



ARC-ST Communiqué

January
2007

Accreditation Review Committee on Education in Surgical Technology
6 West Dry Creek Circle, Suite 210 • Littleton, CO 80120
(303) 694-9262 • Fax: (303) 741-3655 • www.arcst.org

Sponsored by the Association of Surgical Technologists and The American College of Surgeons

Chair's Message

By Julia Jackson, BAH, CST

Purpose of this article:

Standard II is the foundation for Surgical Technology assessment planning; an understanding of the rationale and its relevance to our process is critical for program directors and all program stakeholders. This article will provide definitions of terms associated with assessment and accreditation, assessment planning, and an interpretation of Standard II by the ARC, in an attempt to clarify the expectations and CAAHEP compliance requirements for all stakeholders in the CAAHEP outcomes based accreditation process.

Glossary of Terms:

Assessment: In an educational context, the process of observing learning; describing, collecting, recording, scoring, and interpreting information about a student's or one's own learning. At its most useful, assessment is an episode in the learning process; part of reflection and autobiographical understanding of progress, which should result in discussion, decision, and actions based on the data analysis. Also referred to as data driven decision-making. serc.carleton.edu/introgeo/assessment/glossary.html

Assessment Plan: A document that is developed to document the assessment processes of a program. The assessment plan should be revised annually based on the previous year's assessment process. Assessment plans should include, but are not limited to, the following: description of program, its accreditation body, and of the role of the graduate in professional practice. Institutional mission statement, program goal statement, program outcomes, How the program outcomes relate to the mission of the institution, focus questions for the future which need to be supported by data, where outcomes are addressed (didactic, clinical experience, etc.), assessment tools, schedules for assessment, timelines, thresholds, criteria, and activities, description of data collection, description of data analysis, stakeholders, evaluation of assessment tools and activities.

Communities of Interest: Also known as stakeholders. Those that are served by the program or have a stake in the program and/or its graduates.

Direct Measure: Form of assessment that directly measures student learning or performance; the student produces a product or demonstration of learning. Examples include competency check offs, capstone projects, papers, and oral presentations.

Indirect Measure: Form of assessment that indirectly measures student learning or performance. Someone other than the student produces demonstration of student learning. Examples include employer surveys and advisory board feedback.

ARC-ST Board of Directors

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Flint, MI

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Holiday Schedule

The ARC-ST office will be closed on the following dates:

February 19, 2007

May 28, 2007

July 4, 2007

September 3, 2007

Formative Assessment: Assessment used to evaluate student learning to build, change, or revise instructional design of a course or curriculum. Examples include questioning, surveys, exams, and discussion.

Learning Objective: Also known as learning outcome and student learning outcome. An objective is a short term, specific measurement or requirement. This term has been replaced with learning outcome in many educational institutions.

Learning Outcome: Also known as student learning outcome and learning objective. Current term used to describe course level student performance and/or learning requirements.

Outcomes Indicators: Assessment tools (data collection and measurement tools) that are standardized (the same for all who use them) and used to measure assessment results or “outcomes”. Indicators should be linked to an aspect of the program, curriculum, and its planning process. Indicators must be standardized or they are not measuring the same thing among programs or graduates. Data reflected in these indicators gathered over a period of time is called trending. The CAAHEP required assessment outcomes indicators are retention, graduate placement (employment), PAE scores, graduate surveys, and employer surveys.

Outcomes Based Assessment/Accreditation: Accreditation and assessment that measures a program’s quality and compliance with accreditation standards based on outcomes indicators after initial process based evaluation has occurred. The premise is that there is more than one way to administer a program; the end result (graduate knowledge, skills, and behaviors) and periodic verification of data through on site evaluation will reflect whether a program is meeting its program goals. Continuing accreditation is outcomes based.

Process Based Accreditation: Accreditation that does not rely on outcomes indicators; it is based on a self-study and regular on site evaluation. This method relies on the process and means by which a program is structured (its foundation) such as resources, facilities, lab equipment, budgets, and curriculum, as opposed to its end result. The initial accreditation cycle is process based, although the outcomes based tools must be part of a program’s process, even though they may not have data in the early stages of development.

