# , III.D

**SURGICAL TECHNOLOGY**

**REQUIRED VISIT MATERIALS CHECKLIST**

**INITIAL ON-SITE EVALUATIO****N**

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| * All materials listed below must be labeled and organized in the team’s private workroom and must be available upon the team’s arrival. The team may request additional documentation to evidence compliance. * If any materials are provided digitally, they must be easily accessible, clearly labeled and organized, as well. * Please provide access to power (extension cords if needed) and Wi-Fi. * Coffee, water, light snacks and lunch are not required but are appreciated. |

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| **Verified in Room** | **Documentation Required** | **Standard(s)** |
|  | Copy of program Self-Study organized with all supporting documentation |  |
|  | Copy of institutional accreditation | **I.A.** |
|  | Consortium documentation (if applicable) | **I.B.** |
|  | Organizational Chart | **I.C.** |
|  | Publication(s) containing program goals and learning domains | **II.A.** |
|  | Program Advisory Committee (PAC) Form, PAC meeting minutes (including Program Effectiveness Plan – ST form, and learning domains review), public member resume, and practicing CST proof of credential | **II.B., III.D., IV.B.** |
|  | Publication(s) containing minimum expectation statement | **II.C.** |
|  | List of program resources – budget, facilities, computer, office, library, classroom, instructional, lab supplies, lab equipment, lab instrumentation, clinical sufficiency survey | **III.A.** |
|  | Faculty files for program director, clinical coordinator and didactic/lab faculty, including Program Personnel Data Form (PPDF) and supporting documentation for each; and, PPDF for president and dean | **III.B.** |
|  | Comprehensive Master Curriculum for Surgical Technology Program organized in appropriate sequence (please include syllabi, course content outline, instructional tools, notes, and handouts) | **III.C.** |
|  | Distance education application (if applicable) | **III.C.** |
|  | Copies of program evaluation materials (please include exams, laboratory competencies, clinical evaluation forms, and clinical case logs) | **IV.A.** |
|  | Outcomes Tracking Tool (OTT) and supporting documentation for currently enrolled cohorts (and graduates if applicable) | **IV.B.** |
|  | Completed/current Fair Practices Reporting Form | **V.A.** |
|  | Program-related publications (school catalog, student handbook(s), program brochure(s), and marketing/promotional materials) | **V.A.** |
|  | Sample forms used in the student selection process | **V.B.** |
|  | Access to all student-related records (admissions, programmatic, and health records as required by clinical affiliates) | **V.B., V.C. V.D.** |
|  | List of documents retained in student records | **V.D.** |
|  | List of any significant program changes and supporting documentation (changes occurring after submission of the Self-Study) | **V.E.** |
|  | Clinical Affiliation Site Reporting Form & all signed/dated affiliation agreements | **V.F.** |