifications by education and experience to perform their assigned duties.</p>	<p>Current CVs included in application and available for visit showing education and experience</p>
A2.02	<p>Core program faculty must include, at a minimum, the program director, medical director, and two additional faculty positions for individuals currently NCCPA-certified as PAs. The latter two FTE positions cannot be occupied by more than four individuals.</p>	<p>Current CVs, interviews with core faculty during visit</p>
A2.03	<p>Core faculty must be sufficient in number to meet the academic needs of enrolled students.</p>	<p>Review of updated faculty position descriptions, FTE status, review of SSR re this and Std C2.01b2 and C2.01b4</p>
A2.04	<p>Core program faculty should have appointments and privileges comparable to other faculty who have similar responsibilities within the institution.</p>	<p>Review of faculty manual and/or policies related to employment classification/rank, institutional documents</p>

	Standard	Compliance / performance examples
A2.05	Core program faculty must have responsibility for <ul style="list-style-type: none">a) developing the mission statement for the program.b) selecting applicants for admission to the PA program.c) providing student instruction.d) evaluating PA student performance.e) academic counseling of PA students.f) assuring the availability of remedial instruction.g) designing, implementing, coordinating, and evaluating curriculum.h) administering and evaluating the program.	<p>Program planning minutes so indicating</p> <p>Written description of selection process explaining role of core faculty</p> <p>Documentation listing each core faculty member's course and instruction responsibilities, course listings with primary instructors listed, daily academic schedule listing instructors</p> <p>Description of faculty role in so doing; faculty signed clinical performance skills check lists such as physical examination</p> <p>Documentation of faculty-student counseling sessions re student performance</p> <p>Documentation in student records regarding remedial instruction</p> <p>Program planning minutes so indicating</p> <p>Program planning minutes so indicating, comparison to documentation evidence in Sections B and C</p>
A2.06	The program director must be a PA or a physician ² <ul style="list-style-type: none">a) If the program director is a PA, s/he must hold current NCCPA certification or current PA licensure by the state in which the program exists³b) If the program director is a physician, s/he must hold	<p>Current CV with educational background</p> <p>Current CV with certification and/or licensure information</p> <p>Current CV with certification and/or licensure information</p>

² Programs accredited on or after 1/1/01 "must" have a PA, MD, or DO as director. Programs accredited prior to 1/1/01 will be held to this Standard when a new program director is appointed.

³ Programs accredited prior to 3/1/06 will be held to this Standard only when a new program director is appointed.

Standard	Compliance / performance examples
current licensure as an allopathic or osteopathic physician in the state in which the program exists, and must be certified by an ABMS- or AOA-approved specialty board. ⁴	
A2.07 The program director must not be the medical director. ⁴	Current CVs
A2.08 The program director should be assigned to the program on a full time basis.	Current CVs
A2.09 The program director must provide effective leadership and management.	Written evaluations of PD by students, faculty, discussion with Dean or other institutional administrators
A2.10 The program director must be knowledgeable about and responsible for the accreditation process.	Completeness of application submitted, including appendices, SSR; arrangements made for visit, including schedule and materials prepared for visitors
A2.11 The program director must be knowledgeable about and have primary responsibility for	
a) the program's organization.	Diagram of institutional reporting and organizational structure
b) the program's administration.	Diagram of institutional reporting and organizational structure
c) the program's fiscal management.	Diagram of institutional reporting and organizational structure, verified in specific discussions during visit about fiscal management and responsibility
d) the program's continuous review and analysis.	Self-study process and document, minutes of faculty/planning/curriculum meetings
e) the program's planning.	Self-study process and document, minutes of faculty/planning/curriculum meetings
f) the program's development.	Self-study process and document, minutes of faculty/planning/curriculum meetings

⁴ Physician program directors appointed before 3/1/06 "should" be board certified, those appointed on or after 3/1/06 "must" be board certified.