Program Goals: Also known as Program Outcomes. A list (usually no more than 10) that defines the knowledge (cognitive), skills (psychomotor), and behaviors (affective) that will be reflected by the graduate of the

program. Should be written beginning with “The graduate will”... Program goals and outcomes are not to be confused with programmatic/strategic planning administrative goals.

Program Goal Statement: A statement of the goal of the program with regard to the preparation of its graduates. This is not a list and should not be confused with the program goals/outcomes. CAAHEP requires that a program goal statement should, at minimum, include preparing graduates in the cognitive, psychomotor, and affective learning domains.

Program Outcomes: Also known as Program Goals. More readily accepted term referring to program goals and graduate preparation. A list that defines the knowledge (cognitive), skills (psychomotor), and behaviors (affective) that will be reflected by the graduate of the program. Should be written beginning with “The graduate will”... Program goals and outcomes are not to be confused with programmatic/strategic planning administrative goals.

Program Planning: An extension of strategic planning on a program level. Institution strategic plan must be in place in order to carry out program planning. The program plan involves relating the program decisions and actions to the overall strategic plan of the institution. In addition, it is the means by which a program looks to the future and documents its goals, initiatives, and their respective measurement criteria, such as timelines and thresholds. Program planning is directly linked to assessment, as decisions should be data driven; assessment is part of the planning process as it provides much of the data related to program operations.

Standardized Assessment. In a standardized assessment, an objective measure is given and scored in a uniform manner. Assessments are issued with a manual giving complete guidelines for administration and scoring. The purpose of standardization is to ensure that all students are assessed under the same conditions so that their scores have the same meaning and are not influenced by differing conditions. <http://www.baker.edu>

Student Learning Outcome: Also known as learning outcome and learning objective. This term is used in current educational curriculum development and processes.

Summative Assessment: Assessment used to evaluate, revise or change a program or processes related to student learning. These tools are end result (big picture) indicators that are mapped to curricular content and program outcomes. Examples are the PAE, capstone

projects, employer and graduate surveys, retention, graduate placement, and the national certification exam.

Stakeholders: Also known as communities of interest

Strategic Planning: Strategic planning is a management tool, period. As with any management tool, it is used for one purpose only: to help an organization do a better job - to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future. *(Adapted from Bryson's Strategic Planning in Public and Nonprofit Organizations)*
http://www.allianceonline.org/FAQ/strategic_planning/what_is_strategic_planning.faq

Trending: Using data, which is gathered and analyzed over a period of time, usually 3-5 years in the program planning process. Trending allows a program to identify areas for growth as well as areas of strength. Isolated data, based on one year's results etc, is unreliable as data can be influenced by many variables; if outcomes are consistent over a period of time, then their reliability is strong.

STANDARD II: PROGRAM GOALS

II.A Program Goals and Outcomes

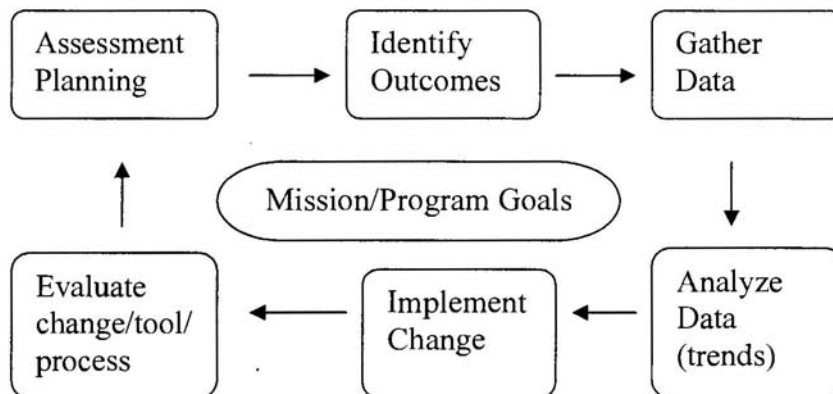
There must be a written statement of the program's goals and learning domains consistent with and responsive to the demonstrated needs and expectations of the various communities of interest served by the educational program. The communities of interest that are served by the program included, but are not limited to, students, graduates, faculty, college administration, employers, physicians, the public, and nationally accepted standards of roles and functions.

