

ARC/STSA On-Site Evaluator Curriculum Vitae Form

The ARC/STSA requires that all information requested below be included either on this form or on your own personal résumé. Incomplete applications will not be reviewed. Thank you.

All data entry areas are expandable – simply enter text and the box will expand accordingly.
To add additional rows to a table, place the cursor in the bottom, right box and use the “tab” key to add rows.

Name			
Home Address			
Phone		Cell	
Fax		E-Mail	

CERTIFICATION NUMBER(s) (If Applicable):	
LICENSURE/REGISTRATION NUMBER(S): (If Applicable)	

CURRENT EMPLOYMENT

FACILITY NAME			
FACILITY ADDRESS:			
PHONE:		Cell	
FAX:		E-Mail	
NUMBER OF YEARS EMPLOYED			
BRIEF DESCRIPTION OF DUTIES			
IS YOUR SURGICAL TECHNOLOGY/ASSISTING PROGRAM CAAHEP ACCREDITED? (If Applicable)			
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			

HOSPITAL/WORK COMMITTEES: N/A

Committee Name	Date(s) of Service	Mission or Purpose	Your Responsibilities/Role

COMMUNITY/VOLUNTEER INVOLVEMENT: N/A

Committee Name	Date(s) of Service	Mission or Purpose	Your Responsibilities/Role

Why do you want to become an On-Site Evaluator?

How do you see your role as an On-Site Evaluator?

Please explain how you would resolve a conflict with another person.

**Please attach a current resume, copies of diplomas, certificates, licensures, outstanding achievements and all post-secondary education transcripts. Please submit copies of official post-secondary education transcripts.

EMPLOYER:

IF THIS EMPLOYEE IS APPROVED AS AN ARC/STSA/SASA ON-SITE EVALUATOR, I WILL MAKE REASONABLE EFFORTS TO GRANT HIM/HER THE OPPORTUNITY TO PERFORM AN ON-SITE EVALUATION AT LEAST ONCE A YEAR.

Employer Signature

Date

Applicant Signature

Date