	Standard	Compliance / performance examples
A2.12	The program director must supervise the medical director, faculty, and staff in all activities that directly relate to the PA program.	Diagram of institutional reporting and organizational structure
A2.13	The medical director must be	
	a) currently licensed allopathic or osteopathic physician. ⁵	Current CV with licensure information
	b) certified by an ABMS- or AOA-approved specialty board. ⁶	Current CV with certification information
	c) knowledgeable in current practice standards and the PA role.	Current CV
	d) an advocate for the program within the medical and academic community.	Verification at time of visit of program's description in application; # of recruited/referred preceptors/sites; # of visits, presentations, talks in which PA program was discussed & clinical teaching opportunities presented
	e) responsible for supporting the program director to ensure that both didactic and supervised instruction meets current practice standards.	Program planning minutes indicating medical director participation, position description for medical director
A2.14	If the position of medical director is shared, each individual must have defined roles and responsibilities.	Position descriptions
A2.15	The program must provide the opportunity for continuing professional development of the core faculty by supporting development of their clinical, teaching, scholarly, and administrative skills/abilities.	Written program policies, institutional documents, documents in core faculty file indicating professional development including clinical updating and skill enhancement in educational techniques, core faculty CVs, listing of the continuing professional development activities of the core faculty

⁵ Medical directors appointed on or after 3/1/06 "should" have their current licensure in the state in which the program exists.

⁶ Medical directors appointed before 3/1/06 "should" be board certified, those appointed on or after 3/1/06 "must" be board certified.

	Standard	Compliance / performance examples
A2.16	The program must support core PA faculty in maintaining their NCCPA certification status.	Application, written program policies, documents in core faculty file indicating professional development, core faculty CVs
A2.17	In addition to the core program faculty, there must be sufficient faculty and instructors to provide students with the necessary attention, instruction, and supervised practice experiences to acquire the knowledge and competence needed for entry into the profession.	Listing of all instructors involved in program, including content and hours taught, for entire curriculum (didactic and clinical), table showing each course, listing principle and secondary faculty assigned to courses
A2.18	Instructional faculty must be a) qualified through academic preparation and experience to teach assigned subjects. b) knowledgeable in course content and effective in teaching assigned subjects.	Faculty CVs, student completed evaluations of faculty Student completed evaluations of faculty
A2.19	Instructional faculty should participate in the evaluation of student performance and the identification of students who are not achieving course and program objectives.	Written description of instructional faculty role, documentation of student faculty interactions for students not performing well, documentation of instructional faculty notes to core faculty re student performance
A2.20	Instructional faculty for the supervised clinical practice portion of the educational program must consist primarily of practicing physicians and PAs.	Listing of those providing clinical supervision, indicating their professional medical titles/background
A2.21	The program should not rely principally on resident physicians for didactic or clinical instruction.	Listing of those providing clinical supervision, indicating their professional medical titles/background
A2.22	In each location to which a student is assigned for didactic or supervised practice instruction, there must be an individual designated by core	Listing of who is so designated for each site

	Standard	Compliance / performance examples
	faculty to supervise and assess the student's progress in achieving program requirements.	
A2.23	There must be sufficient administrative and technical support staff so that faculty can accomplish the tasks required of them.	All department positions filled, job descriptions of PA faculty do not include clerical, audiovisual, and computer support functions. (While understood that most PA faculty must perform some of these tasks on occasion, other staff should be assigned these roles for routine functioning.)
A2.24	Student workers may be used by, but must not be substituted for, administrative and technical support staff.	All non-student paid positions filled, no reduction in staff positions from prior years by substituting student workers
A3.01	Program policies must apply to all students and faculty regardless of location.	Written program policies consistent (for programs with more than one main program site),
A3.02	The program must provide students and faculty at geographically distant locations access to services and resources equivalent to those on the main campus.	Application, documents from each geographic site demonstrating equivalency
A3.03	Announcements and advertising must accurately reflect the program offered.	Institutional and programs written and electronic documents (consistent with each other and reflective of reality of program)
A3.04	All personnel and student policies must be consistent with federal and state statutes, rules, and regulations.	Policies reviewed by institutional administrators/legal counsel with this standard in mind, description in application of policy review to assure compliance
A3.05	Admission of students must be made in accordance with clearly defined and published practices of the institution and program.	Written admission policies and procedures adhered to as evidenced by review of applicant and selected student files
A3.06	The program should not require that students supply their own clinical sites or preceptors for program-required clinical rotations.	Written program policies

