ACCREDITATION REVIEW COUNCIL ON EDUCATION IN SURGICAL TECHNOLOGY AND SURGICAL ASSISTING [ARC/STSA] sponsored by the

American College of Surgeons [ACS] and Association of Surgical Technologists [AST] in collaboration with the

COMMISSION ON ACCREDITATION OF ALLIED HEALTH EDUCATION PROGRAMS [CAAHEP]

ARC/STSA Program Personnel Data Form – Dean [or comparable appointment]

A change in Dean must be reported to the ARC/STSA at info@arcstsa.org within 30 days of the change.

Please Note: This form <u>does not</u> require the submission of additional supporting documentation unless specifically requested by the ARC/STSA.

Sponsoring institution					
Name:					
Credentials:					
Date of Appointment:					
Address:					
City, State:		-	Zip:		
Phone:	Email:				
President/CEO (or comparable app	-				
President/CEO Institutional Title:	Donntinent, Name.				
•					
Program Director Name: Program Director Institutional Title					
Frogram Director institutional ritie	z.				
Has the President/CEO or Program	Director appointme	nt changed since t	he last A	Annual Report?	
, ,	• • • • • • • • • • • • • • • • • • • •	G		□Yes	□No
If YES, has the ARC/STSA been notified of the change*?			□Yes	□No	
[*The sponsoring institution is required to repor	•		and/or Pr	ogram Director within t	thirty (30)
The Sponsoring Institution Presiden information above is accurate**.	t/CEO or their admi	nistrative designe	e below	acknowledges th	nat the
President/CEO or Administrative De	esignee Signature		Date	9	

(**Please note that failure to provide accurate information, verified upon ARC/STSA request or during program review [Site Evaluation] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.)

Please reference Standard III.B. in the CAAHEP Standards and Guidelines for documentation that must maintained by the program to demonstrate compliance.