

**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 Facility Change Submission Requirements**

Program must submit all documents listed below for a complete review, please check boxes to verify inclusion of all required documentation. Please note, this check list must be included as the first document of the submission.

Sponsoring Institution:		State:	
Effective Date:			

	Narrative indicating nature of the change; to include date of effectiveness and new address
	Blueprints or Floor plans, showing the surgical technology/surgical assisting classrooms, laboratory space, and faculty offices; to include measurements
	Photographs of the completed facilities; to include classrooms, laboratory space, and faculty offices
	Updated list of laboratory furnishings, equipment, and supplies
	Copies of publications, or draft publications, or Plan of Action Form detailing update to publications to reflect proposed facilities change; to include changes in contact information – Faculty phones numbers, address, etc.

**Program Administrator Appointment Confirmation**

President/CEO (or comparable appointment) Name:	
President/CEO Institutional Title:	
Dean Name:	
Dean Institutional Title:	

The program’s submission must be submitted as one “seamless” PDF document which has been bookmarked with all pages upright facing, using the ARC/STSA protocol and guidelines in order to be formally accepted by the ARC/STSA for processing. The ARC/STSA requests **all submissions 50 pages or less** in length must be sent to [info@arcstsa.org](mailto:info@arcstsa.org). **Submissions greater than 50 pages in length** please contact the ARC/STSA for submission guidance.

The Program Director verifies that the information submitted is accurate\*.

\_\_\_\_\_  
 Program Director 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.)