## 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 – ST – Clinical Coordinator

A change in Clinical Coordinator should be reported to the ARC/STSA on the program's subsequent Annual Report.

Program does <u>not</u> need to submit an ARC/STSA Program Personnel Data Form – Clinical Coordinator if the Program Director serves in this role.

Name:				
All Credentials held as			NBSTSA Certification #	
Abbreviations (to include CST)	):	<u> </u>	NBSTSA CEITIICATION #	
Date of Appointment:		Personal Pronouns:	☐ She/Her ☐ He/Him ☐	They/Them
Institutional Email:				
·	<b>nsibilities and qualifications</b> of strate how the program plans	·	·	DA) Form to
Attestation of Respon	sibilities:			
	oordinating clinical education.	ai au af akudauk aliuisal a		
	ation, organization, and supervis		•	
	ion of the evaluation and progr	•	=	mpetence.
	s quality review and improveme			_
	oversight, including curriculum			
	to the program's requirements	s of the personnel who s	upervise or instruct studen	ts at
clinical sites.				
☐ Coordinates the ass	ignments of students to clinical	sites.		
<b>Attestations of Qualif</b>	ications:			
☐ Is a graduate of an opposite programmatic accredite.	education program in surgical te	echnology accredited by	a nationally recognized	
☐ Possesses a credent	tial in the field of surgical technology onal Commission on Certifying A		l certification program that	is
$\square$ Has a minimum of t	hree years of documented expe	erience, either in the op	<del>-</del>	as an
☐ Possesses knowledg				
☐ Possesses knowledg	ge about the program's evaluati	ion of student learning a	and performance.	
· -	s that the program has sufficien and objectives for the program			nievement
The Program Director	acknowledges that the informa	tion above is accurate*	· .	
Program Director Si	gnature		Date	
(*Please note that fail	ure to provide accurate information, ve	erified upon ARC/STSA reques	t or during program review may re	esult in a

Please reference Standard III.B. in the CAAHEP Standards and Guidelines for documentation that must be maintained by the program to demonstrate compliance.

Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.)

Sponsoring Institution:

State: