

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 – Initial Programs Only**

Please Note: This form should be submitted to notify the ARC/STSA of Personnel changes when a program is in process of seeking initial accreditation.

Sponsoring Institution:		State:	
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Program Director

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:	

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Name:			
All Credentials held Abbreviations:		Personal Pronouns:	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them
Address:		City & Zip Code	
Phone:		Institutional Email:	

President

Name:			
All Credentials held Abbreviations:		Personal Pronouns:	<input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them
Address:		City & Zip Code	
Phone:		Institutional Email:	

The Sponsoring Institution President/CEO or their administrative designee acknowledges that the information above is accurate*.

President/CEO or Administrative Designee Signature

Date

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