Program specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program.

ARC-ST Interpretation of II.A:

This component of Standard II requires that a program have a goal statement, which is a program mission statement. This is also the component of Standard II that requires a program have a program specific advisory committee, and designates the member types, whom are the stakeholders (communities of interest). An institutional or multi-program advisory committee is not considered

The Assessment Cycle



Based on model created by P. Maki, 2004.

sufficient for this standard. If a program does not have each of the designees on the committee, it is considered deficient in its compliance with this standard.

For new programs, a needs assessment (feasibility study, market survey) must be completed before submission of the self-study. This needs assessment must reflect a formal process by which the communities of interest have documented the current and future needs with regard to employment and clinical placement. A list of clinical sites, capacity for students, and their acknowledgment to accept students for clinical experience must be submitted as part of the needs assessment. Maximum student acceptance for a new program must be based on clinical training availability and market needs.

II.B Appropriateness of Goals and Learning Domains

The Program must regularly assess its goals and learning domains. Program personnel must identify and respond to changes in the needs and/or expectations of its communities of interest. An advisory committee that is representative of these communities of interest must be designed and charged with the responsibility of meeting at least annually, to assist program and sponsoring institutional personnel in formulating and periodically revising appropriated goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change.

ARC-ST Interpretation of II.B:

This component of Standard II requires that a program has an assessment plan in place and is using it. Assessment plans vary in structure, but should reflect the annual assessment cycle, most importantly to analyze outcomes related to program goals. This component requires that the advisory board, which is part of the assessment plan/cycle meet at least annually to provide feedback and evaluate annual program outcomes data and curricular issues. Minutes must be taken at every meeting.

This is also the component that determines if the advisory board composition aligns with the member requirements. The most common omission/citation is the lack of a public member, the lack of sufficient practicing CST's other than program faculty, lack of a physician, and the lack of current students/graduates. Please note that a public member cannot be associated with the institution in any aspect, cannot be associated with health care in any aspect, and cannot be related to the program staff in any way. These conditions can be considered a potential conflict of interest as the public member is the patient's voice on the committee.

II.C Minimum Expectations

The program shall have the following goal defining minimum expectations: "To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains".

ARC-ST Interpretation of II.C:

This is the component of Standard II that defines the criteria for the program goal statement. The goal statement is not a list, it is a mission statement, and must reflect graduate preparation in the cognitive, psychomotor, and affective domains of learning. The goal statement can include more than these criteria, such as references to the core curriculum and the institutional mission. The quotation reflects the actual wording required as part of the goal statement. Please note that the program outcomes (list) (the graduate will...) reflect the three domains as well, but specific verbiage in the goal statement (mission) must include this statement.

References:

- American Association for Higher Education. (2003). 9 Principles of Good Practice for Assessing Student Learning. *AAHE Assessment Forum*. Retrieved 5/3/2005, available: <http://www.aahe.org/principl.htm>
- Council for Higher Education Accreditation. (2002). *The Fundamentals of Accreditation: What do you need to know?* CHEA web site. Accessed 11/12/06. Available: <http://www.chea.org>
- Maki, P. (2004). *Assessing for Learning: Building a Sustainable Commitment Across The Institution*. Sterling, VA: Stylus Publishing in association with the American Association for Higher Education.
- Spangehl, S. (2000). *Aligning Assessment, Academic Quality and Accreditation. Assessment and Accountability Forum, North Central Association of Colleges and Schools, held summer 2000*. Available at: <http://www.aqip.org>
- What is Accreditation and why is it Important?* CAAHEP web site. Accessed 11/12/06. Available: <http://www.caahep.org>

The Communiqué is now accepting classified ads

- ❖ School events
- ❖ Instructor openings
- ❖ State Assembly events

Send your ad to ARC-ST, Attention: Elaine McFarlane, 6 West Dry Creek Circle, Suite 210, Littleton, CO 80120 or contact us via e-mail at elaine.mcfarlane@arcst.org.

