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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.