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 Affiliate Site Reporting Form

Programs should **not** submit an ARC/STSA Clinical Affiliate Site Reporting form unless specifically requested by the ARC/STSA or in support of a MEC change.

Please note: if a range of available slots is indicated, only the lowest number of slots should be counted to determine sufficiency of OR scrub slots.

Sponsoring Institution:		Program State:	
Program ID #:		Date:	

Current Approved Program Maximum Enrollment Capacity:

Number of Students per Cohort:		Number of Cohorts:	
Program's Number of Cohorts that Overlap in Clinical at any given point:		Total minimum # of OR surgical scrub slots available for student assignment at **all clinical affiliates:**	

Clinical Affiliation Facility Name	Contact Person	Contact number	Address	City, State	# of slots available	Current Affiliation Agreement

Clinical Affiliate Agreement Attestation:

The program attests that a comprehensive clinical affiliation agreement for this facility is on file with the school or program.
[Please note that a comprehensive clinical affiliation agreement includes at least the following:
- name of clinical affiliate and name of sponsoring institution

- information that clarifies that the agreement is applicable to the surgical technology/assisting** program
- agreement termination language, and
- Clinical affiliate and sponsoring institution representative signatures and dates.]

Clinical Affiliate Slot Clarification/Comments:

The Program Director and administrator acknowledge that the information above is accurate*, attests that a comprehensive clinical affiliate agreement for each facility listed is on file with the school, **and** that the program has sufficient surgical technology OR scrub slots for the program's stated maximum enrollment capacity indicated above.

Program Director Signature   Date

Administrator Signature   Title   Date

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

**ST programs must have agreements and surgical scrub slots designated and applicable to the ST program, SA programs must have agreements and surgical scrub slots designated and applicable to the SA program.