Executive Director's Corner

By Ronald Kruzal, CST, MA

Happy New Year from the ARC-ST! It is the hope of all of us here that the upcoming year will be full of peace, happiness, and prosperity for you and your loved ones. With the advent of the New Year I thought I might take this opportunity to provide you with an update on the various project areas the organization is involved in, as well as an overview of upcoming projects for 2007. First, a look back at 2006.....

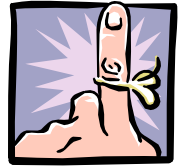
- **PRR Review.** A second meeting of the PRR review panel was held in July 2006. Ten program directors/on-site evaluators came together in Denver for two days of program review and meetings with ARC staff. Many thanks to Liz Alongi, Van Bates, Liz Boatwright, Phil Carlock, Lynda Custer, Nancy Krupinski, Libby McNaron, Keith Orloff, Lisa Reed, and Dorothy Rothgery for their participation in the process.
- The first recipients of the ARC-ST scholarships were announced at the May 2006 National Conference. Congratulations to 2006 recipients Susan Anderson, student scholarship award winner, and Nicole Endres, educators' scholarship award winner. 2007 scholarship applications are available by contacting the ARC office or online at www.arcst.org.
- The database revision which began in the winter of 2005 has been completed, as well as the revision of the annual report submission process. All programs are now on the same reporting cycle and submitting data for the same reporting period. This, combined with the newly revised report format and additional database capability, will enable the ARC to better assimilate data and generate accreditation reports. Website revision, scheduled for completion winter of 2006, is currently underway.
- With the New Year the ARC has implemented a standardized needs assessment template for programs applying for initial accreditation status with CAAHEP. This template will be incorporated into the programs' initial self-study and will better enable the institution to determine suitable enrollment for their surgical technology program. Additionally, the template will better enable on-site evaluators to report on the institutions' ability to provide resources for student clinical experiences as required by Standard IIIA. All new program applications starting with January 2007 will be required to utilize the standardized template.

Upcoming projects for 2007.....

- **Website Revision.** Originally scheduled for completion the winter of 2006, initial revision is currently underway in collaboration with our web developer. Watch for changes through the spring of 2007!
- **New Program/Program Staff Orientation and Mentoring Program.** Approved in principle by the ARC-ST Board of Directors at the Fall 2006 meeting. The New Program/Program Staff Orientation and Mentoring Program will provide orientation, education, and ongoing support services to programs and program staff in the initial accreditation process. Program components under development include educational modules in accreditation services, program management, and curriculum development. Subsequent education and mentoring will be incorporated into the program.
- **Inter-Office Review and Revision of Accreditation Services.** The ARC staff will continue efforts throughout 2007 to revise accreditation services to better address program needs. Evaluation of documentation, accreditation timelines, and office procedures are just a few of the areas staff will be working to improve accreditation services.
- **Evaluation of Outcomes Criteria.** Collaborative efforts with our programs to assess outcomes data collection and revise standardized collection instruments. The ARC is currently working with the NBSTSA in developing an option for programs to utilize the CST examination as the required outcomes indicator for measurement of curricular

Reminder

If you have had changes in program personnel, please let us know.



The *Standards* state that a "program must inform the ARC-ST within a reasonable period of time of changes in the positions of program director/coordinator or full-time surgical technology faculty."

If your program has had a change in said personnel, please notify the ARC-ST office in writing and include a current curriculum vitae, a schedule of responsibilities, a current résumé, and proof of certification for each new employee.



Advisory Committee Public Member Definition

The public member for the surgical technology program's advisory committee holds a duty to represent the interests of the patient that may come under the care of the surgical technologist, and therefore has a vested interest in the proper education of the surgical technologist for quality patient care. The public member must not be a current or former employee of the sponsoring institution, nor a current or former employee of any clinical affiliation associated with the program. The public member must not be a current or former student of the surgical technology program.

compliance. Please watch for an upcoming questionnaire on this project.

