

**SCHEDULE FOR ON-SITE EVALUATION ACTIVITIES**

**INITIAL ACCREDITATION VISIT**

|  |  |
| --- | --- |
| **Program Title** |  |
| Sponsoring Institution |  |
| Satellite Location(s) |  |

|  |  |
| --- | --- |
| **Contact Person/Title** |  |
| Telephone Number | Work: Cell: |
| E-mail Address |  |
| Physical Address of Program |  |

|  |  |
| --- | --- |
| **Evaluation Dates and Days** |  |

**DAY 1:** Activities 1 and 2 should occur at the beginning of the evaluation; activities 11, 12 and 13 should occur at the conclusion. Other activities may be scheduled to accommodate the needs of the surgical technology or surgical assisting program.

In addition to the times scheduled for each activity, it is also requested that the names and job titles of the activity participants be included on the schedule.

Copies of the completed schedule should be sent to: [info@arcstsa.org](mailto:info@arcstsa.org).

All questions regarding the evaluation process and schedule should be directed to the **ARC/STSA** at **303-694-9262**.

**NOTE**: the tables are expandable by placing the cursor in the last cell of the table and using the “tab” key to add rows.

**ACTIVITIES -** **CAMPUS**

**Day/Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Meeting with Program Director**

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| --- | --- |
| Beginning/Ending Times (15 minutes): | |
| **Participant Name** | **Participant Title** |
|  | Site Visiting Team |
|  | Program Director |

1. **General Group Session** (Must include at least one administrative representative – Dean or President/CEO or comparable appointment.)

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| --- | --- |
| Beginning/Ending Times (15 minutes): | |
| **Participant Name** | **Participant Title** |
|  | Site Visiting Team |
|  | Program Director |
|  |  |
|  |  |

1. **Tour of Facilities – Classroom and Lab**

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| --- | --- |
| Beginning/Ending Times (30 minutes): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  | Program Director |
|  |  |

1. **Documentation Review** – Outcomes, Curriculum, Clinical Affiliations, etc. Interviews with Program Advisory Committee (PAC) members. [Confidential PAC and clinical affiliate interviews are conducted by phone. The program should provide a phone with long-distance access, and contact information for all PAC members and clinical affiliates.\*]

|  |  |
| --- | --- |
| Beginning/Ending Times (2.5 hours): | |
| Participant Name | Participant Title and PAC/Clinical Site Role\* |
|  | Site Visiting Team |
|  | Program Director Available |
|  | The team will call several PAC members. Please contact PAC members and check availability. |
|  | The team will call several Clinical Affiliates. Please contact Clinical Affiliates and check availability. |
|  |  |
|  |  |

*\*PAC form with contact information/availability and Clinical Affiliation Site Reporting form/availability must be readily available on site for the site visitors*

1. **Interviews with Faculty Members**

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| --- | --- |
| Beginning/Ending Times (30 minutes): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  |  |
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**6. Interviews and Lunch with Students in the Didactic Phase of the Program** (Lunch is optional, and this activity can be scheduled earlier or later in the day to accommodate the students’ schedules. The entire class is required to attend.)

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| --- | --- |
| Beginning/Ending Times (30 minutes): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  |  |

1. **Interviews and Lunch (continued) with Students in the Clinical Phase of the Program** (Lunch is optional, and this activity can be scheduled earlier or later in the day to accommodate the students’ schedules. The entire class is required to attend.)

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| Beginning/Ending Times (30 minutes): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  |  |

1. **Continued Documentation Review**

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| --- | --- |
| Beginning/Ending Times (2.5 hours): | |
| Participant Name | Participant Title |
|  | Site Visiting Team only |

1. **Visit to and Observation of Students Scrubbed at Clinical Affiliation Site #1** – typically the start of 2nd day (Note: Students listed must have completed ½ of clinical experiences at the time of the on-site evaluation.)

|  |  |
| --- | --- |
| Beginning/Ending Times w/travel (1.5 hours): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  | Program Director or Faculty |
|  | Student |
|  | Student |
|  | Student |

1. **Visit to and Observation of Students Scrubbed at Clinical Affiliation Site #2** – typically start of 2nd day(Note: Students listed must have completed ½ of clinical experiences at the time of the on-site evaluation.)

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| --- | --- |
| Beginning/Ending Times w/travel (1.5 hours): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  | Program Director or Faculty |
|  | Student |
|  | Student |
|  | Student |

1. **Preparation of Confidential Report**

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| --- | --- |
| Beginning/Ending Times (2 hours): | |
| Participant Name | Participant Title |
|  | Site Visiting Team only |

1. **Conversation with Program Director**

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| --- | --- |
| Beginning/Ending Times (15 minutes): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  | Program Director |
|  |  |

1. **Final Meeting with the Program Director and Other Principals**

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| --- | --- |
| Beginning/Ending Times (15 minutes): | |
| Participant Name | Participant Title |
|  | Site Visiting Team |
|  | Program Director or Lead Satellite Faculty |
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