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| **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]** |

**Maximum Enrollment Capacity (MEC) Change**

Reporting Period August 1 – July 31

[ ]  MEC Change or [ ]  One Time Over Enrollment

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| Sponsoring Institution |  | Program ID  |  |

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| --- | --- | --- | --- |
| Approved Number of Students per Cohort |  | Requested Number of Students per Cohort |  |
| Program’s Current Number of Cohorts |  | Program’s Requested Number of Cohorts |  |
| Program’s Current Number of Clinical Overlap |  | Program’s Requested Number of Clinical Overlap |  |
| Start Date & End Date of Cohort **(For One Time Over Enrollment Only)** |  | Implementation Date |  |

**Attestation of Requirements and Notifications**

[ ]  Possesses institutional and community resources to support the proposed change in MEC

[ ]  Possesses Program Advisory Committee (PAC) minutes indicating the PAC has been notified of the change

**Attestation of Sufficient Program Resources**

[ ]  The program attests to sufficient resources to ensure achievement of the program’s goals and objectives for the program’s stated maximum enrollment capacity.

[ ]  Documentation to verify sufficiency of program resources to meet Standard III.A. – Types and Amount

[ ]  Documentation to verify sufficiency of program resources to meet Standard III.B. – Faculty Resources

[ ]  Documentation to verify sufficiency of program resources to meet Standard III.C. – Curriculum/Clinical Requirements

[ ]  Documentation to verify sufficiency of program resources to meet Standard III.D. – Resource Assessment

[ ]  Documentation to verify sufficiency of Clinical Affiliation sites and OR Scrub Slots for the proposed MEC change

[ ]  Other

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| If other, please specify: |

\* If all of the above attestations are not checked, please submit a **Plan of Action** to demonstrate compliance with Standard III. – Resources using the ARC/STSA Plan of Action Form.

The Sponsoring Institution President/CEO or their administrative designee acknowledges that the information above is accurate\*\*.

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President/CEO or Administrative Designee Signature Date

\*\*Please note that failure to provide accurate information, verified upon ARC/STSA request or during program review (On-Site Evaluation or PRR) may result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.