Standard	Compliance / performance examples
<p>A3.07 The following must be defined, published, and readily available to prospective and enrolled students:</p> <ul style="list-style-type: none">a) any institutional policies and practices that favor specific groups of applicants,b) requirements for prior education or work experience,c) policies regarding advanced placement,d) required academic and technical standards,e) all required curricular components,f) academic credit offered by the program,g) estimates of all costs related to the program,h) ARC-PA accreditation status,i) first time PANCE pass rates for the five most recent graduating classes,j) policies and procedures for student withdrawal,k) policies and procedures for refunds of tuition and fees,l) policies that limit or prevent students from working during the program,m) policies and procedures for processing student grievances.	<p>For A3.07 a-m, institution and program documents</p> <p>Program policies and procedures,</p> <p>Published academic and technical standards</p>

	Standard	Compliance / performance examples
A3.08	<p>Programs granting advanced placement must document that students receiving advanced placement have</p> <p>a) met program defined criteria for such placement.</p> <p>b) met institution defined criteria for such placement.</p> <p>c) demonstrated appropriate competencies for the curricular components in which advanced placement is given.</p>	<p>Detailed program criteria for granting advanced placement, which may differ from course to course, records of students granted advanced placement</p> <p>Detailed institutional criteria for granting advanced placement, which may differ from course to course, records of students granted advanced placement</p> <p>Documentation of competencies assessed and student performance</p>
A3.09a	<p>Policies and procedures for processing student grievances must be defined, published, and readily available to faculty.</p>	<p>Program/institutional policies, manuals</p>
A3.09b	<p>Policies and procedures for processing faculty grievances must be defined, published, and readily available to faculty.</p>	<p>Program/institutional policies, manuals</p>
A3.10	<p>PA students must not have access to the records or other confidential information of other PA students.</p>	<p>Policies and procedures for access to program policies regarding student access to their records, review of student records</p>
A3.11	<p>PA students must not be required to work for the program.</p>	<p>Program policies</p>
A3.12	<p>During clinical experiences, PA students must not be used to substitute for clinical or administrative staff.</p>	<p>Program policies, preceptor orientation materials/correspondence</p>

	Standard	Compliance / performance examples
A3.13	<p>Student files kept by the program must include documentation</p> <p>a) that the student has met published admission criteria.</p> <p>b) of the evaluation of student performance while enrolled.</p> <p>c) of remediation.</p> <p>d) of disciplinary action.</p> <p>e) that the student has met institution and program health screening and immunization requirements.</p>	<p>Student files organized using a consistent format for each file, with components flagged for site visitors. For A3.13a-f, student files</p> <p>contain documentation (check list) that each student met admission criteria</p> <p>contain summary sheet of student performance for each curricular component</p> <p>include evidence of any remediation</p> <p>include documentation of any disciplinary action</p> <p>include appropriate documentation (NOT student health records), policies and procedures for information kept in student files</p>
A3.14	<p>Core faculty records must include</p> <p>a) current job descriptions that include duties and responsibilities specific to each core faculty member.</p> <p>b) current curriculum vitae.</p>	<p>Faculty records, position descriptions</p> <p>Core faculty records contain current CVs</p>
A3.15	<p>The program must have current curriculum vitae for each course director.</p>	<p>Course director current CVs available to visitors</p>

Section B: Curriculum

Section B addresses the entire curriculum, including the didactic and supervised clinical practice components. Much of the evidence related to this section is found in program documents, such as catalogues, student handbooks/manuals, web sites, course syllabi, student files and records describing the content areas addressed in the *Standards*.