- Surgical Assisting Strategic Planning. The Subcommittee on Accreditation for Surgical Assisting (SASA) will continue efforts throughout 2007 to provide accreditation services and enhance programmatic growth in the surgical assisting community.

As you can see, the ARC is continuing to work at improving services provided to our programs, with many exciting projects underway or in the planning stages. If not for the help of all who volunteer their time and expertise to our organization, we simply could not carry out these ongoing efforts. The ARC is blessed to have over 60 volunteers who work as on-site evaluators for our organization, is served by board and committee members who provide countless hours of service, and has an outstanding staff that works tirelessly at addressing the day to day needs of our programs. Our hope is that we continue to improve in providing accreditation services to you and your program. Thank you for your ongoing efforts and working with the ARC-ST.



Make a Note of It

ARC-ST e-mail addresses:

Ronald Kruzel: ronald.kruzel@arcst.org

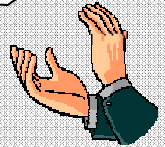
Cindy Collinsworth: cindy.collinsworth@arcst.org

Elaine McFarlane: elaine.mcfarlane@arcst.org

Charlotte Collinsworth: charlotte.collinsworth@arcst.org



Thank You Site Visitors!



Liz Alongi
Julia Bannon
Van Bates
Tina Baumer
Liz Boatwright
Ruth Ann Briggs
Pam Buff
Vicki Bushey
Lorrie Campbell
Phil Carlock
Karen Chambers
Jinnie Cook
Lynda Custer
Wanda Dantzler
Mauro de Fonte
Mildred Hill
Jeannie Hurd
Nancy Krupinski
Tony Makin
Ann McGuinness
Bonita McCoy
Lavoshia McCracken
Libby McNaron
Kathy Mendoza
Janet Milligan
Keith Orloff
John Ratliff
Lisa Reed
Betty Roberts

Emily Rogers
Dorothy Rothgery
Deborah Scott
Betsy Slagle
Ann Smith
Kathy Snyder
Christallia Starks
Jean Stewart
Joyce Tate
Stella Trimble
Judy Tyler
Roy Zacharias

BoD and SASA
Diane Gerardot
Julia Jackson
Kathy Lee
Joe Long

PRR Panel
Liz Alongi
Van Bates
Liz Boatwright
Phil Carlock
Lynda Custer
Nancy Krupinski
Libby McNaron

You made our 2006 site visits a success!

Standard Review and Interpretation

By Cindy Collinsworth, BA

Standard II.C. The program must have the following goal defining minimum expectations: “To prepare competent entry-level surgical technologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.” Programs adopting educational goals beyond entry-level competence must clearly delineate this intent and provide evidence that all students have achieved the identified basic competencies prior to entry into the field.

The ARC-ST must be able to easily identify that the cognitive, psychomotor and affective domains have been integrated into the program goals and outcomes. In addition, student/program evaluations should reflect whether or not the cognitive, psychomotor and affective learning

domains have been effectively integrated into the program. Ultimately, the program goal statement(s) should be representative of how the program will produce “competent entry-level surgical technologists” within the context of using the three domains of learning.

In the event that a program has chosen to define minimum expectations that exceed that of preparing “entry-level surgical technologists,” then the program goals and outcomes must clearly demonstrate evidence of a plan of achievement for entry-level competencies, as well as any other minimum expectations defined by the program. Again, the program goal statement(s) should be representative of how the minimum expectations of the program will be achieved through use of the cognitive, psychomotor and affective learning domains. Please see Julia Jackson’s article on pages 1-4.

ARC-ST Schedule of Fees as of January 1, 2007 Surgical Technology Program

ARC-ST Accreditation Packet **\$75**

The ARC-ST Accreditation Packet (otherwise known as the Self Study packet) is should be ordered when a program is pursuing application for initial accreditation. Materials in this packet include miscellaneous accreditation process and procedure documentation as well as materials required for submission of the self study application.

