

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.