



Clinical Requirements Policy Common Questions

May 2026

What is the new policy?

“Programs must have clinical resources sufficient for students to meet the clinical experience requirements, including minimum hours, cases, and procedures, for Anesthesiologist Assistant certification eligibility.”

When does it go into effect?

Implementation date is October 2026.

Reporting will start with Annual Reports due in September 2028.

What does this mean for the program?

Programs are required to report on clinical resource adequacy as it relates to the national certification examination through Annual Reports beginning in 2028 (reflecting 2027 data).

Similar reporting began in September 2025 when programs were required to submit clinical tracking through Annual Reports.

The ARC-AA will be modifying its self-study report to include additional items to evaluate programs' clinical resource capacity.

What kind of evidence will be required to demonstrate adequate clinical resources?

As part of ongoing accreditation and monitoring, programs may be asked to provide evidence of clinical capacity analyses, affiliation agreements, case logs, and outcomes data that confirm that students can attain the required clinical experiences.



Why was the policy developed?

By explicitly linking clinical capacity to students' ability to achieve required clinical experiences, the policy demonstrates that the ARC-AA/CAAHEP requires resources that ensure adequate student preparation and safeguard students' clinical learning environment.

Are Anesthesiologist Assistant programs ensuring resource sufficiency now?

Yes.

ARC-AA surveyed all 25 CAAHEP-accredited programs, achieving a 100% response rate.

Survey results demonstrate that programs have taken proactive steps to ensure resource sufficiency and support student success to meet clinical requirements. All responding programs have communicated the NCCAA clinical requirements to students through multiple channels, including direct communication (80%), academic advising sessions (70%), and orientation materials (50%). Additionally, 65% modified their clinical tracking systems and 62% updated clinical log templates to monitor student progress toward requirements.

Programs are enhancing their clinical resources to align with certification requirements. Sixty percent expanded their clinical site partnerships, 40% modified rotation schedules, and 35% enhanced case variety requirements. Additional enhancements included updating clinical objectives (30%), implementing technology upgrades (28%), adding faculty resources (12%), and increasing clinical hours (5%). Twenty-one percent made no changes because their existing requirements already meet or exceed the NCCAA clinical experience requirements.

When asked about their confidence that students will meet NCCAA clinical eligibility requirements, 92% of respondents were either "Very confident" or "Moderately confident," with 8% "Somewhat confident." Importantly, no program indicated a lack of confidence.

The survey results demonstrate that anesthesiologist assistant programs are aware of NCCAA requirements, have communicated effectively with students, and are implementing enhancements to ensure sufficient clinical resources.

What happens if a program cannot demonstrate sufficient clinical resources?

Programs demonstrating inadequate clinical resources through these assessments will be subject to focused monitoring and potential changes in accreditation status if non-compliance with the requirement is identified.

The CAAHEP Standards and Guidelines do not require a minimum number of hours or cases; the Standards require the program to set these numbers.

The CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant* are currently under revision. The revision is expected to include a list of required clinical experiences, further strengthening the evaluation of the resources and experiences that programs must provide for students to become competent providers.

Who is CAAHEP?

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) is a nonprofit, specialized (programmatic) accrediting organization that evaluates and accredits postsecondary health sciences and health professions education programs.

CAAHEP accredits individual programs (not entire institutions) in numerous allied health disciplines—including Anesthesiologist Assistant programs—against profession-specific Standards developed with Committees on Accreditation (CoA). CAAHEP is recognized by the Council for Higher Education Accreditation (CHEA).

The ARC-AA is one of 25 CoAs.

What is CAAHEP's primary purpose?

CAAHEP's primary purpose is to advance program quality through accreditation standards that prepare students for professional practice. Consumer protection is a function of accreditation that stems from its quality-assurance purpose.

Who is CHEA?

The Council for Higher Education Accreditation (CHEA) is a national nonprofit association of degree-granting colleges and universities in the United States that recognizes accrediting organizations and promotes academic quality assurance to protect students and the public.

CHEA recognition is separate and independent from that of the U.S. Department of Education.

Read more about CHEA [here](#).

[List of CHEA-recognized accreditation organizations](#)

Which CHEA recognition criteria does this policy fall under?

Standard I.C.

Demonstrating compliance with CHEA Standard 1.C. by protecting students through ensuring adequate clinical resources for both educational preparation and certification eligibility.

CHEA STANDARD 1. ACADEMIC QUALITY AND STUDENT ACHIEVEMENT

Advancement of academic quality and continuous improvement are at the core of accreditation. To be recognized, the accrediting organization provides evidence that it implements and enforces standards, policies, and procedures which:

- 1.A. advance academic quality using quantitative and/or qualitative measures;
- 1.B. detail how it supports the autonomy of an institution or program in determining academic quality as it relates to the mission of the institution or program;
- 1.C. require resources specific to ensuring adequate student preparation and health and safety; and
- 1.D. support implementation of innovative practices.

[CHEA Standards and Procedures for Recognition](#)

What does this mean?

CHEA's way of ensuring that accreditors don't just focus on abstract academic quality but also hold institutions accountable for having the concrete resources and conditions that protect students and set them up to succeed.