Initial Application Fee **\$1200**

This initial application fee will apply to all schools who enter the initial accreditation process after January 1, 2007. All schools who have scheduled an on-site evaluation prior to January 1, 2007 will be responsible for the previously published initial application fee of \$750. This fee is due and must be submitted with the submission of the initial self-study application.

Initial On-Site Evaluation Fee **\$2500**

The initial on-site evaluation fee covers miscellaneous travel expenses incurred by the ARC-ST during the initial on-site evaluation. This fee is due and must be submitted with the submission of the initial self-study application.

Consultative Site Visit Fee **\$2500**

The consultative site visit fee covers miscellaneous travel expenses incurred by the ARC-ST during the consultative on-site evaluation. Please see the ARC-ST General Operating Procedures document to reference the circumstances when a consultative on-site evaluation is required. This fee is due and must be submitted at least one (1) month prior to the on-site evaluation.

Fees for the Random/Continuing on-site evaluations will continue to be included in the ARC-ST Annual Fee.

ARC-ST Annual Fee for Maintenance of Accreditation **\$1500**

(effective January 1, 2008)
This annual fee is due for all accredited surgical technology and surgical assisting programs. Programs will be invoiced between January and March of each year. (**Please note: CAAHEP invoices a \$450 dollar fee for the institution in May of each year).

Core Curriculum for Surgical Technology **\$150**

(available from AST's member services)
According to Standard III.C, program must meet or exceed the curricular requirements defined in this document.

CAAHEP Accreditation Fee **\$450**

This annual fee is separate from the ARC-ST fee of \$1500 and will be billed by CAAHEP in the month of May.

ARC-ST Approved Program-Assessment Exam **\$35 each**

(Can currently be obtained by contacting AST at 800-637-7433.)

According to Standard IV.B, program's must implement this Outcomes Evaluation Tool as part of ongoing outcomes accreditation requirements.

AAD Initial Application Fee **\$250**

This fee is for all programs pursuing the Accelerated Alternate Delivery Course Approval. Due upon submission of application.

Accelerated Alternate Delivery (AAD) Option Annual Fee **\$250**

(effective January 1, 2008)
All surgical technology programs that have been approved to offer the AAD option will be invoiced an annual fee of \$250 in addition to the ARC-ST annual fee.

Distance Education/Satellite/ Consortium Annual Fee **\$500**

(effective January 1, 2008)
All surgical technology and surgical assisting programs that have been approved to offer their program at multiple facilities through a distance education, satellite or consortium model will be invoice an annual fee of \$500, per additional facility, in addition to the ARC-ST annual fee.

Late Fee **\$100**

In addition, the ARC-ST will be strictly enforcing its late fee of \$100. This will apply to any materials received in the ARC-ST office after the assigned/requested date. This fee will only be waived if the program notifies the ARC-ST prior to the due date of its inability to meet the assigned date and an extension is granted by the ARC-ST. Only one extension will be granted to each program.

January 2007 Annual Report Update

By Cindy Collinsworth, BA

In December 2006, the ARC-ST sent out updated Annual Report packets to initiate the Annual Reporting process for 2007. There are a few major changes:

1. In previous years the ARC-ST had programs submit their annual reports according to one of two reporting dates. Each program was assigned their reporting date based on when their students graduated. Now: all programs must submit an annual report to the ARC-ST between January 1 and April 1, 2007.
2. Located in the Annual Report packet is an "Annual Report Information Receipt" sheet. If you have not already done so, please sign, date and complete this sheet and return to the ARC-ST office by fax {(303) 741-3655} or by mail. This sheet verifies that all materials mailed to you in the Annual Report packet have been received. These forms must be returned to the ARC-ST office no later than January 26, 2007.
3. In 2006, the ARC-ST revised the E-Report in the attempt to:
 - a. Provide a more user-friendly tool.
 - b. Provide additional information needed for the outcomes evaluation process
 - c. Ensure that reported program changes are updated in a timely manner.

