

SAMPLE Site Visit Schedule Template Clinical Postgraduate Visit (To be completed by program and given to site visit team members)

NOTE: Sample Below is to show detail that would be provided for each event and is based on the sample schedule provided by the ARC-PA. The actual program schedule will be developed by the program director and site visit chair, and may look somewhat different. For example, the visitor(s) may choose not to have any luncheon meetings. However if they do, the detail re names and backgrounds of participants should be provided to them on their schedule

PRETEND HOSPITAL POSTGRADUATE PA PROGRAM NAME

ARC-PA SITE VISIT SCHEDULE MONTH/DATE/YEAR

Evaluators: Name 1 (on site)

Name 2 (available by phone)

Day, M/D/Y

Arrive name of airport and city Visitor #1 Flight #:

Car rentals:

Hotel: Name of Hotel Clinical Postgraduate PA Program

Street address
City, state, zip
City, state, zip

Phone: xxx.xxx.xxxx Phone: xxx.xxxx.xxxx

Fax: xxx.xxx.xxxx PD Cell Phone: xxx.xxx.xxxx PD home phone: xxx.xxx.xxxx

Hotel Confirmation # xxxxxxxx

Day, M/D/Y

7:00 AM TRANSPORT TO PROGRAM OFFICES

Name of person picking up visitor

7:30 AM MEETING with PROGRAM DIRECTOR & MEDICAL DIRECTOR

Room: xxxx

Name and title, Program Director Name and title, Medical Director

8:00 AM INITIAL REVIEW OF DOCUMENTS AND RECORDS

Room: xxxx

ARC-PA Clinical Postgraduate Site Visit

Dates of Visit

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9:30 AM DISCUSSION OF GOALS, OBJECTIVES, CURRICULUM

Room: xxxx

Name and title, Program Director Name and title, Medical Director

Name and title, faculty Name and title, faculty Name and title, title

11:15 AM Break

11:30 PM LUNCHEON MEETING (provide names and titles of those involved)

Room: xxxx

EmployersGraduatesName.NameNameNameNameName

Name Name

12:45 PM INTERVIEWS WITH MEMBERS OF THE INSTRUCTIONAL FACULTY AND

PRECEPTORS (provide names and titles of those involved)

Room: xxxx

Name and title, Course Name, i.e. Pathophysiology

Name and title, Course Name

Name and title, Assistant Professor/DCE (via phone) Name and title, Practice type/rotations involved Name and title, Practice type/rotations involved

2:00 PM MEETING WITH CURRENT PA RESIDENTS

Room XXXX

Name Name Name

2:45 PM BREAK

3:00 PM REVIEW OF DOCUMENTS CONTINUES/ PREPARE REPORT

Room: XXXX

4:15 PM MEETING PROGRAM DIRECTOR/ FACULTY TO CLOSE VISIT

5:00 PM ADJOURN

Details regarding transportation arrangements to hotel, airport