

**SURGICAL ASSISTING
REQUIRED VISIT MATERIALS CHECKLIST
CONTINUING SITE EVALUATION – VIRTUAL**

ALL materials on this checklist must be uploaded into the Google Drive link provided by the ARC/STSA for the virtual site visitors. **Electronic materials must be organized in an easily accessible format following the checklist order by Standard.** All documentation must be upright facing, following ARC/STSA Bookmarking Guidelines:
<https://www.arcstsa.org/forms/>.

- Please note recording of the virtual site visit is **prohibited**
- Provide site visitors access to the Learning Management System (LMS) as applicable
- Provide access to students' digital clinical files or digital clinical tracking platform, as applicable
- Provide access to the program's campus management system, as applicable
- Must have reliable internet connection that extends into the laboratory
- Must have computers with webcams and audio capability or other campus teleconferencing hardware
- Must participate in a test run of the technology prior to the virtual site visit
- Provide the **Virtual Site Evaluation Schedule** two weeks prior to visit

Standard		Google Drive Folder and Electronic Documentation that must be included
Please be sure to follow the file naming as the items below; also keep file names short, use abbreviations and acronyms when possible (i.e. Plan of Action – POA; Program Personnel Data form – Program Director – PPDF-PD; Outcomes Tracking Tool – OTT)		
<u>Program Annual Reports and Supporting Docs</u>		Annual Reports, Outcomes Tracking Tools, Outcomes Data <input type="checkbox"/> 2019 & 2022 Annual Report Supporting Data for 2019 & 2022 Annual Report; <u>and</u> , supporting data for students who graduated between 8/1/18-7/31/19 and 8/1/19-7/31/20 <input type="checkbox"/> Supporting Outcomes Tracking Tools (OTTs) <input type="checkbox"/> Supporting CSA and/or CSFA Examination Results <input type="checkbox"/> Supporting Graduate Surveys <input type="checkbox"/> Supporting Employer Surveys <input type="checkbox"/> COVID-19 Plan of Action Form
<u>I. Sponsorship</u>	I.A.	I. Sponsorship <input type="checkbox"/> Copy of institutional accreditation/other applicable agency approval <input type="checkbox"/> Organizational chart
	I.B.	
	I.C.	
<u>II. Program Goals</u>	II.A.	II. Program Goals-Outcomes <input type="checkbox"/> Copy of Publications regarding Program Goals <input type="checkbox"/> Copy of Publications regarding Learning Domains <input type="checkbox"/> Copy of Publications regarding Minimum Expectations <input type="checkbox"/> ARC/STSA Program Advisory Committee Form <input type="checkbox"/> Program Advisory Meeting Minutes (Past 3 Meetings) <input type="checkbox"/> Proof of Credential for Practicing Surgical Assistant (i.e. Copy of Certification) <input type="checkbox"/> Resumes or Biographical Summaries for All PAC Members
	II.A.	
	II.B.	
	II.C.	
<u>III. Resources</u>	III.A.	III.A. <input type="checkbox"/> Program Resources – Type-Amount <input type="checkbox"/> Financial (budget) <input type="checkbox"/> Classroom and classroom equipment <input type="checkbox"/> Student computer resources (hardware, software, printers, etc.) <input type="checkbox"/> Instructional reference material (aides, models, and audiovisual) <input type="checkbox"/> Laboratory facilities <input type="checkbox"/> Laboratory equipment <input type="checkbox"/> Laboratory supplies <input type="checkbox"/> Library resources and references