It is very important that you follow the E-Report Instructions manual. The length of this manual may appear overwhelming (38 pages) but I'd like to emphasize that this manual will provide a great deal of assistance in helping you accurately complete the Annual Report/E-Report document.

Per the E-Report Instructions:

4. Information submitted in Section I of the E-Report, pages 2 and 3, should include the most

up-to-date program information, including any changes that have occurred or will occur up to April 1, 2007.

5. Information submitted in Section I of the E-Report, pages 4 and 5, should include information from August 1, 2005 – July 31, 2006 only.
6. Information submitted in Section II of the E-Report, page 2, should include information from August 1, 2004 – July 31, 2005 only.

***Please take note of the above referenced dates as it will save you time and effort when completing your report.

For all of you who are procrastinators (like myself ☺), please do not wait until March 31, 2007 to begin putting your annual report together. The ARC-ST will be enforcing a \$100 late fee for all annual reports that are submitted after April 1, 2007. The ARC-ST will only make exceptions to the ARC-ST late fee policy under extenuating circumstances and only if an extension is requested well in advance of April 1, 2007.

In the meantime, please do not hesitate to contact the ARC-ST office if you have questions regarding the Annual Report, or if you are experiencing technical issues with the E-Report. In general, questions regarding the Annual Report/E-Report should be directed to Elaine McFarlane at elaine.mcfarlane@arcst.org, however, all ARC-ST staff members will be able to assist you with Annual Report/E-Report questions.

Finally, I'd like to invite each of you to provide constructive feedback regarding the new E-Report and the updated Annual Reporting process. Please feel free to submit any comments to cindy.collinsworth@arcst.org.

I wish the best to everyone and hope that 2007 is a great year for each of your programs!

Future Mailings

The *Communiqué* will be going out three times a year via e-mail. Please make sure we have your correct e-mail address so that you continue to receive each issue. Please e-mail elaine.mcfarlane@arcst.org if your e-mail address has changed. Please be sure to include your name and your school name so that we may update our database.

If you know of someone who would like to receive a copy of the *Communiqué* but is not currently on our mailing list, please send the information to the e-mail address listed above or contact us at (303) 694-9262.

ARC-ST Scholarships for 2007

Did you know that the ARC-ST has scholarships available for both students and instructors?

The ARC-ST offers three scholarships annually.

The first scholarship is awarded to a student. In addition to completing the scholarship application and a 1200 word essay, students applying for this scholarship must demonstrate the following:

1. Proof of attendance in a CAAHEP-accredited surgical technology program.
2. Proof of student membership in AST.
3. Official transcript verifying cumulative 3.0 GPA (or more on 4.0 scale), or equivalent.
4. Letter of recommendation from the surgical technology program director evaluating the candidate's potential for a career in the profession of surgical technology.

This scholarship award is for \$1000.

The second scholarship is awarded to an instructor who is seeking an advanced degree. In addition to completing the scholarship application and a 1200 word essay, instructors applying for this scholarship must demonstrate the following:

1. Must be currently employed as a program director or clinical coordinator of a CAAHEP-accredited program in surgical technology, as verified by a letter from the chief administrative officer of the institution (on institutional letterhead).
2. Must provide proof of enrollment in a planned course of study at the associate, baccalaureate, master's, or doctoral degree level with the intent to further your career in the field of surgical technology education.
3. Three letters of reference attesting to the candidate's character, academic ability, and professional commitment.

This scholarship award is for \$1000.

The third scholarship is awarded to an instructor who is seeking education to obtain the Certified Surgical Technologist (CST) credential. In addition to completing the scholarship application and a 1200 word essay, instructors applying for this scholarship must demonstrate the following:

1. Must be currently employed in an instructional capacity with a CAAHEP-accredited program in

surgical technology, as verified by a letter from the chief administrative officer of the institution (on institutional letterhead).

2. Must provide proof of eligibility and acceptance into an ARC-ST-approved Accelerated Alternative Delivery (AAD) program.
3. Three letters of reference attesting to the candidate's character, academic ability, and professional commitment.

