## 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 Clinical Preceptor Delegate Report Form – SA

A change in Clinical Delegate should be reported to the ARC/STSA on the program's next ARC/STSA SA Annual Report.

Sponsoring Educat	tional Institutio	n [School]		Program State	Date			
Confirm Program Maximum Enrollment Capacity:    # Students per Cohort  # Cohorts per AY [8/1/XX-7/31/XX]  # of cohorts that overlap in clinical at any given point    Total minimum # of surgical assisting OR scrub slots available for student assignment at all clinical affiliates								
Clinical Preceptor Delegate Name	Credentials	Certification #	# Years OR Experience	Name of Clinical Preceptor	Name of Clinical Affiliation Institution (where student is assigned)	State	SA Student Assigned	

The Program Director <u>and</u> administrator acknowledge that the information above is accurate<sup>\*\*</sup> <u>and</u> attests that the Clinical Preceptor Delegates appointed to the program meet the responsibilities and qualifications for appointment specified under Standards III.B.5.a. and III.B.5.b.

Program Director Signature		
Administrator Signature	Title	Date

(\*\*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.)