



## 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/](http://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.