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 – President/CEO [or comparable appointment]

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

Please Note: This form does not 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:						
Program Administrator App		nation						
Dean (or comparable appo								
Dean Institutional Title:								
Program Director Name:								
Program Director Institution								
Has the Dean or Program D If YES, has the ARC/STSA be [*The sponsoring institution is re	en notified of the o	change*?	iges regar	ding the Pr	·		□Yes □Yes Program I	□No □No Director
The Sponsoring Institution I information above is accura		heir admi	nistrativ	e design	ee below a	acknow	ledges th	nat the
President/CEO or Administr	nature		_	Date			-	
(**Please note that failure to provide	de accurate information, v	verified upon	ARC/STSA	request or d	uring prograr	n review [S	Site Evaluati	ion] 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.