Site visitors and ARC-PA commissioners will be reviewing materials to look for accuracy with currency of content, as well as for consistency across materials addressing the same content areas. In reviewing **course-related materials**, they will be looking at course syllabi, instructional objectives/expected competencies, content outlines, lecture notes, instructional methods/activities, handouts, and blank as well as completed evaluation instruments. For supervised clinical practice-related *Standards* requiring that the program document learning experiences, the program should provide **documentation of patient encounters**, in whatever manner it collects and follows such data.

In addition, during their discussions with individuals (administrators, faculty and instructors, preceptors, students) during the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Evidence Suggestions / Performance Indicators
B1.01	The curriculum must include core knowledge about the established and evolving biomedical and clinical sciences and the application of this knowledge to patient care.	Course-related materials
B1.02	The curriculum must be of sufficient breadth and depth to prepare the student for the clinical practice of medicine.	Course syllabi include higher level instructional objectives and define expected competencies appropriate for clinical practice
B1.03	The curriculum design must reflect sequencing that enables students to develop the competencies necessary for current and evolving clinical practice.	Graphic display of the curriculum design and sequencing, course sequence in conjunction with course syllabi as well as instructional objectives/expected competencies demonstrate a curriculum that sequentially builds previous knowledge and competencies
B1.04	The program must assist students in becoming critical thinkers who can apply the concepts of medical decision making and problem solving.	Course syllabi, instructional objectives/expected competencies include instructional methods and student evaluation mechanisms related to development, application and evaluation of these skills

	Standard	Evidence Suggestions / Performance Indicators
B1.05	The program must provide students with published expectations of student outcomes and behaviors required for successful completion of the program.	Student manual, program brochure, web site, etc
B1.06	For each didactic and clinical course, the program must provide a published syllabus that defines expectations and guides student acquisition of expected competencies.	Course syllabi are clear in defining expectations and provide guidance / include resources to assist students in meeting competencies
B1.07	The program must orient instructional faculty and preceptors to the specific educational competencies expected of PA students.	Application, orientation materials for faculty and preceptors, correspondence to faculty and preceptors,
B1.08	Programs must educate students regarding issues related to intellectual honesty and academic and professional misconduct.	Course-related materials
B1.09	The program must prepare students to provide medical care to patients from diverse populations.	Syllabi, instructional objectives/expected competencies, content outlines, evaluation instruments
B1.10	The program must assure educational equivalency of course content, student experience, and access to didactic and laboratory materials	
	a) when instruction is conducted at geographically separate locations.	Application and SSR, documents showing comparison of course content, student experience, and access to didactic and laboratory materials for different geographic locations
	b) when instruction is provided by different means for some students.	Application and SSR, documents showing comparison of course content, student experience, and access to didactic and laboratory materials, when instruction is provided by different means (such as online vs. in-person) for some students;

	Standard	Evidence Suggestions / Performance Indicators
B3.02	<p>The program must provide students with instruction in patient assessment and management, including</p> <ul style="list-style-type: none">a) techniques of interviewing and eliciting a medical history.b) performance of physical examinations across the life span.c) generation of differential diagnoses.d) ordering and interpretation of diagnostic studies.e) development and implementation of treatment plans.f) presentation of patient data in oral form.g) documentation of patient data.h) appropriate referral of patients.	<p>For B3.02a-e, course-related materials to include data reporting hands-on practicum time allotted to these activities</p>
B3.03	<p>The program must provide instruction in clinical medicine covering all organ systems.</p>	<p>Course-related materials</p>
B3.04	<p>The program must provide instruction in the following important aspects of patient care:</p> <ul style="list-style-type: none">a) preventive,b) acute,c) chronic,d) rehabilitative,d) end-of-life.	<p>For B3.04a-e, course-related materials</p>
B3.05	<p>The program must provide instruction in technical skills and procedures based on current professional practice.</p>	<p>List of technical skills and procedures taught, curriculum outlines, course syllabi, handouts, lecture notes, data reporting hands-on practicum time allotted to this activity</p>