		<input type="checkbox"/> Ancillary student facilities <input type="checkbox"/> Offices and office equipment <input type="checkbox"/> Clerical/support staff <input type="checkbox"/> Pre-recorded tour of facilities - library, classrooms, computer labs, lab, breakrooms (only those used by ST or SA students), PD and faculty offices <input type="checkbox"/> Live tour of lab will be conducted in more detail during the virtual site visit
	III.B.	III.B. Faculty (Please note: Confidential information such as SSNs must be redacted) <input type="checkbox"/> ARC/STSA Program Personnel Data Form – President (PPDF-Pres) <input type="checkbox"/> ARC/STSA Program Personnel Data Form – Dean (PPDF-Dean) <input type="checkbox"/> Program Director <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Program Personnel Data Form – Program Director <input type="checkbox"/> ARC/STSA Schedule of Responsibilities (SoR) Form <input type="checkbox"/> Signed Job Description <input type="checkbox"/> Resume <input type="checkbox"/> Proof of Credential (CSA, CSFA) <input type="checkbox"/> Proof of CEs <input type="checkbox"/> AFE Workshop Certificate <input type="checkbox"/> Medical/Surgical Director <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Program Personnel Data Form – Medical/Surgical Director <input type="checkbox"/> Resume <input type="checkbox"/> Proof of Current Medical License (MD, DO) <input type="checkbox"/> Proof of Certification in a specialty recognized by the American Board of Medical Specialties (ABMS) <input type="checkbox"/> Didactic Faculty <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Program Personnel Data Form – Core Faculty <input type="checkbox"/> ARC/STSA Schedule of Responsibilities (SoR) Form <input type="checkbox"/> Signed Job Description <input type="checkbox"/> Resume <input type="checkbox"/> Proof of Credential (CSA, CSFA, MD, MO) <input type="checkbox"/> Proof of CEs <input type="checkbox"/> Clinical Preceptors – Please provide the following for <u>all</u> Preceptors <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Clinical Preceptor Reporting Form <input type="checkbox"/> Proof of Credential (MD, DO) <input type="checkbox"/> Clinical Preceptor Delegates – Please provide the following for <u>all</u> Preceptor Delegates <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Clinical Preceptor Delegate Reporting Form <input type="checkbox"/> Proof of Credential (CSA, CSFA) <input type="checkbox"/> ARC/STSA Clinical Preceptor Reporting Form <input type="checkbox"/> ARC/STSA Clinical Preceptor Delegate Reporting Form
	III.C.	III.C. Curriculum <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Curriculum Attestation Form – CCSA4e <input type="checkbox"/> SA Core Curriculum Syllabi <input type="checkbox"/> Course Content Outline <input type="checkbox"/> Instructional Tools, Handouts, Notes <input type="checkbox"/> Copy of Clinical Case Log Tool <input type="checkbox"/> Copy of Publication regarding Clinical Case Requirements <input type="checkbox"/> Distance Education Application (if applicable) <input type="checkbox"/> Access Instructions for LMS (if applicable)
	III.D.	III.D. Resource Assessment <ul style="list-style-type: none"> <input type="checkbox"/> ARC/STSA Program Evaluation Plan (PEP) Form

<u>IV. Student and Graduate Evaluation and Assessment</u>	IV.A	IV. Student-Graduate Eval-Assess <input type="checkbox"/> Copy of Clinical Evaluations <input type="checkbox"/> Copy of Final Exam(s) <input type="checkbox"/> Copy of Each Lab Skill Competency Evaluation
	IV.B.	
	V.A.	V.A. Publications <input type="checkbox"/> ARC/STSA Fair Practices Reporting Form <input type="checkbox"/> Published institutional accreditation <input type="checkbox"/> Published Programmatic Accreditation <input type="checkbox"/> CAAHEP Contact Information <input type="checkbox"/> Non-Discrimination policy statement <input type="checkbox"/> Admissions policies and practices <input type="checkbox"/> Number of credits required for program completion <input type="checkbox"/> Tuition, fees, and other costs <input type="checkbox"/> Policy and procedure for withdrawal <input type="checkbox"/> Policy for refunds of tuition/fees <input type="checkbox"/> Academic calendar <input type="checkbox"/> Student grievance policy <input type="checkbox"/> Criteria for successful completion for the curriculum and graduation <input type="checkbox"/> Faculty grievance policy <input type="checkbox"/> Student health requirements <input type="checkbox"/> Student work policy <input type="checkbox"/> Clinical case requirements <input type="checkbox"/> School catalog <input type="checkbox"/> Program handbook <input type="checkbox"/> Program brochures and marketing materials (if applicable)
	V.B.	V.B. Lawful & Non-discriminatory Practices <input type="checkbox"/> Forms Used in Student Selection Process
	V.B., V.C., V.D.	Student Files (Please note, folders will be created prior to the program placing documents in these folders; staff will follow up to request specific student files base on submitted OTT). Confidential information, such as SSNs, must be redacted. <input type="checkbox"/> ARC/STSA Outcomes Tracking Tool (OTTs) for all currently enrolled cohorts <input type="checkbox"/> List of documents contained in student files <input type="checkbox"/> Team requested clinical files (access to the clinical tracking platform as applicable) <input type="checkbox"/> Team requested student files (admissions, programmatic, and health records as required by clinical affiliates)
	V.E.	V.E. Substantive Changes <input type="checkbox"/> Any non-substantive changes that occurred after submission of Annual Reports (if applicable)
<u>V. Fair Practices</u>	V.F.	V.F. Agreements <input type="checkbox"/> ARC/STSA Clinical Affiliation Site Reporting Form <input type="checkbox"/> Clinical Affiliation Signed Agreements