ARC/STSA
Accreditation Review Council On Education In Surgical Technology And Surgical Assisting

ARC/STSA Program Personnel Data Form – **Program Director**

Program Director Name

Credentials

Sponsoring Educational Institution [School]

Date of Appointment

Program Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail Address

Attestation of Qualifications*

- ☐ Has a minimum total of 5 years of experience in the ST scrub role or as an ST instructor or both within the last 10 years
- ☐ Possesses an Associate's Degree of greater [for new appointments effective August 1, 2015]
- ☐ Possesses proficiency in instructional methodology, curriculum design, and program planning
- ☐ Holds current CST, CSFA, or CST/CSFA – NBSTSA Certification #

* If all qualifications above are **not** checked, please submit a Plan of Action to demonstrate compliance with Standard III.B.1.b. – Program Director Qualifications using the ARC/STSA Plan of Action Form, available online at www.arcstsa.org/index.php/educators/educators-surgical-technology/st-forms-and-facts/.

Attestation of Responsibilities [select all applicable]

- ☐ Is appointed as full-time employee of sponsoring institution [school]
- ☐ Is responsible for organization, continuous review, planning, development, and general effectiveness of the program
- ☐ Is sufficiently free from teaching and non-educational responsibilities to administer the program
- ☐ Has teaching responsibilities [Core Instructor]**
- ☐ Serves as Clinical Coordinator**
- ☐ Other-please specify

[**Program is **not** required to submit an ARC/STSA Program Personnel Data Form – Clinical Coordinator and/or ARC/STSA Program Personnel Data Form – Core Instructor if applicable responsibilities checked above.]

Employment Status

Full Time Appointment ◯ Part Time Appointment ◯

- ☐ The program attests that the program has sufficient faculty resources to ensure achievement of the program's goals and objectives for the program's stated maximum enrollment capacity.

Program Administrators

President/CEO [or comparable appointment] Name

President/CEO Institutional Title

Dean [or comparable appointment] Name

Dean Institutional Title

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

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] will result in a Recommendation for Probationary Accreditation, which can lead to Withdrawal of Accreditation.