|  |
| --- |
| **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 PLAN OF ACTION**

All data entry areas are expandable – 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Sponsoring Institution | Click here to enter text. | Date | Click here to enter a date. |

|  |  |
| --- | --- |
| Standard | Area of Non-Compliance |
| Click here to enter text. | Click here to enter text. |

|  |
| --- |
| Please provide a detailed analysis of the factors contributing to the area of non-compliance:  Click here to enter text. |

|  |
| --- |
| Please provide a comprehensive narrative of the steps the program plans to take to meet the standard:  Click here to enter text. |

|  |  |
| --- | --- |
| Plan Implementation Date:  Click here to enter text. | Date Program Expects to Meet Standard:  Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |

Program Director’s Signature Date