	Standard	Evidence Suggestions / Performance Indicators
B4.01	<p>The program must provide instruction in basic counseling and patient education skills necessary to help patients and families:</p> <ul style="list-style-type: none">a) cope with illness and injury.b) adhere to prescribed treatment plans.c) modify their behaviors to more healthful patterns.	For B4.01 a-c, course-related materials
B4.02	<p>The program must provide instruction in the following areas:</p> <ul style="list-style-type: none">a) normal psychological development of pediatric, adult, and geriatric patients.b) detection and treatment of substance abuse.c) human sexuality.d) end of life issues.e) response to illness, injury and stress.f) principles of violence identification and prevention.	For B4.02 a-f, course-related materials
B5.01	<p>The program must provide instruction to equip students with the necessary skills to search, interpret, and evaluate the medical literature in order to maintain a critical, current, and operational knowledge of new medical findings including its application to individualized patient care.</p>	Course-related materials

	<i>Standard</i>	Evidence Suggestions / Performance Indicators
B6.01	<p>The program must provide instruction in the following areas:</p> <ul style="list-style-type: none">a) the impact of socioeconomic issues affecting health care.b) health care delivery systems and health policy.c) reimbursement, including documentation, coding, and billing.d) quality assurance and risk management in medical practice.e) legal issues of health care.f) cultural issues and their impact on health care policy.	Course-related materials
B6.02	<p>The program must provide instruction in medical ethics to include the following:</p> <ul style="list-style-type: none">a) the attributes of respect for self and others.b) professional responsibility.c) the concepts of privilege, confidentiality, and informed patient consent.e) a commitment to the patient's welfare.	Course-related materials

	Standard	Evidence Suggestions / Performance Indicators
B6.03	<p>The program must provide instruction in the following:</p> <ul style="list-style-type: none">a) the history of the PA profession.b) current trends of the PA profession.c) the physician-PA team relationship.d) political and legal issues that affect PA practice.e) PA professional organizations.f) PA program accreditation.g) PA certification and recertification.h) licensure.i) credentialing.j) professional liability.k) laws and regulations regarding prescriptive practice.	<p>For B6.03 a-k, course-related materials</p>
B7.01	<p>The program must provide medical and surgical clinical practice experiences that enable students to meet program expectations and acquire the competencies needed for clinical PA practice.</p>	<p>Policies and procedures for student placement at clinical sites, rotation plans for all students in clinical phase, documentation maintained on evaluation <u>by the program</u> of site in terms of ability to provide experiences needed, completed student evaluations of sites used, documentation of patient encounters</p>
B7.02	<p>The program must assure that all sites used for students during supervised clinical practice meet the program's prescribed expectations for student learning and performance evaluation measures, regardless of location.</p>	<p>Documentation maintained on evaluation <u>by the program</u> of site in terms of ability to provide experiences needed (i.e., completed site visit forms, documentation of phone calls), completed student evaluations of sites used, summary and comparison of documentation of patient encounters</p>

	Standard	Evidence Suggestions / Performance Indicators
B7.03	Supervised clinical practice experience should be provided in a) outpatient settings. b) emergency settings. c) inpatient settings. d) long-term care settings.	Lists of clinical sites, clinical rotation schedule, documentation of patient encounters
B7.04	The program must document that every student has supervised clinical practice experiences in: a) emergency medicine, b) family medicine, c) general internal medicine, d) general surgical care, including operative experiences, e) geriatrics, f) pediatrics. g) prenatal care and women's health, h) psychiatry and/or behavioral medicine.	For B7.04 a-h, lists of clinical sites, clinical rotation schedule, documentation of patient encounters

Section C: Evaluation

This section addresses evaluation across the program, to include the students, curriculum, and clinical sites. A major focus of this section is the program's ongoing self-assessment process and analysis of the outcomes of that process, as well as the changes made based on the outcomes. Much of the evidence related to Section C is described in program documents such as student handbooks/manuals, web sites, and course syllabi, and found in program planning files and records, student files and records, evaluation tools, and surveys.

