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:	

Program Director

Name:			
All Credentials held Abbreviations (to include AD or higher & CST):		NBSTSA Certification #	
Employment Status:	☐ Full-Time ☐ Part-Time	Personal Pronouns:	☐ She/Her ☐ He/Him ☐ They/Them
Address:		City & Zip Code	
Phone:	Institutional Email:		

Dean

Name:			
All Credentials held Abbreviations:		Personal Pronouns:	☐ She/Her ☐ He/Him ☐ They/Them
Address:		City & Zip Code	
Phone:		Institutional Email:	

President

Name:			
All Credentials held Abbreviations:		Personal Pronouns:	☐ She/Her ☐ He/Him ☐ 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.