This scholarship award is for \$1000.

We would like to invite any and/or all individuals who might be interested in receiving an ARC-ST scholarship to submit application on or before **March 1, 2007**. Applications received in the ARC-ST office after March 1, 2007 will not be reviewed.

ARC-ST Scholarship applications are available at www.arcst.org. Please note that the ARC-ST scholarships are different scholarships than those offered by the AST Foundation. All ARC-ST scholarship applications must be mailed directly to the ARC-ST at:

ARC-ST
Attn: Cindy Collinsworth
6 West Dry Creek Circle, Suite 210
Littleton, CO 80120

If you have any questions regarding ARC-ST scholarships, please do not hesitate to contact Cindy Collinsworth at (303) 694-9262 or by e-mail at cindy.collinsworth@arcst.org.



Calendar of Events

February 10-11, 2007: Instructor's Forum,
San Antonio, TX

April 5-6, 2007: ARC-ST Board of Directors Meeting

April 13-14, 2007: CAAHEP Annual Meeting,
Orlando, FL

May 18, 2007: CAAHEP Board of Directors
Conference Call

May 22-26, 2007: AST Annual Conference,
New Orleans, LA

Schools That Have Received Initial Accreditation:

Congratulations to the following surgical technology programs that were granted accreditation at the July 2006 and November 2006 CAAHEP meetings. These programs have successfully completed the accreditation process and have met or exceeded the national standards outlined in the *Standards and Guidelines of an Accredited Educational Program in Surgical Technology*.

Surgical Technology:

American Career College, Anaheim, CA
American Career College, Los Angeles, CA
Baker College, Allen Park, MI
Concorde Career College, San Bernardino, CA
Everest College-Thornton, Thornton, CO
Everest College, West Valley City, UT
Lakeshore Technical College, Cleveland, WI
Lock Haven University, Clearfield, PA
McCann School of Business and Technology, Scranton, PA
MiraCosta College, Oceanside, CA
Moraine Park Technical College, Fond du Lac, WI
National College, Kettering, OH
Robert Morris College, Chicago, IL
Sanford Brown Institute, Dallas, TX
St. Catharine College, St. Catharine, KY

Schools That Have Received Continuing Accreditation:

Surgical Technology:

Carolinas College of Health Sciences, Charlotte, NC
Chattanooga State Community College, Chattanooga, TN
Ivy Tech Community College, Michigan City, IA
Kilgore College, Kilgore, TX
Metro Technology Centers, Oklahoma City, OK
Naval School of Health Sciences, San Diego, CA
New England Institute of Technology, Warwick, RI
Northwest Technical Institute, Springdale, AR
San Joaquin Valley College, Fresno, CA
Southwest Georgia Technical College, Thomasville, GA
Trinity Valley Community College, Athens, TX
Western Iowa Tech Community College, Sioux City, IA



C l a s s i f i e d s

ON-SITE EVALUATORS NEEDED!

If you are a surgical technology program director, didactic/clinical instructor, clinical coordinator from a CAAHEP accredited program or a current surgical technologist, we would like to invite you to become an ARC-ST on-site evaluator. The next **ARC-ST On-site Evaluator Training** will occur at the AST Instructors Forum on Friday, **February 9, 2007** from **1:00pm – 6:00pm**. If you have attended an on-site evaluator training within the last year, please consider applying to become a visitor. On-site evaluator applications are available by request at cindy.collinsworth@arcst.org. Or please feel free to e-mail or call Cindy Collinsworth with any questions regarding the role and responsibilities of an on-site evaluator.

Check out the new website regarding certification—
www.nbstsa.org/envision.

National College

HEALTHCARE ~ Due to an increase in course offerings, National College in Dayton, Ohio is seeking qualified surgical technology professionals for adjunct faculty positions. Qualified candidates must possess an Associates Degree and must be certified or working to get certified as a CST. Must also have two years of operating room experience. For consideration, interested applicants should e-mail their résumés to mboniella@national-college.edu