Site visitors and ARC-PA commissioners will be reviewing materials to look for the processes and outcomes of evaluation, as well as how changes are made in the program based on these. They will look at the methods and frequency of methods used by the program to collect and analyze data needed for ongoing self-assessment over time and how the program applies the results of data analysis to program improvement. The Self-Study Report, and data supporting it, are critical pieces of evidence for this section. Site visitors will review the source data used for the SSR, verifying that the resulting data analysis reflects the data gathered. Lack of analysis of data is often noted by visitors and commissioners as they review SSRs.

In reviewing **student evaluation materials**, they will be comparing information described in course syllabi and instructional objectives/expected competencies with evaluation processes and outcomes. They will need to review blank and completed evaluation instruments used to evaluate student performance across the curriculum. Documents related to identifying students having difficulty in the curriculum and how the program assists those students are important to this section.

In reviewing materials related to **clinical site evaluation**, visitors and commissioners will review documents related to the evaluation of clinical sites for the site's ability to offer an educational experience that not only provides the patient encounters needed, but that also assists the student in development of interpersonal and diagnostic and problem-solving skills. They will also review documents related to the evaluation of those serving to supervise the students during clinical experiences.

During their discussions with individuals (administrators, faculty and instructors, preceptors, students) during the visit, site visitors will be verifying that the processes described and information submitted by the program or reviewed on site reflects the reality of the program.

Programs should have the required documents well organized, readily available, and marked or flagged for convenience in locating materials.

	Standard	Evidence Suggestions / Performance Indicators
C1.01	The program must regularly collect and analyze the following qualitative and quantitative information to support an ongoing process of monitoring and documenting program effectiveness:	For C1.01 a-f, source data collected, SSR

	Standard	Evidence Suggestions / Performance Indicators
	a) student attrition, deceleration, and remediation.	
	b) faculty attrition.	
	c) student failure rates in individual courses and rotations.	
	d) student evaluations of individual didactic courses, clinical experiences, and faculty.	
	e) graduate evaluations of curriculum and program effectiveness.	
	f) preceptor evaluations of student performance and suggestions for curriculum improvement.	
	g) graduate performance on the PANCE.	Data maintained on graduate performance on the PANCE over time, analysis of data in SSR
C1.02	The program must apply the results of ongoing program assessment to the curriculum and other dimensions of the program.	Program planning minutes, curriculum committee minutes, selection/admissions committee minutes; changes in courses (requirements, content, instructional methods, evaluation), SSR
C2.01	The program must prepare a Self-Study Report as part of the application for continuing accreditation that accurately and succinctly documents the process and results of ongoing self-assessment.	Well-written SSR accurately and succinctly documents the process and results of ongoing self-assessment, including tables with analysis as defined by ARC-PA
C2.01	The Self-Study Report must follow the guidelines provided by the ARC-PA	SSR follows prescribed content and page limitation

Standard	Evidence Suggestions / Performance Indicators
C2.01 The Self-Study Report, at a minimum, must document the following:	
a) the program's process of ongoing self-assessment	SSR documents program's process of ongoing self-assessment including methods and frequency of components
b) outcome data and critical analysis of: 1) student attrition, deceleration, and remediation. 2) faculty attrition. 3) student failure rates in individual courses and rotations. 4) student evaluations of individual didactic courses, clinical experiences, and faculty. 5) graduate evaluations of curriculum and program effectiveness. 6) preceptor evaluations of student performance and suggestions for curriculum improvement. 7) the most recent five-year first time and aggregate graduate performance on the PANCE	For C2.01b 1-7, SSR includes outcome data and critical analysis over time of listed components, with enough supporting evidence to justify program's conclusions from analysis
c) self-identified program strengths and areas in need of improvement.	SSR includes program strengths and areas in need of improvement
d) modifications that occurred as a result of self-assessment.	SSR includes modifications that occurred over time as a result of self-assessment
e) plans for addressing areas needing improvement.	SSR includes plans for addressing areas needing improvement (a multi-year summary chart of issues, recommendations and follow-up actions is helpful)
C3.01 The program must use objective evaluation methods that are administered equitably to all students in the program.	Policies and procedures regarding student evaluation, evaluation instruments for all courses/content areas

