

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 – Program Director Name Change**

Please Note: This form **does not** require the submission of additional supporting documentation unless specifically requested by the ARC/STSA.

Sponsoring Institution:				State:	
New Name:			Previous Name:		
All Credentials held Abbreviations (to include AD or higher & CST):				NBSTSA Certification #	
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Personal Pronouns:	<input type="checkbox"/> She/Her	<input type="checkbox"/> He/Him <input type="checkbox"/> They/Them
Address:				City & Zip Code	
Phone:		Institutional Email:			

Program Administrator Appointment Confirmation

Dean (or comparable appointment) Name:	
President (or comparable appointment) Name:	

The Sponsoring Institution President/CEO or their administrative designee acknowledges 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 may result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.)

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