## 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 – Interim Program Director

A change in Program Director (PD) must be reported to the ARC/STSA at info@arcstsa.org within 30 days of the change.

Maximum timeframe for interim PD appointment is six (6) months from the date of departure of the prior fully qualified, formal PD.

Sponsoring Institution:			State:
Name:			
Credentials:		CST or CSFA Certification #:	
Date of Appointment:		Prior PD Departure Date:	
Phone:	Email:		

The program <u>must</u> submit a Plan of Action form to demonstrate compliance with Standard III.B. – Program Director to include a detailed timeline of search for a new Program Director.

Attestation of Responsibilities:			
Institutional administrative staff with direct oversight of the surgical technology	ology		
and/or surgical assisting program			
Physically present on the campus to administer daily activities for the progr	am		
Sufficiently free to administer/oversee the surgical technology and/or surgi	cal assisting program		
Sufficient faculty and staff are appointed to achieve the program's stated g	oals and outcomes		
Acknowledgement of Policy			
At the end of the six (6) month interim period (or upon appointment, if sooner) the			
sponsor must provide evidence of appointment of a fully qualified, formal Pro	gram		
Director appointment			
☐ If no formal Program Director appointment has occurred within the six (6)	month interim period, the		
program will be reviewed at the next scheduled ARC/STSA Board of Directors	meeting for non-		
compliance with Standard III.B.			
Programs reviewed for non-compliance with Standard III.B. may be subject	to a recommendation of		
Probationary Accreditation or recommendation of Withdraw Accreditation			
The Sponsoring Institution President/CEO or their administrative designee ack	nowledges that the		
information above is accurate*.			
President/CEO or Administrative Designee Signature	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.)