	Standard	Evidence Suggestions / Performance Indicators
C3.02	Objective evaluation methods must be related to expected student competencies for both didactic and supervised clinical education components.	Comparison of student evaluation instruments to expected competencies for entire curriculum
C3.03	The program must conduct frequent, objective, and documented formative evaluations of students to assess their acquisition of knowledge, problem-solving skills, and psychomotor and clinical competencies.	Schedule of when objective formative evaluations occur across the curriculum, course syllabi, methodology and evaluation instruments used
C3.04	The program must assess and document student demonstration of professional behaviors.	Methodology used and timing of assessment of student professional behaviors
C3.05	The program must monitor the progress of each student in such a way that deficiencies in knowledge or skills are promptly identified and means for remediation established.	Record of student performance in each course offered, student files indicating meeting with faculty and means of remediation employed
C3.06	The program must document a summative evaluation of each student toward the end of the program to assure that students are prepared to enter clinical practice.	Methodology and instruments used for summative evaluation, results of summative evaluation of each student
C4.01	The program must define and maintain consistent and effective processes for the initial and ongoing evaluation of all sites and preceptors used for students' clinical practice experiences.	Description of process for initial and ongoing clinical site evaluation and preceptor evaluation to include format and timing of evaluations; forms completed by faculty; evaluations completed by students Process should be consistent across sites and program evaluators and should be effective in identifying sites that do not meet requirements for allowing students to meet expected competencies.

Standard

**Evidence Suggestions / Performance
Indicators**



Section D: Student Services

Standard

**Evidence Suggestions / Performance
Indicators**

Note

Standard

**Evidence Suggestions / Performance
Indicators**

Section E: Provisional Accreditation

Section F: Accreditation Maintenance

Standards

Standard

**Evidence Suggestions / Performance
Indicators**

6

Standard

**Evidence Suggestions / Performance
Indicators**

6

Standard

**Evidence Suggestions / Performance
Indicators**

increase or decrease

Section E: Provisional Accreditation

Standards

Standards

Standards

completed course-related materials

Standards

Standard

**Evidence Suggestions / Performance
Indicators**

6

Standard

**Evidence Suggestions / Performance
Indicators**

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6

Standard

**Evidence Suggestions / Performance
Indicators**

entire

Standard

Evidence Suggestions / Performance Indicators

Standards

Accreditation Policies

Accreditation Types and Review Cycle

Accreditation Status

Standards

Standards
Standards

Standards

Standards

Standards

Standards

Standards

Review Cycle

established

follow up provisional visit

probation

Noncompliance with Accreditation Actions and Procedures

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Standards

Effective Date of Withdrawal

Program Closure/Voluntary Withdrawal

Voluntary Inactive Status

must

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Accreditation Decision Process

Standards

Appeals of Adverse Actions

Confidentiality

Public Information

not

-
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-

- *Standards*

Public Notification of a Program's Accreditation Status

6

Complaints

not

Standards

Ongoing Program Self-Assessment

Background



Standards

Standards

Standards

Participants in the Self-Assessment Process

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Definitions

Ongoing Program Self- Assessment (Standard C1)

Education (Standards) *Accreditation Standards for Physician Assistant*

Analysis

Instructions for the Self-Study Report (SSR) or the Descriptive Report



Responding to Observations and Citations

Standard

Standards

6

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Cover Letter Submitted From Program in Response to Citations

Attachment

Excerpt from a Program in Response to Citations, (with some “FYI” comments)

Standard B5.1d (2nd edition) / Standard B3.02f&g (3rd edition): Program must provide students with instruction in assessment, including presenting data in oral and written form.

XXX

XXX

XXX

XXX

Suggested Format for Response to Observations (in body of letter)

Standard XXX

Standard

Standard

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Contact Information:

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